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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 Owner and Year of Report per Section 130061(e)

Facility Number:	12404
Facility Name:	California Pacific Medical Center - California West
Address:	3700 California Street
City:	San Francisco
Hospital Owner/Lice	ensee: Sutter West Bay Hospitals
Year of Rep	porting: 2014
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	dress:
Contact 3 e-mail Ado	dress::
Name of Sub	mitter: Carl Scheuerman
Submission	Date: 10/3/2014 2:35:35 PM

Report Year:       2014       12404       California Pacific Medical Center - California West       San Francisco       Page:2 of 68         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)								
Bidg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date		
BLD- 01108	East Wing	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		
BLD- 01109	Building B	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		
BLD- 01111	Building A	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		
BLD- 01114	North Wing	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		
BLD- 01116	Boiler Room	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		
BLD- 02976	Outpatient Research Building	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		
BLD- 05350	Radiation Therapy Building	3700 California Street	Rebuild	SPC5	01/01/2020	07/01/2019		

Report Year: 2014	12404 California Pacific Medical Center	er - California We	est San Francisco		Page:3 of 68
	planned for rebuild, retrofit or replacement, rt date or dates and projected Completion da Section 130061(c)(1)(E).				
Building No: BLD-01108	East Wing		Retrofit/Replacement Project:	Yes-Subr	mitted
Facility Project Sub Number Number Nun		Date In	Plan Approved Start Date Date	Project Complete d	CEQA Status Review
18165 IS080885-0	0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM	11/01/2013	06/30/2019	ACTI No
					ent project
Facility Project Sub Number Number Nun		Date In	Plan Approved Start Date Date	Project Complete d	CEQA Status Review
18165 IS080885-0	0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM	11/01/2013	06/30/2019	ACTI No
SHPD FDD SB499 Report	Data Last Update: 10/03/2014	Submission	n Date: 10/03/2014 P	Printed: 10/5/207	14 6:25 AM

Report Year: 20	14 12	2404	California Pacific M	edical Center -	- California W	est San Fra	ncisco		Page:4 o	f 68
For each building wh projected construction status and approvals	on start da	ate c	ed for rebuild, retrofit or re or dates and projected Co 130061(c)(1)(E).	placement, pro	ovide the proj or dates per	ect numbers, p Section 13006	er Section 13 1(c)(1)(D) and	0061(c)(1)(C) I the most rec	. The ent projec	t
Building No: BLD-(	)1111	]	Building A			Retrofit/Rep Project:	lacement	Yes-Sub	mitted	]
Facility Project Number Number	Sub Num	Sco	pe		Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
18165 IS080885-0	0	PPR	R - NEW ACUTE CARE HOS	SPITAL	6/11/2008 12:00:00 AM		11/01/2013	06/30/2019	ACTI	No
	on start da	ate c	ed for rebuild, retrofit or re or dates and projected Co 130061(c)(1)(E).							t
Building No: BLD-(	01114	]	North Wing			Retrofit/Rep Project:	lacement	Yes-Sub	mitted	]
Facility Project Number Number	Sub Num	Sco	De		Date In	Plan Approved	Start Date	Project Complete	Status	CEQA Review
			F -			Date		d		
18165 IS080885-0	0		R - NEW ACUTE CARE HOS	SPITAL	6/11/2008 12:00:00 AM	Date	11/01/2013		ACTI	No
18165 IS080885-0	0			SPITAL	12:00:00	Date	11/01/2013	d		No
18165 IS080885-0	0			SPITAL	12:00:00	Date	11/01/2013	d		No
18165 IS080885-0	0			SPITAL	12:00:00	Date	11/01/2013	d		No

Report Year: 20	12	2404	California Pacifi	c Medical Center	- California W	/est San Fra	ancisco		Page:5 o	68
	on start d	ate o	d for rebuild, retrofit c or dates and projected 130061(c)(1)(E).							:
Building No: BLD-	01116		Boiler Room			Retrofit/Rep Project:	lacement	Yes-Sub	mitted	]
Facility Project Number Number	Sub Num	Sco	ре		Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
18165 IS080885-0	0	PPR	R - NEW ACUTE CARE	HOSPITAL	6/11/2008 12:00:00 AM		11/01/2013	06/30/2019	ACTI	No
	on start d	ate o	d for rebuild, retrofit c or dates and projected 130061(c)(1)(E).							
Building No: BLD-	02976		Outpatient Research	Building		Retrofit/Rep Project:	lacement	Yes-Sub	mitted	]
Facility Project Number Number	Sub Num	Sco	ре		Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
	Num		ppe R - NEW ACUTE CARE	HOSPITAL	Date In 6/11/2008 12:00:00 AM	Approved	Start Date 11/01/2013	Complete	Status ACTI	
Number Number	Num			HOSPITAL	6/11/2008 12:00:00	Approved		Complete d		Review
Number Number	Num			HOSPITAL	6/11/2008 12:00:00	Approved		Complete d		Review
Number Number	Num			HOSPITAL	6/11/2008 12:00:00	Approved		Complete d		Review

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).								
Building No: BLD-05350	Radiation Therapy Building		Retrofit/Replacement Project:	Yes-Su	bmitted			
Facility Project Sub Number Number Num So	соре	Date In	Plan Approved Start Dat Date	Project e Complete d	CEQA Status Review			
18165 IS080885-0 0 PF	PR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM	11/01/2013	06/30/2019	ACTI No			
OSHPD FDD SB499 Report	Data Last Update: 10/03/2014	Submissi	on Date: 10/03/2014	Printed: 10/5/2	014 6:25 AM			

Report Year: 2014 1	2404 California Pacific Medical Center - Cali	fornia West San Francisco	Page:7 of 68					
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01	1108 Building Name: Ea	ast Wing						
Type of Service Provided	d							
X Nursing Inp Be	eds 24 Inpatient 288 Days		ostetrical ecovery					
IntensiveCare Inp Be	oatient 0 Inpatient Days 0 eds		ewborn/ ellBaby					
Pediatric/Adol Inp escent Be	oatient 0 Inpatient Days 0	Clinical Lab	nergency					
Psychiatric Inp Nursing Be	patient 0 Inpatient Days 0 eds		iclear edicine					
X Obstetrical Inp Ante/Postprtum Be	oatient 19 Inpatient Days 4439 eds		habilitation erapy					
Intermediate Inp Care Be	oatient 0 Inpatient Days 0		enal Dialysis Itpatient					
Skilled Nursing Inp	patient 0 Inpatient Days 0	Services Su	rgery					
	Total Beds this <b>43</b> Building	Obstetrical Cesarean/Deliv	entral Plant					
OSHPD FDD SB499 Report	Data Last Update: 10/03/2014 S	Submission Date: 10/03/2014 Printed	d: 10/5/2014 6:25 AM					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BLD	Building Number: BLD-01109 Building Name: Building B								
Type of Service Provid	<u>ded</u>								
	Inpatient Beds	14 Inpatient 168 Days	Surgical	Obstetrical Recovery					
	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
	Inpatient Beds	7 Inpatient Days 1635	Pharmaceutical     Dietetic	Rehabilitation Therapy					
	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery					
	Deus	Total Beds this 21 Building	Obstetrical Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Report	Da	ata Last Update: 10/03/2014 Si	ubmission Date: 10/03/2014	Printed: 10/5/2014 6:25 AM					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01111 Building Name: Building A								
Type of Service Provided								
Nursing Inpa Beds	atient 42 Inpatient 503 ds Days	X Surgical	X Obstetrical Recovery					
IntensiveCare Inpa Beds	atient 0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby					
X Pediatric/Adol Inpa escent Beds	atient 29 Inpatient Days 2245 Is	X Clinical Lab	Emergency					
Psychiatric Inpa Nursing Bed	atient 0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine					
Obstetrical Inpa Ante/Postprtum Bed	atient 0 Inpatient Days 0	Pharmaceutical Dietetic	X Rehabilitation Therapy					
Intermediate Inpa Care Beds	atient 0 Inpatient Days 0	Administration	X Renal Dialysis					
Skilled Nursing Inpa Beds	atient 0 Inpatient Days 0	X Support Services	X Outpatient Surgery					
	Total Beds this <b>71</b> Building	Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Report	Data Last Update: 10/03/2014 Sub	mission Date: 10/03/2014	Printed: 10/5/2014 6:25 AM					

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-01114 Building Name: North Wing								
Type of Service Provide	ed							
	eds 40 Inpatien Days	t 479	Surgical	Obstetrical Recovery				
	npatient 8 Inpatient eds	t Days 1126	Anesthesia	Newborn/ WellBaby				
	npatient 0 Inpatien eds	nt Days 0	Clinical Lab	Emergency				
	npatient 0 Inpatien eds	nt Days 0	Radiological/ Imaging	Nuclear Medicine				
	npatient 0 Inpatien eds	nt Days 0	Pharmaceutical Dietetic	Rehabilitatio	on			
	npatient 0 Inpatien eds	nt Days 0	Administration	Renal Dialy	sis			
	npatient 0 Inpatier eds	nt Days 0	X Support Services	Outpatient Surgery				
	Total Beds this Building	48	Obstetrical Cesarean/Deliv	Central Plar	nt			
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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: BLI	Building Number: BLD-01116 Building Name: Boiler Room						
Type of Service Provi	ided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Dodo	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	X Central Plant			
OSHPD FDD SB499 Report	t	Data Last Update: 10/03/2014 Su	bmission Date: 10/03/2014	Printed: 10/5/2014 6:25 AM			

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BL	Building Number:     BLD-02976     Building Name:     Outpatient Research Building						
Type of Service Prov	vided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Uutpatient Surgery			
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Report	rt	Data Last Update: 10/03/2014 Su	ubmission Date: 10/03/2014	Printed: 10/5/2014 6:25 AM			

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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: BL	Building Number:     BLD-05350     Building Name:     Radiation Therapy Building						
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical     Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/03/2014 Su	ubmission Date: 10/03/2014	Printed: 10/5/2014 6:25 AM			

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Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number:     BLD-01108     Building Name:     East Wing							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 24 Bed	Inpatient 288 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 19 Bed	Inpatient 4439 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	43	43			
OSHPD FDD SB499 F	Report Data Last U	odate: 10/03/2014	Submission Date:	0/03/2014 Printed	d: 10/5/2014 6:25 AM			

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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number:	BLD-01109 Build	ling Name: Build	ding B				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 14 Bed	Inpatient 168 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 7 Bed	Inpatient 1635 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21		

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Provide the number o	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number: BLD-01111 Building Name: Building A							
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric				
	Inpatient 503 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing				
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card				
	Inpatient 2245 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	71	71			

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Provide the number of Inpatient beds an	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-01114	Building Number: BLD-01114 Building Name: North Wing							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 40 Inpatient 479 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 8 Inpatient 1126 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	48 48						

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Provide the numbe	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number: BLD-01116 Building Name: Boiler Room							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number: BLD-02976	Building Number:       BLD-02976       Building Name:       Outpatient Research Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0						

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Provide the number	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number:	Building Number:       BLD-05350       Building Name:       Radiation Therapy Building							
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care Net Nursery	wborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

Report Year:

12404

2014

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01108	East Wing	Rebuild
BLD-01109	Building B	Rebuild
BLD-01110	Building H	Rebuild
BLD-01111	Building A	Rebuild
BLD-01112	Building A - Emergency Generator Building	Rebuild
BLD-01113	NBICU	Rebuild
BLD-01114	North Wing	Rebuild
BLD-01116	Boiler Room	Rebuild
BLD-02976	Outpatient Research Building	Rebuild
BLD-05350	Radiation Therapy Building	Rebuild
BLD-05383	Freight Elevator Building	Rebuild
BLD-05384	Mechanical Room	Rebuild
BLD-05386	Electrical Room	Rebuild
BLD-05387	NBICU Addition	Rebuild

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List ALL proposed new buildings to be constructed at this or another site.						
Building Number	Building Name		New Site			
N_1	New Hospital		Х			
OSHPD FDD SB499 Re	port Data Last Up	odate: 10/03/2014 Sul	omission Date: 10/03/2014	Printed: 10/5/2014 6:25 AM		

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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 Number:     BLD-01108     East Wing     Removal Date:     07/01/2019								
Planned Uses for the building to be removed from acute care service:								
Planned use for building: Sold Jurisdiction:								
Inpatient services currently delivered in the building: Obstetrical								
X     Nursing     Surgical     Cesarean/Deliv     Therapy								
IntensiveCare     Anesthesia       Pediatric/Adol     Clinical Lab         Obstetrical Recovery     Renal Dialysis								
escent								
Psychiatric Nursing     Radiological/ Imaging     Newborn/ WellBaby     Outpatient Surgery								
X       Obstetrical Ante/Postprtum       Pharmaceutical         Emergency       Central Plant								
Intermediate X Dietetic								
Skilled Nursing     Administration     Nuclear     Support       Medicine     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 Number: B	LD-01109	Building	В		Removal Date:	07/01/2019	]
Planned Uses for the I	ouilding to be re	moved from acute c	are service:				
Planned use for build	ng: Sold		Jurisdiction:				
Inpatient services curr	ently delivered i	n the building:		Obstetrical		Rehabilitation	
X Nursing		Surgical		Cesarean/Deliv	, L	Therapy	
IntensiveCa		Anesthesia Clinical Lab		Obstetrical Recovery		Renal Dialysis	;
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
X Obstetrical Ante/Postpr	tum	Pharmaceutica		Emergency		Central Plant	
Intermediate Care	, [	Dietetic		Emorgonoy			
Skilled Nurs	ing	Administration		Nuclear Medicine		Support Services	
OSHPD FDD SB499 Rej	port [	Data Last Update: 1	0/03/2014 S	ubmission Date:	10/03/2014	Printed: 10/5/20	)14 6:25 AM

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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 Number: BLD-0111	1 Building A		Removal 07/01/2019 Date:				
Planned Uses for the building t	to be removed from acute care servio	ce:					
Planned use for building: So	ld Juris	diction:					
Inpatient services currently del	ivered in the building:						
Nursing	X Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy	ו			
IntensiveCare X Pediatric/Adol	X Anesthesia X Clinical Lab	X Obstetrical Recovery	X Renal Dialys	s			
escent Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central Plan	t			
Intermediate Care	Dietetic	Linergeney					
Skilled Nursing	Administration	X Nuclear Medicine	X Support 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 Number: BLC	0-01114	North Wing		Removal Date:	07/01/2019	]	
Planned Uses for the bu	ilding to be removed from	n acute care service:					
Planned use for building	: Sold	Jurisdiction:		]			
Inpatient services currer	tly delivered in the build	ing:	Obstetrical		Rehabilitation		
X Nursing	Surgi	cal	Cesarean/Deli	v L	Therapy		
X IntensiveCare Pediatric/Adol escent		hesia al Lab	Obstetrical Recovery		Renal Dialysis		
Psychiatric Nursing	Radic Imagi	logical/ ng	] Newborn/ WellBaby		Outpatient Surgery		
Obstetrical Ante/Postprtu		naceutical	] Emergency		Central Plant		
Intermediate Care	Diete	lic					
Skilled Nursin	g Admin	nistration	Nuclear Medicine	X	Support 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 Number: BLD-0111	16 Boiler Room		Removal 07/01/2019 Date:				
Planned Uses for the building	to be removed from acute care servi	ce:					
Planned use for building: So	Juris	sdiction:					
Inpatient services currently de	livered in the building:						
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitati Therapy	on			
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialy	sis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	nt			
Intermediate Care	Dietetic	с.	_				
Skilled Nursing	Administration	Nuclear Medicine	Support 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 Number:     BLD-02976     Outpatient Research Building     Removal Date:     07/01/2019								
Planned Uses for the building	to be removed from acute care service	ce:						
Planned use for building: So	ld Juris	diction:						
Inpatient services currently de	livered in the building:							
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitatio	n				
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialys	is				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t				
Intermediate Care	Dietetic							
Skilled Nursing	Administration	Nuclear Medicine	X Support 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 Number:     BLD-05350     Radiation Therapy Building     Removal Date:     07/01/2019								
Planned Uses for the build	ing to be removed from acute care servi	ce:						
Planned use for building:	Sold Juris	sdiction:						
Inpatient services currently	delivered in the building:	Obstetrical	Rehabilitatio	n				
Nursing	Surgical	Cesarean/Deliv	Therapy					
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialys	is				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	Central Plan	t				
Intermediate Care	Dietetic							
Skilled Nursing	Administration	Nuclear Medicine	Support Services					
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No data reported	d for Sectio	n 130061(c)	)(2)(D).		

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No data reporte	d for Sectic	on 130061(c)	)(2)(D.		

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Data retrieval fa	iled for the s	subreport, 'F	Report2EDetail',	located at: /SB499	Report/Section2E.	Please check the log files for mo	re information.

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lo data reporte	d for Sectio	n 130061(c)	)(3).		

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Report any general per Section 130061	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:	Building Number: BLD-01108 Building Name: East Wing								
Type of Service	Provided								
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap					
X	Nursing	Anesthesia		D Darral (	Dielusie				
	IntensiveCare		Obstetrical Recovery	Renal [	Jaiysis				
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery					
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant				
X	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	Suppor Service	t				
	Intermediate Care	Administration							
	Skilled Nursing								
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01109 Building Name: Building B									
Type of Service Provided									
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy					
X	Nursing	Anesthesia	_		Nakasia				
	IntensiveCare		Obstetrical Recovery	Renal D	naiysis				
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpation Surgery					
	Psychiatric Nursing	Imaging Pharmaceutical		Central	Plant				
X	Obstetrical Ante/Postprtum		Nuclear Medicine	Support Service	t				
	Intermediate Care	X Administration							
	Skilled Nursing								
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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01111 Building Name: Building A									
Type of Service Provided									
		X Surgical		ehabilitation herapy					
	Nursing	X Anesthesia							
	IntensiveCare	X Clinical Lab	X Obstetrical X Recovery	enal Dialysis					
X	Pediatric/Adol escent	X Clinical Lab		utpatient urgery					
	Psychiatric Nursing	Imaging		entral Plant					
	Obstetrical Ante/Postprtum		X Nuclear X Su	upport ervices					
	Intermediate Care	Administration							
	Skilled Nursing								
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Report any general per Section 130061		tient service that is provided in any ge	enaral acute care hospital build	ling that is rated SPC-1
Building Number:	BLD-01114 Building	g Name: North Wing		
Type of Service	Provided			
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing	Anesthesia	_	
X	IntensiveCare		Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing	Imaging Pharmaceutical		Central Plant
	Obstetrical Ante/Postprtum			X Support Services
	Intermediate Care	Administration		
	Skilled Nursing			
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Report any general a per Section 130061(c		ent service that is provided in any	genaral acute care hospital b	uilding that is rate	d SPC-1
Building Number:	BLD-01116 Building	Name: Boiler Room			
Type of Service	Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabili Therapy	
	Nursing	Anesthesia	_		Valuaia
	IntensiveCare		Obstetrical Recovery	Renal D	Ialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpatie Surgery	
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	X Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report any general per Section 130061		tient service that is provided in any	genaral ac	cute care hospital b	uilding that is ra	ted SPC-1
Building Number:	BLD-02976 Building	g Name: Outpatient Research B	Building			
Type of Service	e Provided					
		Surgical		Dbstetrical Cesarean/Deliv	Rehab Therap	ilitation by
	Nursing	Anesthesia	_		<u> </u>	
	IntensiveCare			Dbstetrical Recovery	Renal	Dialysis
	Pediatric/Adol escent			lewborn/	Outpai Surger	
	Psychiatric Nursing	Radiological/ Imaging		VellBaby		
	Obstetrical	Pharmaceutical		Emergency		Il Plant
	Ante/Postprtum	Dietetic		luclear Iedicine	X Suppo Servic	
	Intermediate Care	Administration				
	Skilled Nursing					
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ilding Number: BLD-05350 Bu	lding Name: Radi	ation Therapy Bu	ilding		
Type of Service Provided					
		urgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Nursing		nesthesia			
IntensiveCare				Obstetrical Recovery	Renal Dialysis
		Clinical Lab			 Outpatient
escent		Radiological/		Newborn/ WellBaby	Surgery
Psychiatric		maging			
Nursing	F F	Pharmaceutical	X	Emergency	Central Plant
Obstetrical Ante/Postprtum				Nuclear	Support
		Dietetic		Medicine	 Services
Intermediate Care					
		Administration			
Skilled Nursing					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number: BLD	-01108 E	Building Name:	East Wing							
Configuration: Rebu	uild (Per SB90	Definition for R	ebuild) with new SPC	5 and N	PC4 or N	IPC5 building.				
Type of Service Prov	ided									
X Nursing		Su	ırgical		Obstetri Cesarea			Rehabilitation Therapy		
Intensive	eCare	An	esthesia		Obstetri Recover			Renal Dialysis	;	
Pediatric escent	c/Adol	CI	inical Lab		Recover	, y				
Psychiat Nursing	tric		adiological/ naging		Newbor WellBab			Outpatient Surgery		
X Obstetric Ante/Pos		Pr	narmaceutical		Emerge	ncy		Central Plant		
Intermed Care	diate	X Di	etetic		-					
Skilled N	lursing		dministration		NUClear	Medicine		Support Services		
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	her by retrofit or by		hospital campus showin and the type of service the							
Building Number:	BLD-01109	Building Na	me: Building B							
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	e Provided									
X Nu	ırsing		Surgical		Obstetrica Cesarear			Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstetric: Recovery			Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery		
	ostetrical hte/Postprtum		Pharmaceutical		Emergen	CV		Central Plant		
	ermediate		Dietetic		Linergen	.,				
Ca	are tilled Nursing	X	Administration		Nuclear N	ledicine		Support Services		
			40/00/05 : :	<u> </u>				10/5/00/11 0 07 111		
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	her by retrofit or by		hospital campus showin and the type of service th						g	
Building Number: BLD-01110 Building Name: Building H										
Configuration:	Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	e Provided									
X Nu	ursing		Surgical		Obstetrio Cesarea			Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetric Recover			Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recover	y				
	sychiatric ursing		Radiological/ Imaging	Х	Newborr WellBab			Outpatient Surgery		
	ostetrical hte/Postprtum	X	Pharmaceutical	X	Emerger	псу		Central Plant		
	ermediate are		Dietetic		Nuclear	Medicine		Support		
Sk	tilled Nursing		Administration					Services		
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	ner by retrofit or by i		hospital campus showin and the type of service t						
Building Number:	BLD-01111	Building Na	me: Building A						
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	Provided								
Nu	irsing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
	ensiveCare	X	Anesthesia	X	Obstetrical Recovery	X	Renal Dialysis		
	diatric/Adol cent	X	Clinical Lab						
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate Ire		Dietetic	x	Nuclear Medicine	x	Support		
	illed Nursing		Administration				Services		
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)										
Building Number: BLD-01112 Building Name: Building A - Emergency Generator Building										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	Provided									
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Receivery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
Inte Ca	ermediate		Dietetic							
	illed Nursing		Administration		Nuclear Medicine		Support Services			
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	her by retrofit or by				ach building will comply v be provided in each gene				
Building Number:	BLD-01113	Building Na	me: NBICU						
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	Provided	1							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab						
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support		
Ski	illed Nursing		Administration				Services		
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	ner by retrofit or by i				ach building will comply v be provided in each gene					
Building Number: BLD-01114 Building Name: North Wing										
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.										
Type of Service	Provided									
X Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant			
	ermediate		Dietetic							
Ca	illed Nursing		Administration		Nuclear Medicine	X	Support Services			
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	her by retrofit or by r		hospital campus showin and the type of service t					g		
Building Number: BLD-01116 Building Name: Boiler Room										
Configuration:	Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	Provided									
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol cent		Clinical Lab		Recovery					
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
Inte Ca	ermediate		Dietetic		Nuclear Medicin		Current			
	illed Nursing		Administration				Support Services			
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number:	BLD-02976	Building Na	me: Outpatient Resear	ch Build	ing						
Configuration:	Rebuild (Per SB9	) Definition fo	or Rebuild) with new SPC	C5 and N	NPC4 or	NPC5 building.					
Type of Service	Provided										
Nu	irsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis			
	diatric/Adol cent		Clinical Lab		Recow	Cry					
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emerg	ency		Central Plant			
	ermediate		Dietetic		Linerg						
Ca	illed Nursing		Administration		Nuclea	ar Medicine	X	Support Services			
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number:	BLD-05350	Building Na	me: Radiation Therapy	Building	g				]		
Configuration:	Rebuild (Per SB90	) Definition fo	or Rebuild) with new SPC	5 and N	IPC4 or	NPC5 building.			]		
Type of Service	Provided										
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstet Recove			Renal Dialysis			
	ediatric/Adol cent		Clinical Lab								
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	ostetrical ite/Postprtum		Pharmaceutical	X	Emerg	ency		Central Plant			
Inte Ca	ermediate are		Dietetic		Nuclea	r Medicine		Support			
Sk	illed Nursing		Administration		140100			Services			
OSHPD FDD SB499 F	Report Da	ta Last Update	e: 10/03/2014	Submiss	ion Date:	10/03/2014	Printed:	10/5/2014 6:25 AN	l		

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	ner by retrofit or by r		hospital campus showin and the type of service th					
Building Number:	BLD-05383	Building Nar	me: Freight Elevator Bu	uilding				
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	NPC4 or	NPC5 building.		
Type of Service	Provided							
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
	diatric/Adol cent		Clinical Lab		10001			
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emerg	ency	X	Central Plant
	ermediate		Dietetic		-			
Ca	illed Nursing		Administration		Nuclea	ar Medicine		Support Services
OSHPD FDD SB499 R	Report Da	ta Last Update	e: 10/03/2014	Submiss	ion Date:	10/03/2014	Printed:	10/5/2014 6:25 AM

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)											
Building Number:	BLD-05384	Building Na	me: Mechanical Room								
Configuration:	Rebuild (Per SB9	0 Definition fo	or Rebuild) with new SPC	C5 and N	NPC4 or	NPC5 building.					
Type of Service	Provided										
Nu	Irsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy			
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis			
	diatric/Adol cent		Clinical Lab		110000						
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery			
	ostetrical te/Postprtum		Pharmaceutical		Emerg	encv	X	Central Plant			
	ermediate		Dietetic		- 0						
Ca	illed Nursing		Administration		Nuclea	ar Medicine		Support Services			
OSHPD FDD SB499 R	Report Da	ata Last Updat	e: 10/03/2014	Submiss	ion Date:	10/03/2014	Printed:	10/5/2014 6:25 AM			

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	her by retrofit or by		hospital campus showin and the type of service th						_
Building Number:	BLD-05386	Building Na	me: Electrical Room						
Configuration:	Rebuild (Per SB90	) Definition fo	or Rebuild) with new SPC	C5 and N	NPC4 or I	NPC5 building.			
Type of Service	Provided								
Nu	Irsing		Surgical		Obstetr Cesare	ical an/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetr Recove			Renal Dialysis	
	diatric/Adol cent		Clinical Lab			.,,			
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emerge	ency	X	Central Plant	
	ermediate		Dietetic						
Ca	illed Nursing		Administration		Nuclea	r Medicine		Support Services	
OSHPD FDD SB499 R	Report Da	ata Last Updat	e: 10/03/2014	Submiss	ion Date:	10/03/2014	Printed:	10/5/2014 6:25 AM	

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	her by retrofit or by		hospital campus showin and the type of service t					ing
Building Number:	BLD-05387	Building Na	me: NBICU Addition					
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new SPC	C5 and N	IPC4 or NPC5 bu	uilding.		]
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv	,	Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Receivery			
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic				Querrant	
	illed Nursing		Administration		Nuclear Medici	ne X	Support Services	
OSHPD FDD SB499 R	Report Da	ata Last Update	e: 10/03/2014	Submiss	ion Date: 10/03/2	2014 Printed:	10/5/2014 6:25 A	M

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-01110       Building Name:         Building Number:       BLD-01110       Building Name:         Type of Service Provided       Inpatient       29         Image: Surgical       Obstetrical       Rehabilitation         Beds       0       Anesthesia         IntensiveCare       Inpatient       0         Beds       0       Clinical Lab       Obstetrical Recovery         Pediatric/Adol       Inpatient       0       Renal Dialysis         Psychiatric       Inpatient       0       Radiological/       Newborn/       Outpatient         Surgicy       X       Pharmaceutical       X       Emergency       Central Plant	r: 2014 12404 California Paci	ic Medical Center - California West	San Francisco	Page:55 of 68
Type of Service Provided         X       Nursing       Inpatient       29       Surgical       Obstetrical       Rehabilitation         IntensiveCare       Inpatient       0       Anesthesia       Renal Dialysis         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Outpatient         Psychiatric       Inpatient       0       Radiological/       X       Newborn/       Outpatient         Obstetrical       Inpatient       0       Radiological/       X       Newborn/       Outpatient         Obstetrical       Inpatient       51       Y       Fearmaceutical       Central Plant		by type of Service provided by build	lings that are classified as SPC-2, SP	C-3, SPC-4,
X       Nursing       Inpatient Beds       29       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         IntensiveCare       Inpatient Beds       0       Anesthesia       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric       Inpatient Beds       0       Radiological/ Imaging       X       Newborn/ WellBaby       Outpatient Surgery         Obstetrical       Inpatient       51       51       Y       Ferenceurical       Central Plant	lumber: BLD-01110 Building N	ame: Building H		
Intensive Care       Inpatient       0       Anesthesia         Pediatric/Adol       Inpatient       0       Clinical Lab         Pediatric/Adol       Inpatient       0       Clinical Lab         Psychiatric       Inpatient       0       Radiological/ Imaging       X       Newborn/ WellBaby       Outpatient Surgery         Obstetrical       Inpatient       51       51       Clinical Lab       Clinical Lab       Clinical Lab	Service Provided			
Beds       Beds       Imaging       Obstetrical Recovery       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       Imaging       Imagin		Surgical		
Pediatric/Adol       Inpatient       0       Clinical Lab       Recovery         Psychiatric       Inpatient       0       Radiological/ Imaging       X       Newborn/ WellBaby       Outpatient Surgery         Obstetrical       Inpatient       51       Y       Pharmaceutical       Y       Central Plant		Anesthesia		
Psychiatric     Inpatient     0     Imaging     Newsonn     Outpatient       Nursing     Beds     Imaging     WellBaby     Surgery       Obstetrical     Inpatient     51     Central Plant		Clinical Lab		al Dialysis
Obstetrical Inpatient 51 51 Central Plant				
		X Pharmaceutical	X Emergency Cent	tral Plant
Intermediate Inpatient 0 Care Beds 0 Dietetic 0 Nuclear Medicine Support Services		Dietetic		
Skilled Nursing Administration	Inpatient 0	Administration		
Total Beds this     80       Building     100				
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Building Number: BLD-01112 Building Name: Building A - Emergency Generator Building											
Type of Service Provided											
NursingInpatient Beds0SurgicalObstetrical Cesarean/DelivRehability Therapy	ation										
IntensiveCare Inpatient 0 Anesthesia Beds											
Pediatric/Adol Inpatient 0 Clinical Lab Cecovery Recovery	alysis										
Psychiatric Inpatient 0 Radiological/ Nursing Beds Outpatien	nt										
Obstetrical Inpatient 0 Pharmaceutical Emergency X Central P	Plant										
Intermediate Inpatient 0 Care Beds O Dietetic Nuclear Support Services											
Skilled Nursing Administration											
Total Beds this 0 Building											
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and SPC-5 per Section 130061(e)         Building Number:       BLD-01113       Building Name:       NBICU         Type of Service Provided       Impatient       Impatie	Includ					Center - California V Service provided by	Vest San Francisco	d as SPC-2, SP0	Page:57 of 68 C-3, SPC-4,			
Nursing       Inpatient Beds       0       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         Nursing       Inpatient Beds       36       Anesthesia       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric Nursing       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Ante/Postprtum       Inpatient Beds       0       Pharmaceutical       Emergency       Central Plant         Intermediate Care       Inpatient Beds       0       Administration       Administration       Support         Skilled Nursing       Inpatient Beds       0       Administration       Administration       Administration												
Intensive Care       Inpatient       36       Anesthesia         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric       Inpatient       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Ante/Postprtum       Inpatient       0       Pharmaceutical       Emergency       Central Plant         Intermediate       Inpatient Beds       0       Administration       Administration       Services         Skilled Nursing       Inpatient Beds       0       Administration       Administration       Imaging       Imaging       Imaging	<u>Type</u>	e of Service Prov	ided									
Beds Clinical Lab   Pediatric/Adol Inpatient   Beds 0   Psychiatric Inpatient   Beds 0   Psychiatric Inpatient   Beds 0   Psychiatric Inpatient   Beds 0   Pharmaceutical Emergency   Central Plant   Intermediate Inpatient   Beds 0   Skilled Nursing Inpatient   Skilled Nursing Inpatient   Skilled Nursing 0		Nursing		0		Surgical						
Pediatric/Adol Inpatient 0 Clinical Lab Recovery   Psychiatric Inpatient 0 Radiological/ Newborn/ Outpatient   Nursing Inpatient 0 Pharmaceutical Imaging Central Plant   Obstetrical Inpatient 0 Dietetic Nuclear Support   Intermediate Inpatient 0 Administration Administration	X	IntensiveCare		36		Anesthesia	_					
Psychiatric Inpatient 0   Nursing Inpatient 0   Beds 0   Obstetrical Inpatient 0   Ante/Postprtum Beds   Intermediate Inpatient   Beds 0   Skilled Nursing Inpatient   Inpatient 0   Skilled Nursing Inpatient   Inpatient 0   Total Beds this 36				0		Clinical Lab		Rena	al Dialysis			
Obstetrical Inpatient 0   Ante/Postprtum Inpatient 0   Intermediate Inpatient 0   Care Beds 0   Skilled Nursing Inpatient 0   Inpatient 0   Emergency Central Plant   Care Beds   Inpatient 0   Administration				0			Newborn/ WellBaby					
Intermediate Inpatient 0   Care Beds 0   Skilled Nursing Inpatient 0   Inpatient 0   Beds 0     Total Beds this 36				0		Pharmaceutical	Emergency	Cent	ral Plant			
Inpatient     0       Total Beds this     36				0		Dietetic						
		Skilled Nursing		0		Administration						
				36								

Report	Year: 2014	12404	California Pac	ific Medical	Center - California V	Vest San Francisco		Page:58 of 68			
Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Buildi	ng Number: BLC	D-05383	Building N	lame: Fre	eight Elevator Buildir	ng					
Тур	e of Service Prov	rided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centr	al Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								
SHPD	FDD SB499 Repor	rt D	ata Last Update	: 10/03/20	)14 Submissi	on Date: 10/03/2014	Printed: 10/5/2	014 6:25 AM			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)											
Buildi	ng Number: BLC	D-05384	Building N	lame: Me	echanical Room						
<u>Туре</u>	of Service Prov	rided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	bilitation apy			
	IntensiveCare	Inpatient Beds	0		Anesthesia						
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Cent	al Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi				
	Skilled Nursing	Inpatient Beds	0		Administration						
	Total Beds this Building		0								
SHPD	FDD SB499 Repor	rt D	ata Last Update	: 10/03/20	)14 Submiss	ion Date: 10/03/2014	Printed: 10/5/2	014 6:25 AM			

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-05386       Building Name:       Electrical Room         Type of Service Provided       Impatient       0       Surgical       Obstetrical       Rehabilitation         IntensiveCare       Inpatient       0       Anesthesia       Renal Dialysis         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis         Pediatric/Adol       Inpatient       0       Radiological/       Newborn/       Outpatient         Nursing       Beds       0       Pharmaceutical       Emergency       Central Plant         Obstetrical       Inpatient       0       Dietetic       Nuclear       Support         Skilled Nursing       Inpatient       0       Administration       Services         Skilled Nursing       Inpatient       0       Administration	Report	Year: 2014	12404	California Paci	fic Medical	Center - California \	West San Francisco		Page:60 of 68					
Type of Service Provided         Nursing       Inpatient       0       Surgical       Obstetrical       Rehabilitation         IntensiveCare       Inpatient       0       Anesthesia       Renal Dialysis         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis         Pediatric/Adol       Inpatient       0       Clinical Lab       Obstetrical       Renal Dialysis         Psychiatric       Inpatient       0       Pharmaceutical       Newborn/       Outpatient         Nursing       Inpatient       0       Pharmaceutical       Emergency       Central Plant         Obstetrical       Inpatient       0       Dietetic       Nuclear       Support         Skilled Nursing       Inpatient       0       Administration       Administration         Total Beds this       0       Inpatient       0       Inpatient       Inpatient														
Nursing       Inpatient Beds       0       Surgical       Obstetrical Cesarean/Deliv       Rehabilitation Therapy         IntensiveCare       Inpatient Beds       0       Anesthesia       Renal Dialysis         Pediatric/Adol escent       Inpatient Beds       0       Clinical Lab       Obstetrical Recovery       Renal Dialysis         Psychiatric Nursing       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Nursing       Inpatient Beds       0       Pharmaceutical Imaging       Newborn/ WellBaby       Outpatient Surgery         Intermediate Care       Inpatient Beds       0       Anterior       Emergency       Central Plant         Intermediate Care       Inpatient Beds       0       Administration       Administration       Services         Skilled Nursing       Inpatient Beds       0       Administration       Inpatient       0       Imagination	Buildi													
Intensive Intensive   Intensive Inpatient   Beds Impatient   Beds Impatient   Beds Impatient   Beds Impatient   Beds Impatient   Beds Impatient   Impatient Impatient   Beds Impatient   Impatient <td>Туре</td> <td>e of Service Prov</td> <td>vided</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Туре	e of Service Prov	vided											
Beds Clinical Lab     Pediatric/Adol   Inpatient   Beds     Inpatient   Inpatient   Beds     Inpatient   Inpatient   Beds     Inpatient   Inpatient   Beds     Inpatient   Inpatient <t< td=""><td></td><td>Nursing</td><td></td><td>0</td><td></td><td>Surgical</td><td></td><td></td><td></td></t<>		Nursing		0		Surgical								
Pediatric/Adol Inpatient 0 Clinical Lab Recovery   Psychiatric Inpatient 0 Radiological/ Newborn/ Outpatient   Nursing Inpatient 0 Pharmaceutical Emergency Central Plant   Obstetrical Inpatient 0 Dietetic Nuclear Support   Intermediate Inpatient 0 Administration Administration		IntensiveCare		0		Anesthesia								
Psychiatric Inpatient 0   Nursing Beds     Obstetrical Inpatient   Ante/Postprtum Beds     Intermediate Inpatient   Beds 0     Dietetic     Nuclear   Medicine     Skilled Nursing     Inpatient     <				0		Clinical Lab		Rena	l Dialysis					
Obstetrical Inpatient 0   Ante/Postprtum Beds     Intermediate Inpatient   Beds 0     Dietetic     Nuclear   Medicine     Skilled Nursing     Inpatient   Beds     Inpatient     Inpatient <tr< td=""><td></td><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td></tr<>				0										
Intermediate Inpatient 0 Care Beds Services Skilled Nursing Inpatient 0 Eds 0 Total Beds this 0				0		Pharmaceutical	Emergency	X Centr	al Plant					
Inpatient     0       Total Beds this     0				0		Dietetic								
		Skilled Nursing		0		Administration								
				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)				C-3, SPC-4,			
Building Number: BLD-0	05387	Building Na	ame: NB	ICU Addition			
Type of Service Provid	led						
	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy
	Inpatient Beds	0		Anesthesia			
	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	l Dialysis
	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery
	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Servi	
	Inpatient Beds	0		Administration			
Total Beds this Building		0					
OSHPD FDD SB499 Report		a Last Update:	10/03/20	14 Submissio	on Date: 10/03/2014	Printed: 10/5/2	

		an Francisco Page:62 of 68	
Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01110 Bu	ilding Name: Building H		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
npatient 29 Inpatient 348 Bed Days 348	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
erinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
npatient 51 Inpatient 11914 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
ediatric	Intensive Care Newborn Nursery	Intermediate Care	
ed 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           80         80	
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01112 Bu	ilding Name: Building A - Emergency Ger	erator Building	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0	
OSHPD FDD SB499 Report Data Last	Update: 10/03/2014 Submission Date:	10/03/2014 Printed: 10/5/2014 6:25 AM	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-01113 B	uilding Name: NBICU		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 36 Inpatient 9528 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 36 36	
SHPD FDD SB499 Report Data Las	t Update: 10/03/2014 Submission Date:	10/03/2014 Printed: 10/5/2014 6:25 AM	

Report Year:       2014       12404       California Pacific Medical Center - California West       San Francisco       Page:65 of 68         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)       San Francisco       Page:65 of 68			
Building Number: BLD-05383	Building Name: Freight Elevator Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
npatient 0 Inpatient 0 3ed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0	
SHPD FDD SB499 Report Data La			

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-05384 Bu	ilding Name: Mechanical Room		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0	
OSHPD FDD SB499 Report Data Last	Update: 10/03/2014 Submission Date:	10/03/2014 Printed: 10/5/2014 6:25 AM	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-05386 B	Lilding Name: Electrical Room		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
ntensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
npatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0	
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)			
Building Number: BLD-05387 B	uilding Name: NBICU Addition		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0	
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