## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

| Provide the Hospital                             | I Owner and Year of Report per Section 130061(e) |
|--|--|
| Facility Number:                                 | 10801  |
| Facility Name:                                   | Seton Medical Center                             |
| Address:   | 1900 Sullivan Avenue                             |
| City:  | Daly City  |
| Year of Re Contact 1 e-mail A Contact 2 e-mail A | eporting: 2014  Address:                         |
| Contact 3 e-mail Ad                              | ddress::   |
| Name of Su                                       | bmitter:   |
| Submissio  | on Date: 12/15/2014 10:42:54 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.<br>No.  | Building Name | Alternate Building Address | Building<br>Resolution | Final SPC Rating<br>If Required | Extension<br>Date | Anticipated<br>Completion Date |
|---------------|---------------|----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|
| BLD-<br>00846 | 1963 Tower    | 1900 Sullivan Avenue       | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2019                     |
| BLD-<br>00847 | Front Wing    | 1900 Sullivan Avenue       | Rebuild                | SPC5                            | 01/01/2020        | 07/01/2019                     |

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|-----------------|---------------|-------------|----------------------|-----------|--------------|
| No data reporte | ed for Sectio | n 130061(c) | (1)(C).              |           |              |
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|---------------------------------|--|--------------------------|-----------------------------------|-------------------------|--------------|--|
| Provide the number of           | Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) |                          |                                   |                         |              |  |
| Building Number: B              | LD-00846   | Building Name: 1         | 963 Tower                         |                         |              |  |
| Type of Service Pro             | <u>vided</u>   |                          |                                   |                         |              |  |
| X Nursing                       | Inpatient<br>Beds  | 201 Inpatient 26353 Days | X Surgical                        | X Obstetrical Recovery  |              |  |
| X IntensiveCare                 | Inpatient<br>Beds  | 3 Inpatient Days 255     | X Anesthesia                      | X Newborn/<br>WellBaby  |              |  |
| Pediatric/Adol escent           | Inpatient<br>Beds  | 0 Inpatient Days 0       | Clinical Lab                      | X Emergency             | 1            |  |
| X Psychiatric<br>Nursing        | Inpatient<br>Beds  | 24 Inpatient Days 0      | X Radiological/<br>Imaging        | X Nuclear<br>Medicine   |              |  |
| X Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds  | 18 Inpatient Days 1658   | Pharmaceutical  X Dietetic        | Rehabilitati<br>Therapy | ion          |  |
| Intermediate Care               | Inpatient<br>Beds  | 0 Inpatient Days 0       | Administration                    | X Renal Dialy           | /sis         |  |
| X Skilled Nursing               | Inpatient<br>Beds  | 83 Inpatient Days 13766  | X Support Services  X Obstetrical | Outpatient Surgery      |              |  |
|                                 |  | Total Beds this Building | Cesarean/Deliv                    | Central Pla             | nt           |  |
|                                 |  |                          |                                   |                         |              |  |
|                                 |  |                          |                                   |                         |              |  |
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|----------------------------|-------------------|--|--------------------------------|------------------------|
| Provide the number of      | f inpatient bed   | ls and patient days per type of service pe | er building per Section 130061 | (c)(1)(F)              |
| Building Number: BL        |                   | Building Name: Fro                         | ont Wing                       |                        |
| Type of Service Prov       | <u>/ided</u>      |  | 1                              |                        |
| Nursing                    | Inpatient<br>Beds | 0 Inpatient 0 Days                         | Surgical                       | Obstetrical Recovery   |
| IntensiveCare              | Inpatient<br>Beds | 0 Inpatient Days 0                         | Anesthesia                     | Newborn/<br>WellBaby   |
| Pediatric/Adol escent      | Inpatient<br>Beds | 0 Inpatient Days 0                         | Clinical Lab                   | Emergency              |
| Psychiatric Nursing        | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Radiological/<br>Imaging     | Nuclear<br>Medicine    |
| Obstetrical Ante/Postprtum | Inpatient<br>Beds | 0 Inpatient Days 0                         | Pharmaceutical Dietetic        | Rehabilitation Therapy |
| Intermediate Care          | Inpatient<br>Beds | 0 Inpatient Days 0                         | Administration                 | Renal Dialysis         |
| Skilled Nursing            | Inpatient<br>Beds | 0 Inpatient Days 0                         | X Support<br>Services          | Outpatient<br>Surgery  |
|                            | Deus              | Total Beds this Building                   | Obstetrical Cesarean/Deliv     | Central Plant          |
|                            |                   |  |                                |                        |
|                            |                   |  |                                |                        |
|                            |                   |  |                                |                        |

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:6 of 84 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) 1963 Tower **Building Number: Building Name:** BLD-00846 Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 201 Inpatient 2635 Inpatient Inpatient 0 Inpatient 24 Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 1376 Inpatient 18 Inpatient 1658 Inpatient Inpatient Inpatient 83 Inpatient Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient 255 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient 329 Inpatient Inpatient Inpatient 329 Bed Days Days Bed

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:7 of 84 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00847 Front Wing **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building<br>Number | Building Name              | Building to be<br>Removed / Replaced / Rebuilt |
|--------------------|----------------------------|--|
| BLD-00846          | 1963 Tower                 | Rebuild  |
| BLD-00847          | Front Wing                 | Rebuild  |
| BLD-00848          | Area A & B                 | Remove   |
| BLD-00849          | Area C                     | Remove   |
| BLD-00850          | Area D                     | Remove   |
| BLD-00851          | Center Pod                 | Remove   |
| BLD-00852          | South Pod                  | Remove   |
| BLD-00853          | Utilities Service Building | Remove   |

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|--|---------------------------------|-------------|--------------|--|--|
| List ALL proposed new buildings to be constructed at this or another site. |                                 |             |              |  |  |
| Building<br>Number   | Building Name                   | New<br>Site |              |  |  |
| N_1  | 2020 Tower                      |             |              |  |  |
|  |                                 |             |              |  |  |

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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-                        | 00846          | 1963 Tower                     |   | Removal<br>Date:        | 07/01/2019            |               |
| Planned   | Uses for the build                  | ding to be rer | noved from acute care service: |   |                         |                       |               |
| Planned   | use for building:                   |                |                                |   |                         |                       |               |
| <u>Inpatient</u>  | services currently                  | y delivered in | n the building:                | □ | Obstetrical             | Rehabilitation        |               |
| X   | Nursing                             | X              | Surgical                       | X | Cesarean/Deliv          | Therapy               |               |
| X   | IntensiveCare Pediatric/Adol escent | X              | Anesthesia Clinical Lab        | X | Obstetrical<br>Recovery | X Renal Dialys        | is            |
| X   | Psychiatric<br>Nursing              | X              | Radiological/<br>Imaging       | X | Newborn/<br>WellBaby    | Outpatient Surgery    |               |
| X   | Obstetrical<br>Ante/Postprtum       |                | Pharmaceutical                 | X | Emergency               | X Central Plan        | t             |
|   | Intermediate<br>Care                | X              | Dietetic                       |   |                         |                       |               |
| X   | Skilled Nursing                     |                | Administration                 | X | Nuclear<br>Medicine     | X Support<br>Services |               |
|   |                                     |                |                                |   |                         |                       |               |
|   |                                     |                |                                |   |                         |                       |               |
|   |                                     |                |                                |   |                         |                       |               |

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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 N  | Number: BLD-0                       | 00847              | Front Wing                   |                  | Removal<br>Date:   | 07/01/2019             |               |
| Planned l   | Uses for the build                  | ing to be re       | moved from acute care servic | e:               |                    |                        |               |
| Planned   | use for building:                   |                    |                              |                  |                    |                        |               |
| <u>Inpatient</u>  | services currently                  | <u>delivered i</u> | n the building:              |                  |                    |                        |               |
|   | Nursing                             |                    | Surgical                     | Obstet<br>Cesare | rical<br>ean/Deliv | Rehabilitation Therapy | 1             |
|   | IntensiveCare Pediatric/Adol escent |                    | Anesthesia Clinical Lab      | Obstet<br>Recove |                    | Renal Dialysi          | s             |
|   | Psychiatric<br>Nursing              |                    | Radiological/<br>Imaging     | Newbo<br>WellBa  |                    | Outpatient Surgery     |               |
|   | Obstetrical<br>Ante/Postprtum       |                    | Pharmaceutical               | ☐ Emerg          | encv               | Central Plant          |               |
|   | Intermediate<br>Care                |                    | Dietetic                     | Lillerg          | Siloy              |                        |               |
|   | Skilled Nursing                     |                    | Administration               | Nuclea<br>Medici |                    | X Support<br>Services  |               |
|   |                                     |                    |                              |                  |                    |                        |               |
|   |                                     |                    |                              |                  |                    |                        |               |
|   |                                     |                    |                              |                  |                    |                        |               |

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:12 of 84 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) BLD-00848 **Building Name:** Area A & B 2011 Year of Information: Building Nbr: Information Current As Of: Unit Type Medical/Surgical (include GYN) **Acute Respiratory Care Acute Psychiatric** Patient Patient 0 Inpatient Inpatient 0 0 Inpatient Patient Beds Days Beds Days Beds Days Perinatal (exclude Neborn/GYN) Burn **Skilled Nursing** Patient Inpatient Patient Patient ol Inpatient 0 Inpatient **Beds** Days Beds Days **Beds** Days **Intensive Care Newborn Nursery Pediatric Intermediate Care** Inpatient 0 Patient 0 ol **Patient** 0 Inpatient 0 0 Patient Inpatient Beds Beds Days Beds Days Days **Intensive Care Rehabilitation Center** Int. Care/Developmentally Disabled Patient Patient 14 Patient 0 0 ol Inpatient 3679 Inpatient Inpatient 0 Beds Days Beds Days Beds Days **Chemical Dependency Coronary Care Total Beds this** 28 Inpatient 14 Patient 3315 Inpatient 0 Patient **Building per Unit** Beds Days Beds Days **Total Beds this** 28 **Building per Service** 

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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 Nbr: BLD-00848 Building Name:  | Area A & B                     | Year of Information: 2012               | 2             |  |  |  |
| 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 Days                | 0             |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                           | Skilled Nursing                         |               |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days     | Inpatient 0 Patient Days                | 0             |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery | Intermediate Care                       |               |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days     | Inpatient 0 Patient Days                | 0             |  |  |  |
| Intensive Care  | Rehabilitation Center          | Int. Care/Developmentally Dis           | abled         |  |  |  |
| Inpatient 14 Patient 3911 Beds Days   | Inpatient 0 Patient 0 Days     | Inpatient 0 Patient Days                | 0             |  |  |  |
| Coronary Care   | Chemical Dependency            | Total Beds this                         |               |  |  |  |
| Inpatient 14 Patient 3035 Beds Days   | Inpatient 0 Patient 0 Days     | Building per Unit                       | 28            |  |  |  |
| Bays  | Days                           | Total Beds this<br>Building per Service | 28            |  |  |  |
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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 Nbr: BLD-00848 Building Name:  | Area A & B                      | Year of Information: 2013               | 3             |  |  |  |
| Unit Type   | Ir                              | nformation 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 Beds Days           | 0             |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |  |  |
| Inpatient 14 Patient 3298 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 20            |  |  |  |
| Inpatient 14 Patient 2435 Beds Days   | Inpatient 0 Patient 0 Days      | Building per Unit                       | 28            |  |  |  |
| Says  | 2ayo                            | Total Beds this<br>Building per Service | 28            |  |  |  |
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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 Nbr: BLD-00849 Building Name:  | Area C                          | Year of Information: 2011               |               |  |  |  |
| Unit Type   |                                 | 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 Beds Days           | 0             |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |  |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 0             |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Building per Unit                       | 0             |  |  |  |
| ·   | ,                               | Total Beds this<br>Building per Service | 0             |  |  |  |
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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 Nbr: BLD-00849 Building Name:  | Area C                          | Year of Information: 2012               | 2             |  |
| Unit Type   |                                 | Information 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 Days                | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Beds Days           | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 0             |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
| ·   | ,                               | Total Beds this<br>Building per Service | 0             |  |
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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 Nbr: BLD-00849 Building Name:  | Area C                          | Year of Information: 2013               |               |  |
| <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 Beds Days           | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
| Bodo Bayo   | Dayo                            | Total Beds this<br>Building per Service | 0             |  |
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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 Nbr: BLD-00850 Building Name:  | Area D                          | Year of Information: 2011               |               |  |
| Unit Type   | I                               | 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 Days                | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
| 2000  | 20,0                            | Total Beds this<br>Building per Service | 0             |  |
|   |                                 |   |               |  |
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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 Nbr: BLD-00850 Building Name:  | Area D                          | Year of Information: 2012               | !             |  |
| Unit Type   |                                 | Information 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 Days                | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 0             |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
| ·   | ·                               | Total Beds this<br>Building per Service | 0             |  |
|   |                                 |   |               |  |
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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)  |  |
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| Building Nbr: BLD-00850 Building Name: Area D Year of Information: 2013  |  |
| Unit Type Information Current As Of:   |  |
| Medical/Surgical (include GYN)  Acute Respiratory Care  Acute Psychiatric  |  |
| Inpatient 0 Patient 0 Inpatient 0 Patient 0 Days Beds Days Days Days 0 D |  |
| Perinatal (exclude Neborn/GYN) Burn Skilled Nursing  |  |
| Inpatient 0 Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 Days Beds Days 0 Days  |  |
| Pediatric Intensive Care Newborn Nursery Intermediate Care   |  |
| Inpatient 0 Patient 0 Inpatient 0 Patient 0 Inpatient 0 Patient 0 Days Beds Days 0 Days 0 Days   |  |
| Intensive Care Rehabilitation Center Int. Care/Developmentally Disabled  |  |
| Inpatient 0 Patient 0 Inpatient 0 Patient 0 Days Beds Days Beds Days 0 D |  |
| Coronary Care Chemical Dependency Total Beds this  |  |
| Inpatient 0 Patient 0 Inpatient 0 Patient 0 Patient 0 Beds Days  Beds Days   |  |
| Total Beds this Building per Service   |  |
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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 Nbr: BLD-00851 Building Name:  | Center Pod                      | Year of Information: 2011               |               |
| 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 Days      | Inpatient 0 Patient Days                | 0             |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 0             |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Building per Unit                       | 0             |
| ·   | ,                               | Total Beds this<br>Building per Service | 0             |
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| Report Year: 2014 10801 Seton N   | Medical Center [                | Daly City                               | Page:22 of 84 |  |
|---|---------------------------------|---|---------------|--|
| 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 Nbr: BLD-00851 Building Name:  | Center Pod                      | Year of Information: 2012               |               |  |
| Unit Type   | ı                               | Information 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 Days                | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Disa          | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
|   | 24,0                            | Total Beds this<br>Building per Service | 0             |  |
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| Report Year: 2014 10801 Seton I   | Medical Center                  | Daly City                               | Page:23 of 84 |  |
|---|---------------------------------|---|---------------|--|
| 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 Nbr: BLD-00851 Building Name:  | Center Pod                      | Year of Information: 2013               | 3             |  |
| Unit Type   |                                 | 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 Beds Days           | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 0             |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
| ·   | ,                               | Total Beds this<br>Building per Service | 0             |  |
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| Report Year: 2014 10801 Seton N   | Medical Center                  | Daly City                               | Page:24 of 84 |  |
|---|---------------------------------|---|---------------|--|
| 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 Nbr: BLD-00852 Building Name:  | South Pod                       | Year of Information: 2011               |               |  |
| Unit Type   |                                 | Information Current As Of:              |               |  |
| Medical/Surgical (include GYN)  | Acute Respiratory Care          | Acute Psychiatric                       | <u> </u>      |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Beds Days           | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Disa          | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | <b>Building per Unit</b>                | 0             |  |
| Baye  | Days                            | Total Beds this<br>Building per Service | 0             |  |
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| Report Year: 2014 10801 Seton N   | Medical Center                  | Daly City                               | Page:25 of 84 |  |
|---|---------------------------------|---|---------------|--|
| 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 Nbr: BLD-00852 Building Name:  | South Pod                       | Year of Information: 2012               |               |  |
| Unit Type   |                                 | 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 Beds Days           | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Beds Days           | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Disa          | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Beds Days           | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | <b>Building per Unit</b>                | 0             |  |
| Baye  | Dode Daye                       | Total Beds this<br>Building per Service | 0             |  |
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| Report Year: 2014 10801 Seton   | Medical Center                  | Daly City                               | Page:26 of 84 |  |
|---|---------------------------------|---|---------------|--|
| 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 Nbr: BLD-00852 Building Name:  | South Pod                       | Year of Information: 2013               | 3             |  |
| Unit Type   |                                 | 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 Days                | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Disa          | abled         |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | 0             |  |
| 20,0  | 20,0                            | Total Beds this<br>Building per Service | 0             |  |
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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 Nbr: BLD-00853 Building Name:  | Utilities Service Building      | Year of Information: 2011               |               |  |
| Unit Type   |                                 | 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 Days                | 0             |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | <b>Building per Unit</b>                | 0             |  |
| 20,0  | 2000                            | Total Beds this<br>Building per Service | 0             |  |
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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 Nbr: BLD-00853 Building Name:  | Utilities Service Building      | Year of Information: 2012               |               |  |  |  |  |
| Unit Type   | ı                               | 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 Days                | 0             |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |  |  |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |  |  |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |  |  |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Days      | Inpatient 0 Patient Days                | 0             |  |  |  |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         |               |  |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | <b>Building per Unit</b>                | 0             |  |  |  |  |
| 20,0  | 2000                            | Total Beds this<br>Building per Service | 0             |  |  |  |  |
|   |                                 |   |               |  |  |  |  |
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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 Nbr: BLD-00853 Building Name:  | Utilities Service Building      | Year of Information: 2013               | 3             |  |  |  |  |
| <u>Unit Type</u>  |                                 | 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 Beds Days           | 0             |  |  |  |  |
| Perinatal (exclude Neborn/GYN)  | Burn                            | Skilled Nursing                         |               |  |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |  |
| Pediatric   | Intensive Care Newborn Nursery  | Intermediate Care                       |               |  |  |  |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Days                | 0             |  |  |  |  |
| Intensive Care  | Rehabilitation Center           | Int. Care/Developmentally Dis           | abled         |  |  |  |  |
| Inpatient 0 Patient 0 Days  | Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient Beds Days           | 0             |  |  |  |  |
| Coronary Care   | Chemical Dependency             | Total Beds this                         | 0             |  |  |  |  |
| Inpatient 0 Patient 0 Beds Days   | Inpatient 0 Patient 0 Beds Days | Building per Unit                       | <u> </u>      |  |  |  |  |
| ·   | ŕ                               | Total Beds this<br>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 Nbr: BLD-0  | 00848 Building<br>Name: | Area A & B        |                            | Year of Information:          | 2011                      |  |  |
| Type of Services Provided  | Name.                   |                   |                            | nformation Current As<br>Of:  |                           |  |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Surgical                 | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |
| X IntensiveCare  | Inpatient 28<br>Beds    | Patient 0<br>Days | X Anesthesia               | Obstetrical                   | Renal Dialysis            |  |  |
| Pediatric/Adol escent  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Clinical Lab             | Recovery                      | <b>.</b>                  |  |  |
| Psychiatric Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days | Pharmaceutical             | Emergency                     | X Central Plant           |  |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days | Dietetic                   | Nuclear<br>Medicine           | X Support<br>Services     |  |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Administration             |                               |                           |  |  |
| Total Beds this B  | suilding per service    | 28                |                            |                               |                           |  |  |
|  |                         |                   |                            |                               |                           |  |  |
|  |                         |                   |                            |                               |                           |  |  |
|  |                         |                   |                            |                               |                           |  |  |

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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 Nbr: BLD-008  | Building Name:      | Area A & B        |                          | Year of Information:          | 2012                   |  |
| Type of Services Provided  | Nume.               | ,                 |                          | Information Current As<br>Of: |                        |  |
| Nursing In   | npatient 0          | Patient 0<br>Days | X Surgical               | Obstetrical Cesarean/Deliv    | Rehabilitation Therapy |  |
|  | npatient 28<br>Beds | Patient 0<br>Days | X Anesthesia             | Obstetrical                   | Renal Dialysis         |  |
|  | npatient 0          | Patient 0<br>Days | X Clinical Lab           | Recovery                      |                        |  |
| Psychiatric In Nursing B   | npatient 0          | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery  |  |
|  | npatient 0<br>seds  | Patient 0<br>Days | Pharmaceution            | cal X Emergency               | X Central Plant        |  |
|  | npatient 0<br>seds  | Patient 0<br>Days | Dietetic                 | Nuclear Medicine              | X Support<br>Services  |  |
| Skilled Nursing In B   | npatient 0<br>seds  | Patient 0<br>Days | Administration           | n                             |                        |  |
| Total Beds this Build  | ding per service    | 28                |                          |                               |                        |  |
|  |                     |                   |                          |                               |                        |  |
|  |                     |                   |                          |                               |                        |  |
|  |                     |                   |                          |                               |                        |  |

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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 Nbr: BLD-00848 Building Name:   | Area A & B        |                          | Year of Information:          | 2013                      |  |  |
| Type of Services Provided  |                   |                          | Information Current As<br>Of: |                           |  |  |
| Nursing Inpatient 0 Beds   | Patient 0<br>Days | X Surgical               | Obstetrical Cesarean/Deliv    | Rehabilitation<br>Therapy |  |  |
| X IntensiveCare Inpatient 28 Beds  | Patient 0<br>Days | X Anesthesia             | Obstetrical                   | Renal Dialysis            |  |  |
| Pediatric/Adol Inpatient 0 escent Beds   | Patient 0<br>Days | X Clinical Lab           | Recovery                      |                           |  |  |
| Psychiatric Inpatient 0 Nursing Beds   | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient Surgery        |  |  |
| Obstetrical Inpatient 0 Ante/Postprtum Beds  | Patient 0<br>Days | Pharmaceutica            | al X Emergency                | X Central Plant           |  |  |
| Intermediate Inpatient 0 Care Beds   | Patient 0<br>Days | Dietetic                 | Nuclear [ Medicine            | X Support<br>Services     |  |  |
| Skilled Nursing Inpatient 0 Beds   | Patient 0<br>Days | Administration           |                               |                           |  |  |
| Total Beds this Building per service   | 28                |                          |                               |                           |  |  |
|  |                   |                          |                               |                           |  |  |
|  |                   |                          |                               |                           |  |  |
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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 Nbr: BLD-0  | 00849 Building<br>Name: | Area C            |                          | Year of Information:       | 2011                      |  |
| Type of Services<br>Provided   | , talle,                |                   | •                        | Information Current As Of: |                           |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Surgical               | Obstetrical Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| IntensiveCare  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Anesthesia             | Obstetrical                | Renal Dialysis            |  |
| Pediatric/Adol escent  | Inpatient 0<br>Beds     | Patient 0<br>Days | Clinical Lab             | Recovery                   | ш .                       |  |
| Psychiatric Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient<br>Surgery     |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days | Pharmaceution            | cal Emergency              | Central Plant             |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days | Dietetic                 | Nuclear Medicine           | X Support<br>Services     |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Administration           | n                          |                           |  |
| Total Beds this B  | uilding per service     | 0                 |                          |                            |                           |  |
|  |                         |                   |                          |                            |                           |  |
|  |                         |                   |                          |                            |                           |  |
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| Report Year: 201   | 4 10801 Seton I         | Medical Center    |                          | Daly City                     | Page:34 of 84             |  |
|--|-------------------------|-------------------|--------------------------|-------------------------------|---------------------------|--|
| 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 Nbr: BLD-0  | 00849 Building<br>Name: | Area C            |                          | Year of Information:          | 2012                      |  |
| Type of Services Provided  | Name.                   |                   |                          | Information Current As<br>Of: |                           |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Surgical               | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |  |
| IntensiveCare  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Anesthesia             | Obstetrical                   | Renal Dialysis            |  |
| Pediatric/Adol escent  | Inpatient 0<br>Beds     | Patient 0<br>Days | Clinical Lab             | Recovery                      | Tonai Biaryoto            |  |
| Psychiatric<br>Nursing   | Inpatient 0<br>Beds     | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days | Pharmaceution            | cal Emergency                 | Central Plant             |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services     |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Administratio            |                               | <b>C</b> 0333             |  |
| Total Beds this B  | uilding per service     | 0                 |                          |                               |                           |  |
|  |                         |                   |                          |                               |                           |  |
|  |                         |                   |                          |                               |                           |  |
|  |                         |                   |                          |                               |                           |  |

| Report Year: 201   | 4 10801 Seton I         | Medical Center    |                          | Daly City                  | Page:35 of 84          |  |
|--|-------------------------|-------------------|--------------------------|----------------------------|------------------------|--|
| 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 Nbr: BLD-0  | 00849 Building<br>Name: | Area C            |                          | Year of Information:       | 2013                   |  |
| Type of Services<br>Provided   |                         |                   | 1                        | Information Current As Of: |                        |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Surgical               | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |
| IntensiveCare  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Anesthesia             | Obstetrical                | Renal Dialysis         |  |
| Pediatric/Adol escent  | Inpatient 0<br>Beds     | Patient 0<br>Days | Clinical Lab             | Recovery                   |                        |  |
| Psychiatric Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient<br>Surgery  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days | Pharmaceution            | cal Emergency              | Central Plant          |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days | Dietetic                 | Nuclear<br>Medicine        | X Support<br>Services  |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Administratio            | n                          |                        |  |
| Total Beds this B  | uilding per service     | 0                 |                          |                            |                        |  |
|  |                         |                   |                          |                            |                        |  |
|  |                         |                   |                          |                            |                        |  |
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| Report Year: 201   | 4 10801 Seton I         | Medical Center    |                            | Daly City                     | Page:36 of 84          |  |
|--|-------------------------|-------------------|----------------------------|-------------------------------|------------------------|--|
| 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 Nbr: BLD-0  | 00850 Building<br>Name: | Area D            |                            | Year of Information:          | 2011                   |  |
| Type of Services<br>Provided   | raine.                  |                   |                            | Information Current As<br>Of: |                        |  |
| Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Surgical                   | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |  |
| IntensiveCare  | Inpatient 0<br>Beds     | Patient 0<br>Days | Anesthesia                 | Obstetrical                   | Renal Dialysis         |  |
| Pediatric/Adol escent  | Inpatient 0<br>Beds     | Patient 0<br>Days | Clinical Lab               | Recovery                      | Tronai Biaryoto        |  |
| Psychiatric Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery  |  |
| Obstetrical<br>Ante/Postprtum  | Inpatient 0<br>Beds     | Patient 0<br>Days | X Pharmaceution            | cal Emergency                 | Central Plant          |  |
| Intermediate<br>Care   | Inpatient 0<br>Beds     | Patient 0<br>Days | Dietetic                   | X Nuclear<br>Medicine         | X Support<br>Services  |  |
| Skilled Nursing  | Inpatient 0<br>Beds     | Patient 0<br>Days | Administratio              |                               |                        |  |
| Total Beds this B  | uilding 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 buildi | ings to be removed        |
| Building Nbr: BLD-0           | 00850 Building<br>Name:                          | Area D            |                            | Year of Information:         | 2012                      |
| Type of Services<br>Provided  | Turio.   |                   | ı                          | Information Current As Of:   |                           |
| Nursing                       | Inpatient 0<br>Beds                              | Patient 0<br>Days | Surgical                   | Obstetrical Cesarean/Deliv   | Rehabilitation<br>Therapy |
| IntensiveCare                 | Inpatient 0<br>Beds                              | Patient 0<br>Days | Anesthesia                 | Obstetrical                  | Renal Dialysis            |
| Pediatric/Adol escent         | Inpatient 0<br>Beds                              | Patient 0<br>Days | Clinical Lab               | Recovery                     | Tronai Biaryoto           |
| Psychiatric Nursing           | Inpatient 0<br>Beds                              | Patient 0<br>Days | X Radiological/<br>Imaging | Newborn/<br>WellBaby         | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum | Inpatient 0<br>Beds                              | Patient 0<br>Days | X Pharmaceution            | cal Emergency                | Central Plant             |
| Intermediate<br>Care          | Inpatient 0<br>Beds                              | Patient 0<br>Days | Dietetic                   | X Nuclear<br>Medicine        | X Support<br>Services     |
| Skilled Nursing               | Inpatient 0<br>Beds                              | Patient 0<br>Days | Administratio              |                              |                           |
| Total Beds this B             | uilding per service                              | 0                 |                            |                              |                           |
|                               |  |                   |                            |                              |                           |
|                               |  |                   |                            |                              |                           |
|                               |  |                   |                            |                              |                           |

| Report Year: 201              | 4 10801 Seton I                                  | Medical Center    |                            | Daly City                     | Page:38 of 84             |
|-------------------------------|--|-------------------|----------------------------|-------------------------------|---------------------------|
|                               | of inpatient beds and patices per Section 130061 |                   | e for the year of 20°      | 10, 2011 and 2012 for buildi  | ings to be removed        |
| Building Nbr: BLD-0           | 00850 Building<br>Name:                          | Area D            |                            | Year of Information:          | 2013                      |
| Type of Services<br>Provided  | raine.   |                   | ı                          | Information Current As Of:    |                           |
| Nursing                       | Inpatient 0<br>Beds                              | Patient 0<br>Days | Surgical                   | Obstetrical<br>Cesarean/Deliv | Rehabilitation<br>Therapy |
| IntensiveCare                 | Inpatient 0<br>Beds                              | Patient 0<br>Days | Anesthesia                 | Obstetrical                   | Renal Dialysis            |
| Pediatric/Adol escent         | Inpatient 0<br>Beds                              | Patient 0<br>Days | Clinical Lab               | Recovery                      |                           |
| Psychiatric Nursing           | Inpatient 0<br>Beds                              | Patient 0<br>Days | X Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum | Inpatient 0<br>Beds                              | Patient 0<br>Days | X Pharmaceution            | cal Emergency                 | Central Plant             |
| Intermediate<br>Care          | Inpatient 0<br>Beds                              | Patient 0<br>Days | Dietetic                   | X Nuclear<br>Medicine         | X Support<br>Services     |
| Skilled Nursing               | Inpatient 0<br>Beds                              | Patient 0<br>Days | Administratio              |                               |                           |
| Total Beds this B             | uilding per service                              | 0                 |                            |                               |                           |
|                               |  |                   |                            |                               |                           |
|                               |  |                   |                            |                               |                           |
|                               |  |                   |                            |                               |                           |

| Report Year: 201              | 4 10801 Seton I                                  | Medical Center    |                          | Daly City                   | Page:39 of 84             |
|-------------------------------|--|-------------------|--------------------------|-----------------------------|---------------------------|
|                               | of inpatient beds and patices per Section 130061 |                   | e for the year of 201    | 0, 2011 and 2012 for buildi | ings to be removed        |
| Building Nbr: BLD-0           | 00851 Building<br>Name:                          | Center Pod        |                          | Year of Information:        | 2011                      |
| Type of Services<br>Provided  | runo.  |                   | ı                        | Information Current As Of:  |                           |
| Nursing                       | Inpatient 0<br>Beds                              | Patient 0<br>Days | Surgical                 | Obstetrical Cesarean/Deliv  | Rehabilitation<br>Therapy |
| IntensiveCare                 | Inpatient 0<br>Beds                              | Patient 0<br>Days | Anesthesia               | Obstetrical                 | Renal Dialysis            |
| Pediatric/Adol escent         | Inpatient 0<br>Beds                              | Patient 0<br>Days | Clinical Lab             | Recovery                    |                           |
| Psychiatric Nursing           | Inpatient 0<br>Beds                              | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby        | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum | Inpatient 0<br>Beds                              | Patient 0<br>Days | Pharmaceutic             | cal Emergency               | Central Plant             |
| Intermediate<br>Care          | Inpatient 0<br>Beds                              | Patient 0<br>Days | Dietetic                 | Nuclear<br>Medicine         | X Support<br>Services     |
| Skilled Nursing               | Inpatient 0<br>Beds                              | Patient 0<br>Days | Administration           |                             |                           |
| Total Beds this B             | uilding per service                              | 0                 |                          |                             |                           |
|                               |  |                   |                          |                             |                           |
|                               |  |                   |                          |                             |                           |
|                               |  |                   |                          |                             |                           |

| Report Year: 201              | 4 10801 Seton I                                  | Medical Center    |                          | Daly City                   | Page:40 of 84             |
|-------------------------------|--|-------------------|--------------------------|-----------------------------|---------------------------|
|                               | of inpatient beds and patices per Section 130061 |                   | e for the year of 201    | 0, 2011 and 2012 for buildi | ings to be removed        |
| Building Nbr: BLD-0           | 00851 Building<br>Name:                          | Center Pod        |                          | Year of Information:        | 2012                      |
| Type of Services<br>Provided  |  |                   | ı                        | Information Current As Of:  |                           |
| Nursing                       | Inpatient 0<br>Beds                              | Patient 0<br>Days | Surgical                 | Obstetrical Cesarean/Deliv  | Rehabilitation<br>Therapy |
| IntensiveCare                 | Inpatient 0<br>Beds                              | Patient 0<br>Days | Anesthesia               | Obstetrical                 | Renal Dialysis            |
| Pediatric/Adol escent         | Inpatient 0<br>Beds                              | Patient 0<br>Days | Clinical Lab             | Recovery                    |                           |
| Psychiatric Nursing           | Inpatient 0<br>Beds                              | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby        | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum | Inpatient 0<br>Beds                              | Patient 0<br>Days | Pharmaceutic             | cal Emergency               | Central Plant             |
| Intermediate<br>Care          | Inpatient 0<br>Beds                              | Patient 0<br>Days | Dietetic                 | Nuclear<br>Medicine         | X Support<br>Services     |
| Skilled Nursing               | Inpatient 0<br>Beds                              | Patient 0<br>Days | Administration           | า                           |                           |
| Total Beds this B             | suilding per service                             | 0                 |                          |                             |                           |
|                               |  |                   |                          |                             |                           |
|                               |  |                   |                          |                             |                           |
|                               |  |                   |                          |                             |                           |

| Report Year: 201              | 4 10801 Seton  | Medical Center    | [                        | Daly City                  | Page:41 of 84          |  |  |
|-------------------------------|--|-------------------|--------------------------|----------------------------|------------------------|--|--|
|                               | 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 Nbr: BLD-0           | 00851 Building<br>Name:  | Center Pod        |                          | Year of Information:       | 2013                   |  |  |
| Type of Services<br>Provided  |  |                   | ı                        | Information Current As Of: |                        |  |  |
| Nursing                       | Inpatient 0<br>Beds  | Patient 0<br>Days | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |
| IntensiveCare                 | Inpatient 0<br>Beds  | Patient 0<br>Days | Anesthesia               | Obstetrical                | Renal Dialysis         |  |  |
| Pediatric/Adol escent         | Inpatient 0<br>Beds  | Patient 0<br>Days | Clinical Lab             | Recovery                   | _                      |  |  |
| Psychiatric Nursing           | Inpatient 0<br>Beds  | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient<br>Surgery  |  |  |
| Obstetrical<br>Ante/Postprtum | Inpatient 0<br>Beds  | Patient 0<br>Days | Pharmaceutic             | al Emergency               | Central Plant          |  |  |
| Intermediate Care             | Inpatient 0<br>Beds  | Patient 0<br>Days | Dietetic                 | Nuclear<br>Medicine        | X Support<br>Services  |  |  |
| Skilled Nursing               | Inpatient 0<br>Beds  | Patient 0<br>Days | Administration           | 1                          |                        |  |  |
| Total Beds this B             | uilding per service  | 0                 |                          |                            |                        |  |  |
|                               |  |                   |                          |                            |                        |  |  |
|                               |  |                   |                          |                            |                        |  |  |
|                               |  |                   |                          |                            |                        |  |  |

| Report Year: 2014 10                                       | Seton M                               | ledical Center                        |                          | Daly City                     | Page:42 of 84               |
|--|---------------------------------------|---------------------------------------|--------------------------|-------------------------------|-----------------------------|
| Provide the number of inpatie from acute care services per | ent beds and patie<br>Section 130061( | ent days per type of service c)(2)(D) | e for the year of 201    | 0, 2011 and 2012 for buildi   | ngs to be removed           |
| Building Nbr: BLD-00852                                    | Building<br>Name:                     | South Pod                             |                          | Year of Information:          | 2011                        |
| Type of Services<br>Provided                               |                                       | ı                                     |                          | Information Current As Of:    |                             |
| Nursing Inpatie Beds                                       | ent 0                                 | Patient 0<br>Days                     | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |
| IntensiveCare Inpatie Beds                                 | ent 0                                 | Patient 0<br>Days                     | Anesthesia               | Obstetrical                   | Renal Dialysis              |
| Pediatric/Adol Inpatie escent Beds                         | ent 0                                 | Patient 0<br>Days                     | Clinical Lab             | Recovery                      |                             |
| Psychiatric Inpatie Nursing Beds                           | ent 0                                 | Patient 0<br>Days                     | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |
| Obstetrical Inpatie Ante/Postprtum Beds                    | ent 0                                 | Patient 0<br>Days                     | Pharmaceution            | cal Emergency                 | Central Plant               |
| Intermediate Inpatie Care Beds                             | ent 0                                 | Patient 0<br>Days                     | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services       |
| Skilled Nursing Inpatie Beds                               | ent 0                                 | Patient 0<br>Days                     | X Administration         | า                             |                             |
| Total Beds this Building p                                 | per service                           | 0                                     |                          |                               |                             |
|  |                                       |                                       |                          |                               |                             |
|  |                                       |                                       |                          |                               |                             |
|  |                                       |                                       |                          |                               |                             |

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|----------------------------|--|-------------------|--------------------------|-------------------------------|-----------------------------|
|                            | of inpatient beds and patices per Section 130061 |                   | e for the year of 201    | 10, 2011 and 2012 for buildi  | ngs to be removed           |
| Building Nbr: BLD-0        | 00852 Building<br>Name:                          | South Pod         |                          | Year of Information:          | 2012                        |
| Type of Services Provided  | Name.  |                   |                          | Information Current As<br>Of: |                             |
| Nursing                    | Inpatient 0<br>Beds                              | Patient 0<br>Days | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |
| IntensiveCare              | Inpatient 0<br>Beds                              | Patient 0<br>Days | Anesthesia               | Obstetrical                   | Renal Dialysis              |
| Pediatric/Adol escent      | Inpatient 0<br>Beds                              | Patient 0<br>Days | Clinical Lab             | Recovery                      | Tronal Dialyolo             |
| Psychiatric Nursing        | Inpatient 0<br>Beds                              | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |
| Obstetrical Ante/Postprtum | Inpatient 0<br>Beds                              | Patient 0<br>Days | Pharmaceution            | cal Emergency                 | Central Plant               |
| Intermediate Care          | Inpatient 0<br>Beds                              | Patient 0<br>Days | Dietetic                 | Nuclear<br>Medicine           | X Support<br>Services       |
| Skilled Nursing            | Inpatient 0<br>Beds                              | Patient 0<br>Days | X Administration         | n                             |                             |
| Total Beds this B          | uilding per service                              | 0                 |                          |                               |                             |
|                            |  |                   |                          |                               |                             |
|                            |  |                   |                          |                               |                             |
|                            |  |                   |                          |                               |                             |

| Report Year: 201                            | 4 10801 Seton  | Medical Center    |                          | Daly City                     | Page:44 of 84               |  |  |
|---|--|-------------------|--------------------------|-------------------------------|-----------------------------|--|--|
| Provide the number of from acute care servi | 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 Nbr: BLD-0                         | 00852 Building<br>Name:  | South Pod         |                          | Year of Information:          | 2013                        |  |  |
| Type of Services<br>Provided                |  |                   |                          | Information Current As Of:    |                             |  |  |
| Nursing                                     | Inpatient 0<br>Beds  | Patient 0<br>Days | Surgical                 | Obstetrical<br>Cesarean/Deliv | X Rehabilitation<br>Therapy |  |  |
| IntensiveCare                               | Inpatient 0<br>Beds  | Patient 0<br>Days | Anesthesia               | Obstetrical                   | Renal Dialysis              |  |  |
| Pediatric/Adol escent                       | Inpatient 0<br>Beds  | Patient 0<br>Days | Clinical Lab             | Recovery                      |                             |  |  |
| Psychiatric Nursing                         | Inpatient 0<br>Beds  | Patient 0<br>Days | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery       |  |  |
| Obstetrical<br>Ante/Postprtum               | Inpatient 0<br>Beds  | Patient 0<br>Days | Pharmaceutica            | al Emergency                  | Central Plant               |  |  |
| Intermediate<br>Care                        | Inpatient 0<br>Beds  | Patient 0<br>Days | Dietetic                 | Nuclear Medicine              | X Support<br>Services       |  |  |
| Skilled Nursing                             | Inpatient 0<br>Beds  | Patient 0<br>Days | X Administration         | 1                             |                             |  |  |
| Total Beds this B                           | Building per service   | 0                 |                          |                               |                             |  |  |
|   |  |                   |                          |                               |                             |  |  |
|   |  |                   |                          |                               |                             |  |  |
|   |  |                   |                          |                               |                             |  |  |

| Report Year: 201             | 4 10801 Seton  | Medical Center             |                          | Daly City                     | Page:45 of 84          |  |  |
|------------------------------|--|----------------------------|--------------------------|-------------------------------|------------------------|--|--|
|                              | 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 Nbr: BLD-0          | 00853 Building<br>Name:  | Utilities Service Building |                          | Year of Information:          | 2011                   |  |  |
| Type of Services<br>Provided |  |                            | •                        | Information Current As<br>Of: |                        |  |  |
| Nursing                      | Inpatient 0<br>Beds  | Patient 0<br>Days          | Surgical                 | Obstetrical Cesarean/Deliv    | Rehabilitation Therapy |  |  |
| IntensiveCare                | Inpatient 0<br>Beds  | Patient 0<br>Days          | Anesthesia               | Obstetrical                   | Renal Dialysis         |  |  |
| Pediatric/Adol escent        | Inpatient 0<br>Beds  | Patient 0<br>Days          | Clinical Lab             | Recovery                      | _                      |  |  |
| Psychiatric Nursing          | Inpatient 0<br>Beds  | Patient 0<br>Days          | Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery  |  |  |
| Obstetrical Ante/Postprtum   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Pharmaceuti              | cal Emergency                 | X Central Plant        |  |  |
| Intermediate<br>Care         | Inpatient 0<br>Beds  | Patient 0<br>Days          | Dietetic                 | Nuclear<br>Medicine           | Support Services       |  |  |
| Skilled Nursing              | Inpatient 0<br>Beds  | Patient 0<br>Days          | Administration           | n                             |                        |  |  |
| 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 Nbr: BLD-0          | 00853 Building<br>Name:  | Utilities Service Building |                          | Year of Information:       | 2012                      |  |  |
| Type of Services<br>Provided |  |                            | •                        | Information Current As Of: |                           |  |  |
| Nursing                      | Inpatient 0<br>Beds  | Patient 0<br>Days          | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation<br>Therapy |  |  |
| IntensiveCare                | Inpatient 0<br>Beds  | Patient 0<br>Days          | Anesthesia               | Obstetrical                | Renal Dialysis            |  |  |
| Pediatric/Adol escent        | Inpatient 0<br>Beds  | Patient 0<br>Days          | Clinical Lab             | Recovery                   | _                         |  |  |
| Psychiatric Nursing          | Inpatient 0<br>Beds  | Patient 0<br>Days          | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient<br>Surgery     |  |  |
| Obstetrical Ante/Postprtum   | Inpatient 0<br>Beds  | Patient 0<br>Days          | Pharmaceuti              | cal Emergency              | X Central Plant           |  |  |
| Intermediate<br>Care         | Inpatient 0<br>Beds  | Patient 0<br>Days          | Dietetic                 | Nuclear Medicine           | Support Services          |  |  |
| Skilled Nursing              | Inpatient 0<br>Beds  | Patient 0<br>Days          | Administration           | n                          |                           |  |  |
| Total Beds this B            | uilding per service  | 0                          |                          |                            |                           |  |  |
|                              |  |                            |                          |                            |                           |  |  |
|                              |  |                            |                          |                            |                           |  |  |
|                              |  |                            |                          |                            |                           |  |  |

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|                               | of inpatient beds and pat<br>ces per Section 130061 |                            | e for the year of 20     | 10, 2011 and 2012 for buildi | ngs to be removed         |
| Building Nbr: BLD-0           | 00853 Building<br>Name:                             | Utilities Service Building |                          | Year of Information:         | 2013                      |
| Type of Services<br>Provided  |   |                            |                          | Information Current As Of:   |                           |
| Nursing                       | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Surgical                 | Obstetrical Cesarean/Deliv   | Rehabilitation<br>Therapy |
| IntensiveCare                 | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Anesthesia               | Obstetrical                  | Renal Dialysis            |
| Pediatric/Adol escent         | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Clinical Lab             | Recovery                     |                           |
| Psychiatric Nursing           | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Radiological/<br>Imaging | Newborn/<br>WellBaby         | Outpatient<br>Surgery     |
| Obstetrical<br>Ante/Postprtum | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Pharmaceuti              | cal Emergency                | X Central Plant           |
| Intermediate<br>Care          | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Dietetic                 | Nuclear Medicine             | Support Services          |
| Skilled Nursing               | Inpatient 0<br>Beds                                 | Patient 0<br>Days          | Administration           | n                            |                           |
| Total Beds this B             | uilding per service                                 | 0                          |                          |                              |                           |
|                               |   |                            |                          |                              |                           |
|                               |   |                            |                          |                              |                           |
|                               |   |                            |                          |                              |                           |

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| Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re |           | responding    |
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted In Nursing N/A   | building? |               |
| Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re |           | responding    |
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted lintensive Care  N/A   | building? |               |
| Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re |           | responding    |
| Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted Psychiatric Nursing  N/A   | building? |               |
|  |           |               |

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| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F |             |               |
| Building Number:  BLD-00846 Building Name: 1963 Tower  Will general acute care services and beds will be relocated to a new, Existing or retrofitted                                    | d building? |               |
| Obstetrical Ante Postprtum N/A  |             |               |
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F |             |               |
| Building Name: 1963 Tower Number:   |             |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted   | d building? |               |
| Skilled Nursing N/A   |             |               |
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F |             |               |
| Building Name: 1963 Tower Number:   |             |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted   | d building? |               |
| Surgical N/A  |             |               |
|   |             |               |
|   |             |               |
|   |             |               |

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|                        |                    | services and beds will be relocated to a dings with a Building Resolution of "Re |                          |               |
| Number:                |                    | ng Name: 1963 Tower  | or retrefitted building? |               |
| Anesthesia             | N/A                | ds will be relocated to a new, Existing o  | or retrollited building? |               |
| / westresia            | 14//1              |  |                          |               |
|                        |                    | services and beds will be relocated to a dings with a Building Resolution of "Re |                          |               |
| Building BL<br>Number: | .D-00846 Buildir   | g Name: 1963 Tower   |                          |               |
| Will general acute ca  | re services and be | ds will be relocated to a new, Existing of                                       | or retrofitted building? |               |
| Radiological/Imaging   | N/A                |  |                          |               |
|                        |                    | services and beds will be relocated to a dings with a Building Resolution of "Re |                          |               |
| Building BL<br>Number: | D-00846 Buildir    | g Name: 1963 Tower   |                          |               |
| Will general acute ca  | re services and be | ds will be relocated to a new, Existing of                                       | or retrofitted building? |               |
| Dietetic               | N/A                |  |                          |               |
|                        |                    |  |                          |               |
|                        |                    |  |                          |               |
|                        |                    |  |                          |               |

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| Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building |                                |                |               |
| Building Name: 1963 Town   | er                             |                |               |
| Will general acute care services and beds will be relocated to   | a new, Existing or retrofitted | building?      |               |
| Support Services N/A   |                                | ]              |               |
| Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building |                                |                |               |
| Building Name: 1963 Town   | er                             |                |               |
| Will general acute care services and beds will be relocated to   | a new, Existing or retrofitted | building?<br>_ |               |
| Obstetrical N/A Cesarean/Deliv   |                                | ]              |               |
|  |                                |                |               |
| Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building |                                |                |               |
| Building Name: 1963 Town   | 'er                            |                |               |
| Will general acute care services and beds will be relocated to   | a new, Existing or retrofitted | building?      |               |
| Obstetrical Recovery N/A   |                                | ]              |               |
|  |                                |                |               |
|  |                                |                |               |
|  |                                |                |               |

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| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R |             |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |             |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted   | I building? |               |
| Newborn/Well Baby N/A   | ]           |               |
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R |             |               |
| Building Number:  BLD-00846 Building Name: 1963 Tower  Will general acute care services and beds will be relocated to a new, Existing or retrofitted                                    | Lhuilding?  |               |
| Emergency N/A   |             |               |
| Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R |             |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |             |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted   | I building? |               |
| Nuclear Medicine N/A  |             |               |
|   |             |               |
|   |             |               |
|   |             |               |

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|---|--------------|---------------|
| Report whether the general acute care services and beds will be relocated to a new, exitabiliding sites or project numbers for buildings with a Building Resolution of "Rebuild" or |              |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |              |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitte  | ed building? |               |
| Renal Dialysis N/A  |              |               |
| Report whether the general acute care services and beds will be relocated to a new, exibuilding sites or project numbers for buildings with a Building Resolution of "Rebuild" or   |              |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |              |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitte  | ed building? |               |
| Medical/Surgical (Include GYN)  |              |               |
| [mistage 2117]  |              |               |
| Report whether the general acute care services and beds will be relocated to a new, exibuliding sites or project numbers for buildings with a Building Resolution of "Rebuild" or   |              |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |              |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitte  | ed building? |               |
| Perinatal (exclude Newborn / GYN))  |              |               |
|   |              |               |
|   |              |               |
|   |              |               |

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| Report whether the general acute care services and beds will be relocated to a new, building sites or project numbers for buildings with a Building Resolution of "Rebuild" |                   |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |                   |               |
| Will general acute care services and beds will be relocated to a new, Existing or retro   | ofitted building? |               |
| Intensive Care Newborn Nursery  |                   |               |
|   |                   |               |
| Report whether the general acute care services and beds will be relocated to a new, building sites or project numbers for buildings with a Building Resolution of "Rebuild" |                   |               |
| Building Number:  BLD-00846 Building Name: 1963 Tower   |                   |               |
| Will general acute care services and beds will be relocated to a new, Existing or retro   | ofitted building? |               |
| Acute Psychiatric N/A   |                   |               |
|   |                   |               |
| Report whether the general acute care services and beds will be relocated to a new, building sites or project numbers for buildings with a Building Resolution of "Rebuild" |                   |               |
| Building Number: BLD-00846 Building Name: 1963 Tower  |                   |               |
| Will general acute care services and beds will be relocated to a new, Existing or retro   | ofitted building? |               |
| Skilled Nursing N/A   |                   |               |
|   |                   |               |
|   |                   |               |
|   |                   |               |

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| Report whether the general acute care services an building sites or project numbers for buildings with |  |           |               |
| Building Number:  BLD-00847 Building Name:   | Front Wing                                 | huilding? |               |
| Will general acute care services and beds will be recommended by Radiological/Imaging  N/A             | elocated to a new, Existing of retrolitted |           |               |
| Report whether the general acute care services an building sites or project numbers for buildings with |  |           |               |
| Building BLD-00847 Building Name:  | Front Wing                                 |           |               |
| Will general acute care services and beds will be re   | elocated to a new, Existing or retrofitted | building? |               |
| Support Services N/A   |  | ]         |               |
|  |  |           |               |
|  |  |           |               |
|  |  |           |               |
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|                  | shall also report for each facted by type of unit and servi     | lity for which any buildings will be remove<br>ce per Section 130061(c)(3) | red from active care service, any net | change in the |
| Number:          | D-00848 Building Name:  | Area A & B   |                                       |               |
| Intensive Care   | N/A   | relocated to a new, Existing or retrofitted                                | building?                             |               |
|                  | shall also report for each fac<br>eds by type of unit and servi | lity for which any buildings will be remove<br>ce per Section 130061(c)(3) | red from active care service, any net | change in the |
| Number:          | D-00848 Building Name:  | Area A & B relocated to a new, Existing or retrofitted                     | huilding?                             |               |
| Surgical         | N/A   | relocated to a new, Existing of Tetrofitted                                |                                       |               |
|                  | shall also report for each facted by type of unit and servi     | lity for which any buildings will be remove ce per Section 130061(c)(3)    | red from active care service, any net | change in the |
| Number:          | D-00848 Building Name:  | Area A & B relocated to a new, Existing or retrofitted                     | building?                             |               |
| Anesthesia       | N/A   |  | ]                                     |               |
|                  |   |  |                                       |               |
|                  |   |  |                                       |               |

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| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ved from active care service, any net | change in the |
| Building Name: Area A & B Number:  |                                       |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | d building?                           |               |
| ClinicalLab N/A  |                                       |               |
|  |                                       |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ved from active care service, any net | change in the |
| Building Name: Area A & B Number:  |                                       |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | d building?                           |               |
| Support Services N/A   |                                       |               |
|  |                                       |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ved from active care service, any net | change in the |
| Building Name: Area A & B Number:  |                                       |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | d building?                           |               |
| Emergency N/A  |                                       |               |
|  |                                       |               |
|  |                                       |               |
|  |                                       |               |
|  |                                       |               |

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| Each hospital owner shall also report for each facility for which any buildings will be remov number of inpatient beds by type of unit and service per Section 130061(c)(3)  | ed from active care service, any net | change in the |
| Building Number:  BLD-00848 Building Name: Area A & B  |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| CentralPlant N/A   |                                      |               |
|  |                                      |               |
| Each hospital owner shall also report for each facility for which any buildings will be remov number of inpatient beds by type of unit and service per Section 130061(c)(3)  | ed from active care service, any net | change in the |
| Building Name: Area A & B Number:  |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Intensive Care N/A   | ]                                    |               |
|  |                                      |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: Area A & B  |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Coronary Care) N/A   |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |

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| Each hospital owner shall also report for each facility for w number of inpatient beds by type of unit and service per Se |                                   | ed from active care service, any ne | et change in the |
| Building Name: Area C   | :                                 |                                     |                  |
| Will general acute care services and beds will be relocated   | to a new, Existing or retrofitted | building?                           |                  |
| Surgical N/A  |                                   |                                     |                  |
|   |                                   |                                     |                  |
| Each hospital owner shall also report for each facility for w number of inpatient beds by type of unit and service per Se |                                   | ed from active care service, any ne | et change in the |
| Building Name: Area C   |                                   |                                     |                  |
| Will general acute care services and beds will be relocated   | to a new, Existing or retrofitted | building?                           |                  |
| Anesthesia N/A  |                                   |                                     |                  |
|   |                                   |                                     |                  |
| Each hospital owner shall also report for each facility for w number of inpatient beds by type of unit and service per Se |                                   | ed from active care service, any ne | et change in the |
| Building Name: Area Continue Number:  |                                   |                                     |                  |
| Will general acute care services and beds will be relocated   | to a new, Existing or retrofitted | building?                           |                  |
| Support Services N/A  |                                   |                                     |                  |
|   |                                   |                                     |                  |
|   |                                   |                                     |                  |
|   |                                   |                                     |                  |

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| Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3) |  |
| Building Number: BLD-00850 Building Name: Area D  |  |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?  Radiological/Imaging N/A   |  |
|   |  |
| Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3) |  |
| Building Number: BLD-00850 Building Name: Area D  |  |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?   |  |
| Pharmaceutical N/A  |  |
|   |  |
| Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3) |  |
| Building Number: BLD-00850 Building Name: Area D  |  |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?   |  |
| Support Services N/A  |  |
|   |  |
|   |  |
|   |  |

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| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: BLD-00850 Building Name: Area D   |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Nuclear Medicine N/A   |                                      |               |
|  |                                      |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: Utilities Service Building Utilities Service Building   |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| CentralPlant N/A   |                                      |               |
|  |                                      |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: BLD-00851 Building Name: Center Pod   |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Support Services N/A   |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |

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| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: South Pod   |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Administration N/A   |                                      |               |
|  |                                      |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: BLD-00852 Building Name: South Pod  |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Support Services N/A   |                                      |               |
|  |                                      |               |
| Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3) | ed from active care service, any net | change in the |
| Building Number: South Pod   |                                      |               |
| Will general acute care services and beds will be relocated to a new, Existing or retrofitted  | building?                            |               |
| Rehabilitation Therapy N/A   |                                      |               |
|  |                                      |               |
|  |                                      |               |
|  |                                      |               |

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| Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4) |                               |               |                          |   |                               |   |                           |  |  |  |
| Building Number: BLD-00846 Building Name: 1963 Tower   |                               |               |                          |   |                               |   |                           |  |  |  |
| Type of Service Provided   |                               |               |                          |   |                               |   |                           |  |  |  |
|  |                               | X             | Surgical                 | X | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |  |  |  |
| X  | Nursing                       | X             | Anesthesia               |   |                               |   |                           |  |  |  |
| X  | IntensiveCare                 |               |                          | Χ | Obstetrical<br>Recovery       | X | Renal Dialysis            |  |  |  |
| П  | Pediatric/Adol escent         |               | Clinical Lab             | X | Newborn/                      |   | Outpatient<br>Surgery     |  |  |  |
| _  |                               | X             | Radiological/<br>Imaging |   | WellBaby                      |   | Cangery                   |  |  |  |
| X  | Psychiatric<br>Nursing        |               | Pharmaceutical           | Х | Emergency                     |   | Central Plant             |  |  |  |
| X  | Obstetrical<br>Ante/Postprtum | X             | Dietetic                 | X | Nuclear<br>Medicine           | X | Support<br>Services       |  |  |  |
|  | Intermediate<br>Care          |               | Administration           |   |                               |   |                           |  |  |  |
| X  | Skilled Nursing               |               |                          |   |                               |   |                           |  |  |  |
|  |                               |               |                          |   |                               |   |                           |  |  |  |
|  |                               |               |                          |   |                               |   |                           |  |  |  |
|  |                               |               |                          |   |                               |   |                           |  |  |  |

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| Report any general per Section 130061 |                               | ntient service that is provided in any | genaral ac | cute care hospital            | building t | nat is rated SPC-1        |
| Building Number:                      | BLD-00847 Buildin             | g Name: Front Wing                     |            |                               |            |                           |
| Type of Service                       | Provided                      |  |            |                               |            |                           |
|                                       |                               | Surgical                               |            | Obstetrical<br>Cesarean/Deliv |            | Rehabilitation<br>Therapy |
|                                       | Nursing                       | Anesthesia                             |            |                               |            | Decel Biologie            |
|                                       | IntensiveCare                 |  | L G        | Obstetrical<br>Recovery       |            | Renal Dialysis            |
|                                       | Pediatric/Adol escent         | Clinical Lab                           |            | Newborn/                      |            | Outpatient<br>Surgery     |
| П                                     | Psychiatric                   | X Radiological/<br>Imaging             | <u> </u>   | VellBaby                      |            |                           |
|                                       | Nursing                       | Pharmaceutical                         | E          | Emergency                     |            | Central Plant             |
|                                       | Obstetrical<br>Ante/Postprtum | Dietetic                               |            | Nuclear<br>Medicine           | X          | Support<br>Services       |
|                                       | Intermediate<br>Care          | Administration                         |            |                               |            |                           |
|                                       | Skilled Nursing               |  |            |                               |            |                           |
|                                       |                               |  |            |                               |            |                           |
|                                       |                               |  |            |                               |            |                           |
|                                       |                               |  |            |                               |            |                           |

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| Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5) | ldings on the hospital campus show replacement and the type of service | ving how each building will comply we that will be provided in each gener | ith the SPC-5/NPC-4 or 5 al actue care hospital building |
| Building Number: BLD-00846  | Building Name: 1963 Tower  |   |  |
| Configuration: N/A  | 7  |   |  |
| Type of Service Provided  |  |   |  |
| X Nursing   | X Surgical   | X Obstetrical Cesarean/Deliv  | Rehabilitation Therapy                                   |
| X IntensiveCare   | X Anesthesia   | X Obstetrical Recovery  | X Renal Dialysis   |
| Pediatric/Adol escent   | Clinical Lab   | Receivery   |  |
| X Psychiatric<br>Nursing  | X Radiological/<br>Imaging   | X Newborn/<br>WellBaby  | Outpatient<br>Surgery                                    |
| X Obstetrical   | Pharmaceutical   |   |  |
| Ante/Postprtum  | <u> </u>   | X Emergency   | Central Plant  |
| Intermediate Care   | X Dietetic   |   |  |
| X Skilled Nursing   | Administration   | X Nuclear Medicine  | X Support<br>Services                                    |
|   | 1  |   |  |
|   |  |   |  |
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|--|-----------------------------|---------------------------|---|--------------------------|--|-------------------------------|---|
| Report the final cor<br>requirements wheth<br>per Section 130061 | her by retrofit or by       | ldings on the replacement | hospital campus show<br>and the type of service | ing how e<br>that will b | ach building will comply<br>be provided in each gene | with the SP0<br>eral actue ca | C-5/NPC-4 or 5<br>are hospital building |
| Building Number:   | BLD-00847                   | Building Na               | me: Front Wing                                  |                          |  |                               |   |
| Configuration:   | N/A                         |                           |   |                          |  |                               |   |
| Type of Service  | Provided                    |                           |   |                          |  |                               |   |
| Nu   | ursing                      |                           | Surgical  |                          | Obstetrical<br>Cesarean/Deliv                        |                               | Rehabilitation<br>Therapy               |
| Int  | ensiveCare                  |                           | Anesthesia                                      |                          | Obstetrical<br>Recovery                              |                               | Renal Dialysis                          |
|  | ediatric/Adol<br>cent       |                           | Clinical Lab                                    |                          | Recovery   |                               |   |
|  | sychiatric<br>ursing        | X                         | Radiological/<br>Imaging                        |                          | Newborn/<br>WellBaby                                 |                               | Outpatient<br>Surgery                   |
|  | ostetrical<br>nte/Postprtum |                           | Pharmaceutical                                  |                          | Emergency  |                               | Central Plant                           |
| Int<br>Ca  | ermediate<br>are            |                           | Dietetic  | П                        | Nuclear Medicine                                     | X                             | Support                                 |
| Sk   | illed Nursing               |                           | Administration                                  |                          |  |                               | Services                                |
|  |                             |                           |   |                          |  |                               |   |
|  |                             |                           |   |                          |  |                               |   |
|  |                             |                           |   |                          |  |                               |   |

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|---------------|---------------------------|-------------|--------------------------|---|---|---|---------------------------|
|               | whether by retrofit or by |             |                          |   | ach building will comply<br>be provided in each gen |   |                           |
| uilding Numb  | er: BLD-00848             | Building Na | me: Area A & B           |   |   |   |                           |
| Configuration | n: N/A                    |             |                          |   |   |   |                           |
| Type of Sei   | rvice Provided            |             |                          |   |   |   |                           |
|               | Nursing                   | X           | Surgical                 |   | Obstetrical<br>Cesarean/Deliv                       |   | Rehabilitation<br>Therapy |
| X             | IntensiveCare             | X           | Anesthesia               |   | Obstetrical<br>Recovery                             |   | Renal Dialysis            |
|               | Pediatric/Adol<br>escent  | X           | Clinical Lab             |   | Recovery  |   |                           |
|               | Psychiatric<br>Nursing    |             | Radiological/<br>Imaging |   | Newborn/<br>WellBaby                                |   | Outpatient<br>Surgery     |
|               | Obstetrical               |             | Pharmaceutical           |   |   |   |                           |
| _             | Ante/Postprtum            |             |                          | Х | Emergency   | X | Central Plant             |
|               | Intermediate<br>Care      |             | Dietetic                 |   | Nuclear Medicine                                    | X | Support                   |
|               | Skilled Nursing           |             | Administration           |   |   | _ | Services                  |

|                                      |                           | Seton Medica<br>dings on the |                          | ing how e   | Daly City  ach building will comply | with the SP   | Page:68 of 84<br>C-5/NPC-4 or 5 |
|--------------------------------------|---------------------------|------------------------------|--------------------------|-------------|-------------------------------------|---------------|---------------------------------|
| quirements wheth<br>r Section 130061 | ner by retrofit or by     | replacement                  | and the type of service  | that will b | pe provided in each geno            | eral actue ca | are hospital building           |
| ilding Number:                       | BLD-00849                 | Building Na                  | me: Area C               |             |                                     |               |                                 |
| Configuration:                       | N/A                       |                              |                          |             |                                     |               |                                 |
| Type of Service                      | Provided                  |                              |                          |             |                                     |               |                                 |
| Nu                                   | rsing                     | X                            | Surgical                 |             | Obstetrical<br>Cesarean/Deliv       |               | Rehabilitation<br>Therapy       |
| Inte                                 | ensiveCare                | X                            | Anesthesia               |             | Obstetrical<br>Recovery             |               | Renal Dialysis                  |
|                                      | diatric/Adol<br>cent      |                              | Clinical Lab             |             | Recovery                            |               |                                 |
|                                      | ychiatric<br>rsing        |                              | Radiological/<br>Imaging |             | Newborn/<br>WellBaby                |               | Outpatient<br>Surgery           |
|                                      | stetrical<br>te/Postprtum |                              | Pharmaceutical           |             | _                                   |               | 0 / 15                          |
|                                      | ermediate                 |                              | Dietetic                 |             | Emergency                           |               | Central Plant                   |
| Ca                                   |                           |                              | A desiminate di se       |             | Nuclear Medicine                    | X             | Support<br>Services             |
| Ski                                  | illed Nursing             |                              | Administration           |             |                                     |               |                                 |
|                                      |                           |                              |                          |             |                                     |               |                                 |
|                                      |                           |                              |                          |             |                                     |               |                                 |
|                                      |                           |                              |                          |             |                                     |               |                                 |

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|---|-----------------------------|---------------------------|---|--------------------------|--|-------------------------------|--|
| Report the final co<br>requirements whet<br>per Section 13006 | ther by retrofit or by      | ldings on the replacement | hospital campus show<br>and the type of service | ing how e<br>that will l | ach building will comply<br>be provided in each gene | with the SPC<br>eral actue ca | C-5/NPC-4 or 5<br>re hospital building |
| Building Number:  | BLD-00850                   | Building Na               | me: Area D                                      |                          |  |                               |  |
| Configuration:  | N/A                         |                           |   |                          |  |                               |  |
| Type of Service   | e Provided                  |                           |   |                          |  |                               |  |
| N   | ursing                      |                           | Surgical  |                          | Obstetrical<br>Cesarean/Deliv                        |                               | Rehabilitation<br>Therapy              |
| In  | tensiveCare                 |                           | Anesthesia                                      |                          | Obstetrical<br>Recovery                              |                               | Renal Dialysis                         |
|   | ediatric/Adol<br>scent      |                           | Clinical Lab                                    |                          | Recovery   |                               |  |
|   | sychiatric<br>ursing        | X                         | Radiological/<br>Imaging                        |                          | Newborn/<br>WellBaby                                 |                               | Outpatient<br>Surgery                  |
|   | bstetrical<br>nte/Postprtum | X                         | Pharmaceutical                                  |                          | Emergency  |                               | Central Plant                          |
|   | termediate<br>are           |                           | Dietetic  | X                        | Nuclear Medicine                                     | Х                             | Support                                |
| SI  | killed Nursing              |                           | Administration                                  |                          |  |                               | Services                               |
|   |                             |                           |   |                          |  |                               |  |
|   |                             |                           |   |                          |  |                               |  |
|   |                             |                           |   |                          |  |                               |  |

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|--|----------------------------|---------------------------|---|--------------------------|--|-------------------------------|--|
| Report the final con<br>requirements wheth<br>per Section 130061 | ner by retrofit or by      | ldings on the replacement | hospital campus show<br>and the type of service | ing how e<br>that will b | ach building will comply<br>be provided in each gene | with the SP0<br>eral actue ca | C-5/NPC-4 or 5<br>re hospital building |
| Building Number:   | BLD-00851                  | Building Na               | me: Center Pod                                  |                          |  |                               |  |
| Configuration:   | N/A                        |                           |   |                          |  |                               |  |
| Type of Service  | Provided                   |                           |   |                          |  |                               |  |
| Nu   | ırsing                     |                           | Surgical  |                          | Obstetrical<br>Cesarean/Deliv                        |                               | Rehabilitation<br>Therapy              |
| Into   | ensiveCare                 |                           | Anesthesia                                      |                          | Obstetrical<br>Recovery                              |                               | Renal Dialysis                         |
|  | diatric/Adol<br>cent       |                           | Clinical Lab                                    |                          | Recovery   |                               |  |
|  | ychiatric<br>ırsing        |                           | Radiological/<br>Imaging                        |                          | Newborn/<br>WellBaby                                 |                               | Outpatient<br>Surgery                  |
|  | ostetrical<br>te/Postprtum |                           | Pharmaceutical                                  |                          | Emergency  |                               | Central Plant                          |
| Into Ca  | ermediate<br>ire           |                           | Dietetic  |                          | Nuclear Medicine                                     | X                             | Support                                |
| Sk   | illed Nursing              |                           | Administration                                  |                          |  |                               | Services                               |
|  |                            |                           |   |                          |  |                               |  |
|  |                            |                           |   |                          |  |                               |  |
|  |                            |                           |   |                          |  |                               |  |

| oort Year:     | 2014 10801                    | Seton Medic | al Center                | Daly City   |   | Page:71 of 84             |
|----------------|-------------------------------|-------------|--------------------------|---|---|---------------------------|
|                | hether by retrofit or by      |             |                          | ach building will comply<br>be provided in each gen |   |                           |
| uilding Numbe  | er: BLD-00852                 | Building Na | me: South Pod            |   |   |                           |
| Configuration: | N/A                           |             |                          |   |   |                           |
| Type of Serv   | rice Provided                 |             |                          |   |   |                           |
|                | Nursing                       |             | Surgical                 | Obstetrical<br>Cesarean/Deliv                       | X | Rehabilitation<br>Therapy |
|                | IntensiveCare                 |             | Anesthesia               | Obstetrical<br>Recovery                             |   | Renal Dialysis            |
|                | Pediatric/Adol escent         |             | Clinical Lab             | Recovery  |   |                           |
|                | Psychiatric<br>Nursing        |             | Radiological/<br>Imaging | Newborn/<br>WellBaby                                |   | Outpatient<br>Surgery     |
|                | Obstetrical<br>Ante/Postprtum |             | Pharmaceutical           |   |   |                           |
|                | Ante/Postphum                 |             |                          | Emergency   | Ш | Central Plant             |
|                | Intermediate<br>Care          |             | Dietetic                 | Nuclear Medicine                                    | X | Support                   |
|                | Skilled Nursing               | X           | Administration           |   |   | Services                  |

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|---|-----------------------------|--------------------------|---|-------------------------|--|------------------------------|---|--|--|--|
| Report the final cor<br>requirements whetl<br>per Section 13006 | her by retrofit or by       | dings on the replacement | hospital campus showir<br>and the type of service | ng how e<br>that will b | ach building will comply voe provided in each gene | with the SP0<br>ral actue ca | C-5/NPC-4 or 5<br>are hospital building |  |  |  |
| Building Number:  | BLD-00853                   | Building Nar             | ne: Utilities Service B                           | uilding                 |  |                              |   |  |  |  |
| Configuration:  | Configuration: N/A          |                          |   |                         |  |                              |   |  |  |  |
| Type of Service   | Provided                    |                          |   |                         |  |                              |   |  |  |  |
| ☐ Nu  | ursing                      |                          | Surgical  |                         | Obstetrical<br>Cesarean/Deliv                      |                              | Rehabilitation<br>Therapy               |  |  |  |
| Int   | tensiveCare                 |                          | Anesthesia  |                         | Obstetrical<br>Recovery                            |                              | Renal Dialysis                          |  |  |  |
|   | ediatric/Adol<br>cent       |                          | Clinical Lab                                      |                         | Recovery   |                              |   |  |  |  |
|   | sychiatric<br>ursing        |                          | Radiological/<br>Imaging                          |                         | Newborn/<br>WellBaby                               |                              | Outpatient<br>Surgery                   |  |  |  |
|   | ostetrical<br>nte/Postprtum |                          | Pharmaceutical                                    |                         | Emergency  | X                            | Central Plant                           |  |  |  |
|   | termediate<br>are           |                          | Dietetic  |                         | Nuclear Medicine                                   |                              | Support                                 |  |  |  |
| Sk  | cilled Nursing              |                          | Administration                                    |                         |  |                              | 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: BLD-00848 Building Name: Area A & B   |                               |                   |                 |        |                          |   |                               |   |                           |
| Type of Service Provided   |                               |                   |                 |        |                          |   |                               |   |                           |
|  | Nursing                       | Inpatient<br>Beds | 0               | X      | Surgical                 |   | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| X  | IntensiveCare                 | Inpatient<br>Beds | 28              | X      | Anesthesia               |   |                               |   |                           |
|  | Pediatric/Adol escent         | Inpatient<br>Beds | 0               | X      | Clinical Lab             |   | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0               |        | Radiological/<br>Imaging |   | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|  | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0               |        | Pharmaceutical           | X | Emergency                     | X | Central Plant             |
|  | Intermediate<br>Care          | Inpatient<br>Beds | 0               |        | Dietetic                 |   | Nuclear<br>Medicine           | X | Support<br>Services       |
|  | Skilled Nursing               | Inpatient<br>Beds | 0               |        | Administration           |   |                               |   |                           |
|  | Total Beds this<br>Building   |                   | 28              |        |                          |   |                               |   |                           |
|  |                               |                   |                 |        |                          |   |                               |   |                           |

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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-00849              | Building N    | ame: Are | ea C                     |  |                               |            | ]                     |
| Type of Service Pr   | ovided                 |               |          |                          |  |                               |            |                       |
| Nursing  | Inpatient<br>Beds      | 0             | X        | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |            | habilitation<br>erapy |
| IntensiveCare  | Inpatient<br>Beds      | 0             | X        | Anesthesia               |  |                               |            |                       |
| Pediatric/Adol escent  | Inpatient<br>Beds      | 0             |          | Clinical Lab             |  | Obstetrical<br>Recovery       | Re         | nal Dialysis          |
| Psychiatric Nursing  | Inpatient<br>Beds      | 0             |          | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |            | tpatient<br>rgery     |
| Obstetrical Ante/Postprtui   | Inpatient<br>m Beds    | 0             |          | Pharmaceutical           |  | Emergency                     | Се         | ntral Plant           |
| Intermediate Care  | Inpatient<br>Beds      | 0             |          | Dietetic                 |  | Nuclear<br>Medicine           | X Su<br>Se | pport<br>rvices       |
| Skilled Nursin   | g<br>Inpatient<br>Beds | 0             |          | Administration           |  |                               |            |                       |
| Total Beds this<br>Building  | S                      | 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-00850           | Building Nar    | me: Area D                 |                               |                        |  |  |  |
| Type of Service Pro  | vided             |                 |                            |                               |                        |  |  |  |
| Nursing  | Inpatient<br>Beds | 0               | Surgical                   | Obstetrical<br>Cesarean/Deliv | Rehabilitation Therapy |  |  |  |
| IntensiveCare  | Inpatient<br>Beds | 0               | Anesthesia                 |                               |                        |  |  |  |
| Pediatric/Adol escent  | Inpatient<br>Beds | 0               | Clinical Lab               | Obstetrical<br>Recovery       | Renal Dialysis         |  |  |  |
| Psychiatric Nursing  | Inpatient<br>Beds | 0               | X Radiological/<br>Imaging | Newborn/<br>WellBaby          | Outpatient<br>Surgery  |  |  |  |
| Obstetrical Ante/Postprtum   | Inpatient<br>Beds | 0               | X Pharmaceutical           | Emergency                     | Central Plant          |  |  |  |
| Intermediate Care  | Inpatient<br>Beds | 0               | Dietetic                   | X Nuclear<br>Medicine         | X Support<br>Services  |  |  |  |
| Skilled Nursing  | Inpatient<br>Beds | 0               | Administration             |                               |                        |  |  |  |
| Total Beds this<br>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-00851          | Building Nar    | me: Center Pod           |                            |                        |  |  |  |
| Type of Service Pro  | <u>vided</u>      |                 |                          |                            |                        |  |  |  |
| Nursing  | Inpatient<br>Beds | 0               | Surgical                 | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |  |  |  |
| IntensiveCare  | Inpatient<br>Beds | 0               | Anesthesia               |                            |                        |  |  |  |
| Pediatric/Adol escent  | Inpatient<br>Beds | 0               | Clinical Lab             | Obstetrical Recovery       | Renal Dialysis         |  |  |  |
| Psychiatric Nursing  | Inpatient<br>Beds | 0               | Radiological/<br>Imaging | Newborn/<br>WellBaby       | Outpatient<br>Surgery  |  |  |  |
| Obstetrical Ante/Postprtum   | Inpatient<br>Beds | 0               | Pharmaceutical           | Emergency                  | Central Plant          |  |  |  |
| Intermediate Care  | Inpatient<br>Beds | 0               | Dietetic                 | Nuclear<br>Medicine        | X Support<br>Services  |  |  |  |
| Skilled Nursing  | Inpatient<br>Beds | 0               | Administration           |                            |                        |  |  |  |
| Total Beds this<br>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-00852          | Building Na     | me: South | Pod                   |  |                               |   |                           |
| Type of Service Pro  | vided             |                 |           |                       |  |                               |   |                           |
| Nursing  | Inpatient<br>Beds | 0               | S         | urgical               |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
| IntensiveCare  | Inpatient<br>Beds | 0               | Ar        | nesthesia             |  |                               |   |                           |
| Pediatric/Adol escent  | Inpatient<br>Beds | 0               | CI        | inical Lab            |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |
| Psychiatric Nursing  | Inpatient<br>Beds | 0               |           | adiological/<br>aging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
| Obstetrical Ante/Postprtum   | Inpatient<br>Beds | 0               | Pr        | narmaceutical         |  | Emergency                     |   | Central Plant             |
| Intermediate Care  | Inpatient<br>Beds | 0               | ☐ Di      | etetic                |  | Nuclear<br>Medicine           | X | Support<br>Services       |
| Skilled Nursing  | Inpatient<br>Beds | 0               | X Ad      | dministration         |  |                               |   |                           |
| Total Beds this<br>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   | g Number: BLD                 | D-00853           | Building Name     | e: Ut | ilities Service Building |  |                               |   |                           |
| Type o   | of Service Prov               | <u>ided</u>       |                   |       |                          |  |                               |   |                           |
|  | Nursing                       | Inpatient<br>Beds | 0                 |       | Surgical                 |  | Obstetrical<br>Cesarean/Deliv |   | Rehabilitation<br>Therapy |
|  | ntensiveCare                  | Inpatient<br>Beds | 0                 |       | Anesthesia               |  |                               |   |                           |
|  | Pediatric/Adol<br>escent      | Inpatient<br>Beds | 0                 |       | Clinical Lab             |  | Obstetrical<br>Recovery       |   | Renal Dialysis            |
|  | Psychiatric<br>Nursing        | Inpatient<br>Beds | 0                 |       | Radiological/<br>Imaging |  | Newborn/<br>WellBaby          |   | Outpatient<br>Surgery     |
|  | Obstetrical<br>Ante/Postprtum | Inpatient<br>Beds | 0                 |       | Pharmaceutical           |  | Emergency                     | X | Central Plant             |
|  | ntermediate<br>Care           | Inpatient<br>Beds | 0                 |       | Dietetic                 |  | Nuclear<br>Medicine           |   | Support<br>Services       |
|  | Skilled Nursing               | Inpatient<br>Beds | 0                 |       | Administration           |  |                               |   |                           |
|  | Fotal Beds this<br>Building   |                   | 0                 |       |                          |  |                               |   |                           |
|  |                               |                   |                   |       |                          |  |                               |   |                           |

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:79 of 84 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) BLD-00848 Area A & B **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center 3761 Inpatient Inpatient Inpatient Inpatient Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient 14 1013 Inpatient 0 Inpatient 0

Days

28

28

Bed

Days

Bed

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:80 of 84 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) BLD-00849 Area C **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:81 of 84 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) BLD-00850 Area D **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:82 of 84 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) BLD-00851 Center Pod **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:83 of 84 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) BLD-00852 South Pod **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2014 10801 **Seton Medical Center** Daly City Page:84 of 84 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) BLD-00853 **Utilities Service Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0