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## 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:	12432						
Facility Name:	Laguna Honda Hospital & Rehabilitation Center						
Address:	375 Laguna Honda Blvd.						
City:	San Francisco						
Hospital Owner/Licensee: City And County of SAn Francisco Department of Public Health							
Year of Rep	orting: 2014						
Contact 1 e-mail Ad	ldress:						
Contact 2 e-mail Ad	ldress:						
Contact 3 e-mail Add	dress::						
Name of Subr	mitter: Diana Kenyon						
Submission	Date: 10/23/2014 2:22:45 PM						

Report Year:       2014       12432       Laguna Honda Hospital & Rehabilitation Center       San Francisco       Page:2 of 47										
rebuild, r 130061.5	For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)									
Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date				
BLD- 01086	Main Hospital - Bldg H Wings A to F	375 Laguna Honda Blvd.	Rebuild	SPC5	01/01/2013	12/07/2010				
BLD- 01087	Main Hospital - Wings K & L	375 Laguna Honda Blvd.	Rebuild	SPC5	01/01/2013	12/07/2010				
BLD- 01088	Main Hospital - Wings M & O	375 Laguna Honda Blvd.	Rebuild	SPC5	01/01/2013	12/07/2010				
BLD- 01091	Power House	375 Laguna Honda Blvd.	Remove	N/A	01/01/2013	01/01/2004				
BLD- 01092	Power House Additions	375 Laguna Honda Blvd.	Remove	N/A	01/01/2013	01/01/2004				

Report Year: 20	14 1	2432 Laguna Honda Hospital & Re	habilitation Cente	er San Fr	ancisco		Page:3 o	f 47	
For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section $130061(c)(1)(C)$ . The projected construction start date or dates and projected Completion date or dates per Section $130061(c)(1)(D)$ and the most recent project status and approvals per Section $130061(c)(1)(E)$ .									
Building No: BLD-(	01086	Main Hospital - Bldg H Wings A to	) F	Retrofit/Re Project:	placement	Yes-Sul	omitted	]	
Facility Project Number Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
12432 HS013115-0	) 0	EAST RESIDENCE	10/10/2001 12:00:00 AM	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	PEND	No	
12432 HS013117-0	) 0	SOUTH RESIDENCE	10/10/2001 12:00:00 AM	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	PEND	No	
projected construction	on start o s per <mark>Se</mark>	anned for rebuild, retrofit or replacemendate or dates and projected Completion 130061(c)(1)(E).			61(c)(1)(D) and		cent projec	t 	
Facility Project Number Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review	
12432 HS013115-0	) 0	EAST RESIDENCE	10/10/2001 12:00:00 AM	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	PEND	No	
12432 HS013117-0	) 0	SOUTH RESIDENCE	10/10/2001 12:00:00 AM	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	PEND	No	
OSHPD FDD SB499 R	Penort	Data Last Update: 10/23/2014	Submissi	on Date: 10/2:	3/2014 F	Printed: 10/25/2	2014 6·25 A	M	

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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-0	1088	Main Hospital - Wings M & O		Retrofit/Rep Project:	placement	Yes-Sub	omitted	]
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
12432	HS013115-0	0	EAST RESIDENCE	10/10/2001 12:00:00 AM	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	PEND	No
12432	HS013117-0	0	SOUTH RESIDENCE	10/10/2001 12:00:00 AM	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	PEND	No

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
Building Number: BL	Building Number:       BLD-01086         Building Name:       Main Hospital - Bldg H Wings A to F								
Type of Service Prov	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	Rehabilitati Therapy	on				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	/sis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery					
	Dodo	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Pla	nt				
OSHPD FDD SB499 Repor	t	Data Last Update: 10/23/2014 Su	Ibmission Date: 10/23/2014	Printed: 10/25/2	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-01087       Building Name:       Main Hospital - Wings K & L								
Type of Service Prov	<u>/ided</u>								
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	U Outpatient Surgery					
		Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/23/2014 Su	bmission Date: 10/23/2014	Printed: 10/25/2014 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-0108	Building Number:     BLD-01088     Building Name:     Main Hospital - Wings M & O							
Type of Service Provided								
Nursing Inpati Beds		Surgical	Obstetrical Recovery					
IntensiveCare Inpati Beds		Anesthesia	Newborn/ WellBaby					
Pediatric/Adol Inpati escent Beds		Clinical Lab	Emergency					
Psychiatric Inpati Nursing Beds		Radiological/	Nuclear Medicine					
Obstetrical Inpati Ante/Postprtum Beds		Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Inpati Care Beds		Administration	Renal Dialysis					
Skilled Nursing Inpati Beds		Services	Surgery					
	Total Beds this <b>0</b> Building	Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Report	Data Last Update: 10/23/2014 Su	bmission Date: 10/23/2014 F	Printed: 10/25/2014 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: BLC	Building Number: BLD-01091 Building Name: Power House								
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					
	2000	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant					
OSHPD FDD SB499 Report	t	Data Last Update: 10/23/2014 Su	bmission Date: 10/23/2014	Printed: 10/25/2014 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:     BLD-01092     Building Name:     Power House Additions								
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	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				
	2000	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant				
OSHPD FDD SB499 Repo	rt	Data Last Update: 10/23/2014 Su	bmission Date: 10/23/2014	Printed: 10/25/2014 6:25 AM				

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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-01086       Building Name:       Main Hospital - Bldg H Wings A to F									
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 / developn Disabled	nent				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0				
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-01087 Building Name: Main Hospital - Wings K & L							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpati Bed Days	ent 0				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpati Bed Days	ent 0				
Pediatric	intensive Care Newborn Nursery	Intermediate Card					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	ent 0				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0				
Coronary Care	Chemical Dependency		Beds this ing Per ce				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0				

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Provide the number of Inpatient beds an	d patient days per type of unit per building per Section	n 130061(c)(1)(F)	
Building Number: BLD-01088	Building Name: Main Hospital - Wings M & C	)	-
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 of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number: BLD-01091	Building Name: Power House					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpat Bed Days				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpat Bed Days				
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpat Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpati Bed Days	ent 0			
Coronary Care	Chemical Dependency		l Beds this ling Per ice			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0			

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Provide the number of Inpatient beds an	d patient days per type of unit per building per Section	on 130061(c)(1)(F)	
Building Number: BLD-01092	Building Name: Power House Additions		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0
Pediatric	intensive Care Newborn Nursery	Intermediate Card	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Intensive Care	Rehabilitation Center	Int. Care / development Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0
Coronary Care	Chemical Dependency	Total Beds this Total E Building Per Buildir Unit Service	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0

Report Year:	
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2014 12432

Laguna Honda Hospital & Rehabilitation Center

Center San Francisco

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01086	Main Hospital - Bldg H Wings A to F	Rebuild
BLD-01087	Main Hospital - Wings K & L	Rebuild
BLD-01088	Main Hospital - Wings M & O	Rebuild
BLD-01091	Power House	Remove
BLD-01092	Power House Additions	Remove

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No proposed new buildings to be c	constructed at this or another site.		

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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-	01086 Main Hosp	ital - Bldg H Wings A to F	Removal <u>12/07/2010</u> Date:			
	ing to be removed from acute care					
Planned use for building:	Other	Jurisdiction:				
Other Usage:	Wings F & G to be demolished, re	est of building to remain for DP	H offices.			
Inpatient services currently	v delivered in the building:	_	_			
Nursing	Surgical	Obstetrical Cesarean/D	eliv Rehabilitatio	n		
IntensiveCare Pediatric/Adol escent	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	X 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-	01087	Main Hos	oital - Wings K & I	-	Removal Date:	12/07/2010	]
Planned	Uses for the build	ling to be remov	ved from acute care	e service:				
Planned	use for building:	Other		Jurisdiction:				
	Other Usage:	Buildings will I	be renovated for DI	PH office space.				
Inpatient	services currently	<u>y delivered in th</u>	<u>e building:</u>	_	<b>.</b>	_		
	Nursing		Surgical		Obstetrical Cesarean/Deliv	, L	Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstatrical			
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Renal Dialysis	i
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	
OSHPD F	DD SB499 Report	Data	Last Update: 10/	23/2014 S	Submission Date:	10/23/2014	Printed: 10/25/2	014 6:25 AM

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-01088         Main Hospital - Wings M & O       Removal Date:         12/07/2010
Planned Uses for the building to be removed from acute care service:
Planned use for building: Other Jurisdiction:
Other Usage: Buildings will be renovated for DPH office space.
Inpatient services currently delivered in the building:
NursingSurgicalObstetrical Cesarean/DelivRehabilitation Therapy
IntensiveCare Anesthesia
Pediatric/Adol Clinical Lab Obstetrical Renal Dialysis escent Recovery
Psychiatric Nursing     Radiological/ Imaging     Newborn/ WellBaby     Outpatient Surgery
Obstetrical Ante/Postprtum
Intermediate 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: BLD-010	D91 Power House		Removal 01/01/2004 Date:			
Planned Uses for the building	g to be removed from acute care servi	ce:				
Planned use for building:	Demolished Juris	sdiction:				
Inpatient services currently d	elivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/Deliv	v Rehabilitatio	n		
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialys	is		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plar	ıt		
Intermediate Care	Dietetic					
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-0109	Power House A	dditions	Removal 01/01/2004 Date:			
Planned Uses for the building	to be removed from acute care serv	ice:				
Planned use for building: De	emolished Juri	sdiction:				
Inpatient services currently de	livered in the building:	Obstetrical	Rehabilitatio	n		
Nursing	Surgical	Cesarean/Deliv				
IntensiveCare Pediatric/Adol escent	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	0,				
Skilled Nursing	Administration	Nuclear Medicine	Support Services			
OSHPD FDD SB499 Report	Data Last Update: 10/23/201	4 Submission Date:	10/23/2014 Printed: 10/25	;/2014 6:25 AM		

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Provide the number of inpatient b care services per Section 13006		s per unit for the year of 2010	0, 2011 and 2	2012 for buildings to be remove	d from acute
Building Nbr: BLD-01091 Build	ling Name: Powe	r House		Year of Information: 2011	
<u>Unit Type</u>			Inf	formation Current As Of:	
Medical/Surgical (include GYN	) Acute	e Respiratory Care		Acute Psychiatric	
Inpatient 0 Patient Beds Days	0 Inpa Bec	atient 0 Patient s Days	0	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN	l) Burn			Skilled Nursing	
Inpatient 0 Patient Beds Days	0 Inpa Bec	atient 0 Patient ls Days	0	Inpatient 0 Patient Beds Days	0
Pediatric	Inten	sive Care Newborn Nursery	,	Intermediate Care	
Inpatient 0 Patient Beds Days	0 Inpa Bec	atient 0 Patient de Days	0	Inpatient 0 Patient Beds Days	0
Intensive Care	Reha	bilitation Center		Int. Care/Developmentally Dis	abled
Inpatient 0 Patient Beds Days	0 Inpa Bec	atient 0 Patient 1 Is Days	0	Inpatient 0 Patient Beds Days	0
Coronary Care	Chen	nical Dependency		Total Beds this	
Inpatient 0 Patient Beds Days	0 Inpa Bec	atient 0 Patient 1 Is Days	0	Building per Unit	0
				Total Beds this Building per Service	0
OSHPD FDD SB499 Report	Data Last Update:	10/23/2014 Submis	ssion Date:	10/23/2014 Printed: 10/25/	2014 6:25 AM

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Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 an	d 2012 for buildings to be removed	from acute
Building Nbr: BLD-01091 Building Name:	Power House	Year of Information: 2012	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 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 Disa	bled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds 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	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0
OSHPD FDD SB499 Report Data Last	Update: 10/23/2014 Submission Date:	10/23/2014 Printed: 10/25/2	014 6:25 AM

Report Year: 2014 12432 Laguna	Honda Hospital & Rehabilitation Center	San Francisco	Page:24 of 47
Provide the number of inpatient beds and paticare services per Section 130061(c)(2)(D)	ent days per unit for the year of 2010, 2011 an	d 2012 for buildings to be removed	d from acute
Building Nbr: BLD-01091 Building Name:	Power House	Year of Information: 2013	
Unit Type		Information Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 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 Disa	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds 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	Building per Unit	0
Beds Days	Beds Days	Total Beds this Building per Service	0
OSHPD FDD SB499 Report Data Last	Update: 10/23/2014 Submission Date:	10/23/2014 Printed: 10/25/2	014 6:25 AM

Report Year: 2014 12432 Laguna	a Honda Hospital & Rehabilitation Center	San Francisco	Page:25 of 47	
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-01092 Building Name:	Power House Additions	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 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 Disa	abled	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds 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	Building per Unit	0	
Beds Days	Beds Days	Total Beds this Building per Service	0	
OSHPD FDD SB499 Report Data Last	Update: 10/23/2014 Submission Date:	10/23/2014 Printed: 10/25/2	014 6:25 AM	

Report Year: 2014 12432 Laguna	Honda Hospital & Rehabilitation Center	San Francisco	Page:26 of 47	
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-01092 Building Name:	Power House Additions	Year of Information: 2012		
Unit Type	I	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 Disa	bled	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0	
Coronary Care	Chemical Dependency	Total Beds this		
Inpatient 0 Patient 0	Inpatient 0 Patient 0	Building per Unit	0	
Beds Days	Beds Days	Total Beds this Building per Service	0	
OSHPD FDD SB499 Report Data Last	Update: 10/23/2014 Submission Date:	10/23/2014 Printed: 10/25/20	014 6:25 AM	

Report Year: 2014 12432 Laguna	a Honda Hospital & Rehabilitation Center	San Francisco	Page:27 of 47	
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-01092 Building Name:	Power House Additions	Year of Information: 2013		
Unit Type		Information Current As Of:		
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric		
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 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 Disa	bled	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds 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	Building per Unit	0	
Beds Days	Beds Days	Total Beds this Building per Service	0	
OSHPD FDD SB499 Report Data Last	Update: 10/23/2014 Submission Date:	10/23/2014 Printed: 10/25/2	014 6:25 AM	

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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	01091 Building Name:	Power House		Year of Information	: 2011
<u>Type of Services</u> <u>Provided</u>	Name.			Information Current As Of:	12/07/2010
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	I Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			
OSHPD FDD SB499 Re	eport Data Last	Update: 10/23/2014	Submission Date:	10/23/2014 Printed:	10/25/2014 6:25 AM

Report Year: 2014 12432 Lagur	a Honda Hospital & Rehabi	litation Center Sa	an Francisco	Page:29 of 47
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-01091 Building Name:	Power House		Year of Information:	2012
<u>Type of Services</u> <u>Provided</u>			Information Current As Of:	12/07/2010
Nursing Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days	Pharmaceutica	I Emergency	Central Plant
Intermediate Inpatient 0 Care Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this Building per service	0			
OSHPD FDD SB499 Report Data Las	st Update: 10/23/2014	Submission Date:	10/23/2014 Printed:	10/25/2014 6:25 AM

Report Year: 201	4 12432 Laguna	a Honda Hospital & Rehabi	litation Center Sa	in Francisco	Page:30 of 47
	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	01091 Building Name:	Power House		Year of Information	2013
<u>Type of Services</u> Provided				nformation Current As Df:	12/07/2010
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			
OSHPD FDD SB499 Re	port Data Last	Update: 10/23/2014	Submission Date:	10/23/2014 Printed:	10/25/2014 6:25 AM

Report Year: 2014	12432 Laguna	Honda Hospital & Rehabil	itation Center Sa	an Francisco	Page:31 of 47
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-01	092 Building Name:	Power House Additions		Year of Information:	2011
<u>Type of Services</u> Provided				Information Current As	12/07/2010
	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant
	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this Bui	ilding per service	0			
OSHPD FDD SB499 Repo	ort Data Last	Update: 10/23/2014	Submission Date:	10/23/2014 Printed: 10	)/25/2014 6:25 AM

Report Year:   2014   12432   Laguna	Honda Hospital & Rehabil	itation Center San	n Francisco	Page:32 of 47	
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-01092 Building Name:	Power House Additions		Year of Information:	2012	
<u>Type of Services</u> Provided			nformation Current As Df:	12/07/2010	
Nursing Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare Inpatient 0 Beds	Patient 0 Days	Anesthesia			
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Days	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant	
Intermediate Inpatient 0 Care Beds	Patient 0 Days	Dietetic	Nuclear [ Medicine	Support Services	
Skilled Nursing Inpatient 0 Beds	Patient 0 Days	Administration			
Total Beds this Building per service	0				
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Report Year: 2014 12432 Laguna	Honda Hospital & Rehabi	itation Center San Francisco	Page:33 of 47		
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-01092 Building Name:	Power House Additions	Year of Information:	2013		
<u>Type of Services</u> <u>Provided</u>		Information Current As Of:	12/07/2010		
Nursing Inpatient 0 Beds	Patient 0 Days	Surgical Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare Inpatient 0 Beds	Patient 0 Days	Anesthesia	Renal Dialysis		
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Days	Clinical Lab			
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Days	Radiological/ Newborn/ Imaging WellBaby	Outpatient Surgery		
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days	Pharmaceutical Emergency	Central Plant		
Intermediate Inpatient 0 Care Beds	Patient 0 Days	Dietetic Nuclear Medicine	Support Services		
Skilled Nursing Inpatient 0 Beds	Patient 0 Days	Administration			
Total Beds this Building per service	0				
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Report Year:         2014         12432	Laguna Honda H	lospital & Rehabilita	tion Center S	San Francisco		Page:34 of 47
Report whether the general acute of building sites or project numbers fo	care services and be r buildings with a Bu	ds will be relocated ilding Resolution of	to a new, existing "Rebuild" or "Repl	or retrofitted buildi lace" per Section 1	ng and any co 30061(c)(2)(E	rresponding )
Building BLD-01086 B Number: Will general acute care services an		in Hospital - Bldg H ated to a new, Existi		uilding?		
Administration N/A						
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No data reported	d for Sectio	n 130061(c	:)(3).		

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-01086 Building Name: Main Hospital - Bldg H Wings A to F									
Type of Service Provided									
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing	Anesthesia				Devel Dishesis			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent	Clinical Lab		Newborn/ WellBaby		Outpatient Surgery			
	Psychiatric Nursing	Imaging Pharmaceutical		Emergency		Central Plant			
	Obstetrical Ante/Postprtum			Nuclear Medicine		Support Services			
	Intermediate Care	X Administration							
	Skilled Nursing								
OSHPD FDD SB499 Re	eport Data Las	st Update: 10/23/2014 Sul	bmission Dat	e: 10/23/2014	Printec	d: 10/25/2014 6:25 AM			

ding Number: BLD-01087 Building	g Name: Main Hospital - Wings	K & L		
Type of Service Provided	Surgical	Obstetrical Cesarean/Deliv	Rehabilita Therapy	ation
Nursing	Anesthesia		Renal Dia	alvsis
IntensiveCare	Clinical Lab	Obstetrical Recovery		
Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpatier Surgery	nt
Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central P	lant
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
Intermediate Care	Administration			
Skilled Nursing				

ding Number: BLD-01088 Buildin	ng Name: Main Hospital - Wings	M & O		
Type of Service Provided	Surgical	Obstetrical Cesarean/Deliv	Rehabilitat Therapy	tion
Nursing	Anesthesia		Renal Dial	veie
IntensiveCare	Clinical Lab	Obstetrical Recovery		y515
Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpatient Surgery	
Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central Pla	ant
Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
Intermediate Care	Administration			
Skilled Nursing				

eport any general acute care hospital in r Section 130061(c)(4) nilding Number: BLD-01091 Build	ling Name: Power House	genaral acute care nospital	building that is rate	
Type of Service Provided				
	Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy	
Nursing	Anesthesia			
IntensiveCare	Allestitesia	Obstetrical Recovery	Renal D	Dialysis
	Clinical Lab	Receivery	Outpatie	ent
escent	Radiological/	Newborn/ WellBaby	Surgery	
Psychiatric Nursing	Imaging			
Nursing	Pharmaceutical	Emergency	Central	Plant
Obstetrical Ante/Postprtum		Nuclear Medicine	Support Service	
	Dietetic			-
Intermediate Care	Administration			
Skilled Nursing				
	I			

oort Year: 201 eport any general er Section 130061	acute care hospital inpa	na Honda Hospital & Rehabilitation			Page:40 of 47 ted SPC-1
uilding Number:	BLD-01092 Buildir	ng Name: Power House Addition	S		
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv		ilitation by
	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery	Renal	Dialysis
	Pediatric/Adol	Clinical Lab	· · · · · <b>,</b>	Outpat	tient
	escent	Radiological/	Newborn/ WellBaby		
	Psychiatric	Imaging			
	Nursing	Pharmaceutical	Emergency	Centra	Il Plant
	Obstetrical Ante/Postprtum		Nuclear	Suppo	
		Dietetic	Medicine	Service	es
	Intermediate Care				
	Cale	Administration			
	Skilled Nursing				
HPD FDD SB499 Re	anort Data La	st Update: 10/23/2014 Sub	omission Date: 10/23/2014	Printed: 10/25	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-01086 Building Name: Main Hospital - Bldg H Wings A to F									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	e Provided								
	ursing	Su Su	urgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	tensiveCare	Ar Ar	nesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent	c	linical Lab		,				
	sychiatric ursing		adiological/ naging		Newborn/ WellBaby		Dutpatient Surgery		
	bstetrical nte/Postprtum	P	harmaceutical		Emergency		Central Plant		
	termediate are		ietetic		Nuclear Medicine		Support		
SI SI	killed Nursing	X A	dministration				Services		
OSHPD FDD SB499	Report	Data Last Update:	10/23/2014	Submissi	on Date: 10/23/2014	Printed: 1	0/25/2014 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-01087 Building Name: Main Hospital - Wings K & L									
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		
	diatric/Adol cent		Clinical Lab		Receivery				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support		
Sk	illed Nursing		Administration				Services		
OSHPD FDD SB499 F	Poport		e: 10/23/2014	Submissi	ion Date: 10/23/2014	Drintod	10/25/2014 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-01088 Building Name: Main Hospital - Wings M & O									
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.									
Type of Service	e Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int Ca	termediate		Dietetic						
	killed Nursing		Administration		Nuclear Medicine		Support Services		
OSHPD FDD SB499 F	Report Da	ata Last Updat	e: 10/23/2014	Submiss	ion Date: 10/23/2014	Printed:	10/25/2014 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-01091 Building Name: Power House									
Configuration: Remove from GAC service by 1/1/2013									
Type of Service	Provided								
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	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 are		Dietetic		Nuclear Medicine		Support		
Sk	illed Nursing		Administration				Services		
OSHPD FDD SB499 F	Report Da	ata Last Update	e: 10/23/2014	Submiss	ion Date: 10/23/2014	Printed:	10/25/2014 6:25 AM		

Report Year: 20	)14 12432	_aguna Hond	a Hospital & Rehabilitati	on Cente	er San Francisco		Page:45 of 47		
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-01092 Building Name: Power House Additions									
Configuration: Remove from GAC service by 1/1/2013									
Type of Service	e Provided								
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol cent		Clinical Lab						
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant		
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support		
	killed Nursing		Administration				Services		
OSHPD FDD SB499 F	Report Da	ata Last Update	e: 10/23/2014	Submissi	on Date: 10/23/2014	Printed:	10/25/2014 6:25 AM		

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No data reported for Section 130061(e)									

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No data reported for Section 130061(e) .									