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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:	12416	
Facility Name:	Californi	a Pacific Medical Center - Davies Campus
Address:	601 Dub	oce Ave
City:	San Fra	ncisco
Hospital Owner/Lice	ensee:	Sutter West Bay Hospitals
Year of Rep	orting:	2015
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]
Name of Sub	mitter:	Carl Scheuerman
Submission	Date:	9/17/2015 11:30:29 AM

Report `	Year: 2015 12416	California Pacific Medical Cente	er - Davies Cam	pus San Francisco		Page:2 of 32			
rebuild, 1 130061.	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- 01101	Link Building	601 Duboce Ave	Rebuild	SPC5	01/01/2020	07/01/2019			
BLD- 01102	South Tower	601 Duboce Ave	Rebuild	SPC5	01/01/2020	07/01/2019			

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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-01101	Link Building		trofit/Replacement Yes-So	ubmitted				
Facility Project Sub Number Number Num	Scope	Plan Ap Date In Da		CEQA ate Status Review				
18165 IS080885-0	0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008	11/01/2013 06/30/2019	ACTI No				
	planned for rebuild, retrofit or replacement, t date or dates and projected Completion da ection 130061(c)(1)(E).							
Building No: BLD-01102	South Tower		trofit/Replacement Yes-St	ubmitted				
Facility Project Sub Number Number Num	Scope	Plan Ap Date In Da		CEQA ate Status Review				
18165 IS080885-0	0 PPR - NEW ACUTE CARE HOSPITAL	6/11/2008	11/01/2013 06/30/2019	ACTI No				
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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BLD-011	101 Building Name: Link	< Building					
Type of Service Provided							
Nursing Inpa Beds	tient 0 Inpatient 0 s Days	Surgical Obst Reco	etrical overy				
IntensiveCare Inpa Beds	tient 0 Inpatient Days 0 s	Anesthesia New Well					
Pediatric/Adol Inpa escent Beds	tient 0 Inpatient Days 0 s	Clinical Lab	rgency				
Psychiatric Inpa Nursing Beds	tient 0 Inpatient Days 0 s	Radiological/ Nucle Imaging					
Obstetrical Inpa Ante/Postprtum Beds	tient 0 Inpatient Days 0 s	Pharmaceutical Pharmaceutical Reha There	abilitation apy				
Intermediate Inpa Care Beds	tient 0 Inpatient Days 0 s		al Dialysis				
Skilled Nursing Inpa	tient 0 Inpatient Days 0	Services Surg	atient ery				
	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	ral Plant				
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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-01102 Building Name: South Tower								
Type of Service Prov	<u>vided</u>		_						
Nursing	Inpatient Beds	0 Inpatient 0 Days	X 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	X 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					
X Skilled Nursing	Inpatient Beds	38 Inpatient Days 11439	X Support Services	Outpatient Surgery					
		Total Beds this 38 Building	Cesarean/Deliv	Central Plant					
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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)									
Building Number: BLD-01101 Building Name: Link Building									
Medical / Surgical	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 Ne Nursery	wborn	Intermediate Card					
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / 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	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)								
Building Number: BLD-01102 Building Name: South Tower									
Medical / Surgical	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 38 Bed	Inpatient 1143 Days 9				
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 / develop Disabled	ment				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	38	38				

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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-01100	North Tower	Remain		
BLD-01101	Link Building	Rebuild		
BLD-01102	South Tower	Rebuild		
BLD-01103	Rehabilitation Building	Remain		
BLD-01104	Emergency Systems Additions	Remain		
BLD-01105	MER Building	Remain		

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List ALL proposed new buildings to be constructed at this or another site.							
Building Number	Building Name	e		New Site			
N_1	New Hospital			Х			
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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)(2)(C)								
Building Number: BLD-01101 Link Building Removal Date:								
Planned Uses for the build Planned use for building:	ling to be removed from acute care se	rvice: urisdiction:]					
Other Usage:	Unknown at this time		-					
Inpatient services currently	y delivered in the building:	Obstetrical		_				
Nursing	Surgical	Cesarean/Deli	v 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	Administration	Nuclear Medicine	X Support Services					
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The projected date or dates the replaced or rebuild buildings a The planned uses of the build replaced or rebuild buildings a	ing or buildings to be removed from	vice per Section 130061 (c)(2) acute care service per Sectior	(A) and provide said date or d 130061(c)(2)(B) and provide	
Building Number: BLD-011	02 South Tower		Removal 07/01/2019 Date:	
Planned Uses for the building	to be removed from acute care serv	vice:		
Planned use for building:	killed Nursing Facility Jur	isdiction:		
Inpatient services currently de	livered in the building:			
Nursing	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitatio Therapy	n
IntensiveCare Pediatric/Adol	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialys	is
escent Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum		Emergency	Central Plan	ıt
Intermediate Care X Skilled Nursing	Dietetic Administration	X Nuclear Medicine	X Support Services	
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lo data reporte	d for Sectio	n 130061(c))(2)(D).		

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lo data reporte	d for Sectio	n 130061(c))(2)(D).		

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Report whether the g building sites or proje	eneral acute care services a ct numbers for buildings with	nd beds will be relocated to a new, existin a Building Resolution of "Rebuild" or "Re	ng or retrofitted building and any correplace" per Section 130061(c)(2)(E)	responding
Building BL Number:	D-01101 Building Name:	Link Building		
Will general acute ca	e services and beds will be	relocated to a new, Existing or retrofitted	building?	
Support Services	Relocated to other buildin	9		
New Buildir	ıg	RetroFitted Building	Other SPC2-SPC5 Building	<u> </u>
			BLD-01100-North Tower	
Building BL Number:	D-01102 Building Name:	n a Building Resolution of "Rebuild" or "Re South Tower		
		relocated to a new, Existing or retrofitted	building?	
Skilled Nursing	N/A			
		nd beds will be relocated to a new, existir a Building Resolution of "Rebuild" or "Re		responding
Building BL Number:	D-01102 Building Name:	South Tower		
Will general acute ca	e services and beds will be	relocated to a new, Existing or retrofitted	building?	
Surgical	Relocated to other buildin	g		
New Buildir	Ig	RetroFitted Building	Other SPC2-SPC5 Building	
			BLD-01100-North Tower	

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			ew, existing or retrofitted building ild" or "Replace" per Section 130	
Building BLD-(Number:	D1102 Building Name:	South Tower		
Will general acute care s	services and beds will be r	elocated to a new, Existing or	etrofitted building?	
Support Services	Relocated to other building]		
New Building		RetroFitted Building	Other SPC2-S	PC5 Building
			BLD-01100-North Tower	
			ew, existing or retrofitted building ild" or "Replace" per Section 130	
Building BLD-0 Number:	D1102 Building Name:	South Tower		
Will general acute care s	ervices and beds will be r	elocated to a new, Existing or	etrofitted building?	
Nuclear Medicine	N/A			
			ew, existing or retrofitted building ild" or "Replace" per Section 130	
Building BLD-0 Number:	D1102 Building Name:	South Tower		
Will general acute care s	ervices and beds will be r	elocated to a new, Existing or	etrofitted building?	
Skilled Nursing	N/A			

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lo data reported	for Section	n 130061(c))(3).		

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLD-01101 Building Name: Link Building								
Type of Service	e Provided							
		Surgical		Dbstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	Anesthesia						
	IntensiveCare			Dbstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent	Clinical Lab		lewborn/		Outpatient Surgery		
	Psychiatric	Radiological/ Imaging	L v	VellBaby				
	Nursing	Pharmaceutical		mergency		Central Plant		
	Obstetrical Ante/Postprtum	Dietetic		luclear Iedicine		Support Services		
	Intermediate Care	Administration						
	Skilled Nursing							
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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)							
Building Number:	BLD-01102 Building	Name: South Tower					
Type of Service	Provided						
		X Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy			
	Nursing	Anesthesia		Renal D	Dialysis		
	IntensiveCare	Clinical Lab	Obstetrical Recovery		naiysis		
	Pediatric/Adol escent	Radiological/	Newborn/ WellBaby	Outpati Surgery			
	Psychiatric Nursing	Imaging			Direct		
	Obstetrical	Pharmaceutical		Central			
	Ante/Postprtum	Dietetic	X Nuclear Medicine	X Suppor Service			
	Intermediate Care	Administration					
X	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 acute care hospital building per Section 130061(c)(5)									
Building Number:	BLD-01100	Building Nan	ne: North Tower						
Configuration: Remove from GAC service by 1/1/2030									
Type of Service	e Provided								
X Nu	ursing	X	Surgical		Obstet Cesare	rical ean/Deliv		Rehab Therap	ilitation 9y
X Int	tensiveCare	X	Anesthesia		Obstet Recov			Renal	Dialysis
	ediatric/Adol cent	X	Clinical Lab		110001				
	sychiatric ursing	X	Radiological/ Imaging		Newbo WellBa			Outpat Surger	
	ostetrical hte/Postprtum	X	Pharmaceutical	X	Emerg	ency	X	Centra	l Plant
Int Ca	termediate	X	Dietetic		Nhaalaa			C	-
	illed Nursing	X	Administration		NUCIER	ar Medicine	X	Suppo Servio	
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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 acute care hospital building per Section 130061(c)(5)								
Building Number:	BLD-01101	Building Nan	ne: Link Building					
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab					
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate re		Dietetic		Nuclear Medicine	x	Support	
Ski	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 acute care hospital building per Section 130061(c)(5)								
Building Number:	BLD-01102	Building Nar	me: South Tower					
Configuration:	Remove from G	AC service by 1	1/1/2020					
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
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 re		Dietetic	X	Nuclear Medicine	X	Support	
X Ski	illed Nursing		Administration				Services	
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	ner by retrofit or b		hospital campus showi and the type of service					
Building Number:	BLD-01103	Building Nan	ne: Rehabilitation Bu	ilding				
Configuration:	Remove from G	AC service by 1	/1/2030					
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	X	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 ire		Dietetic		Nuclear Medicine		Support	
Ski	illed Nursing		Administration				Services	
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	her by retrofit or by		hospital campus showir and the type of service t						
Building Number:	BLD-01104	Building Na	me: Emergency Syste	ms Addi	tions				
Configuration:	N/A								
Type of Service	Provided								
Nu	ırsing		Surgical		Obstet Cesare	trical ean/Deliv		Rehabilitation Therapy	
Int	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		10000	ory.			
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery	
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	jency		Central Plant	
Int Ca	ermediate		Dietetic						
	illed Nursing		Administration		Nuclea	ar Medicine		Support Services	
OSHPD FDD SB499 F	Report [Data Last Updat	e: 09/17/2015	Submiss	ion Date:	: 09/17/2015	Printed:	9/19/2015 6:25 AM	

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	ner by retrofit or l				ach building will comply be provided in each gene		
Building Number:	BLD-01105	Building Nar	me: MER Building				
Configuration:	Remove from G	GAC service by '	1/1/2030				
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	X	Central Plant
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support
Ski	illed Nursing		Administration				Services
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e) Building Number: BLD-01100 Building Name: North Tower Type of Service Provided X Nursing Inpatient Bill X Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy X IntensiveCare Inpatient B X Anesthesia Renal Dialysis Pediatric/Adol Inpatient 0 Beds X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Inpatient 0 Pharmaceutical X Emergency X Central Plant X Dietetic Nuclear X Support Support Skilled Nursing Inpatient 0 X Administration Total Beds this 189 189 189 189	Report	Year: 2015	12416	California Pacif	ic Medical	Center - Davies Campu	IS San	Francisco		Page:25 of 32
Type of Service Provided Nursing Inpatient 181 X Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy X IntensiveCare Inpatient 8 X Anesthesia Renal Dialysis Pediatric/Adol Inpatient 0 X Clinical Lab Obstetrical Recovery Renal Dialysis Pediatric/Adol Inpatient 0 X Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient 0 X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Inpatient 0 X Pharmaceutical X Central Plant Intermediate Care Inpatient Beds 0 Dietetic Nuclear Medicine X Support Services Skilled Nursing Inpatient Beds 0 X Administration X Administration				of inpatient beds b	by type of S	Service provided by buil	dings that	t are classified as S	SPC-2, \$	SPC-3, SPC-4,
X Nursing Inpatient Beds 181 X Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy X IntensiveCare Inpatient Beds 8 X Anesthesia Renal Dialysis Pediatric/Adol Inpatient Beds 0 X Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Nursing Inpatient Beds 0 X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Nursing Inpatient Beds 0 X Pharmaceutical X Emergency X Central Plant Imaging Inpatient Nursing 0 X Administration X Administration Skilled Nursing Inpatient Beds 0 X Administration X Administration Total Beds this 189 189 189 189 189 189 189	Buildi	ng Number: BLC	D-01100	Building Na	ame: No	rth Tower				
Beds Beds Clinical Lab Cesarean/Deliv Therapy Pediatric/Adol Inpatient Beds Clinical Lab Obstetrical Recovery Renal Dialysis Pediatric/Adol Inpatient O X Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient O X Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Nursing Inpatient O X Pharmaceutical Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Inpatient Beds O X Pharmaceutical X Central Plant Intermediate Care Inpatient Beds O X Administration X Support Services Skilled Nursing Inpatient Beds O X Administration X Support Total Beds this 189 189 Imaging Ima	Туре	e of Service Prov	rided							
Beds Impatient Impatient	X	Nursing		181	X	Surgical				
Pediatric/Adol Inpatient 0 X Clinical Lab Recovery Psychiatric Inpatient 0 X Radiological/ Newborn/ Outpatient Nursing Inpatient 0 X Radiological/ Newborn/ Outpatient Obstetrical Inpatient 0 X Pharmaceutical X Emergency X Intermediate Inpatient 0 X Dietetic Nuclear X Support Skilled Nursing Inpatient 0 X Administration X Administration	X	IntensiveCare		8	X	Anesthesia				
Psychattic inpatient Nursing Beds Obstetrical Inpatient Ante/Postprtum Inpatient Beds Imaging WellBaby Surgery Nursing Intermediate Inpatient Beds Intermediate Inpatient Beds Intermediate Inpatient Beds Inpatient Beds Inpatient Imaging WellBaby Surgery Intermediate Inpatient Beds Inpatient Beds Inpatient Beds Inpatient Imaging Imaging				0	X	Clinical Lab			R	enal Dialysis
Obstetrical Inpatient 0 Ante/Postprtum Beds Intermediate Inpatient Care Beds Nuclear Medicine X Skilled Nursing Inpatient Beds Inpatient Beds Total Beds this 189 Central Plant X Emergency X Inpatient Beds Inpatient Beds Impatient Impatient Impatient Impatient Impatient Impatient <				0	X					
Intermediate Inpatient 0 Care Beds Skilled Nursing Inpatient 0 X Administration Total Beds this 189				0		Pharmaceutical	X Em	nergency	X C	entral Plant
Inpatient 0 Total Beds this 189				0	X	Dietetic			X Su Se	upport ervices
		Skilled Nursing		0	X	Administration				
				189						
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	ation on the number r Section 130061(e)		by type of S	Service provided by	buildings that are classified a	as SPC-2, SP(C-3, SPC-4,
Building Numb	per: BLD-01103	Building N	ame: Re	ehabilitation Building			
Type of Serv	ice Provided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	abilitation apy
Intensiv	eCare Inpatient Beds	0		Anesthesia	_	_	
Pediatrie escent	c/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
Psychia		0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surge	atient ery
Obstetri Ante/Po		0		Pharmaceutical	Emergency	Cent	ral Plant
Interme Care	diate Inpatient Beds	0		Dietetic	Nuclear Medicine	Supp Servi	
Skilled M	Nursing Inpatient Beds	0		Administration			
Total Be Building		0					
SHPD FDD SB4	499 Report	Data Last Update:	09/17/2	015 Submiss	sion Date: 09/17/2015	Printed: 9/19/2	2015 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-01104 Building Name: Emergency Systems Additions Type of Service Provided Impatient Impatient Impatient Impatient IntensiveCare Inpatient Impatient Impatient Impatient Impatient Pediatric/Adol Inpatient Impatient Impatient Impatient Impatient Pediatric/Adol Inpatient Impatient Impatient Impatient Impatient Pediatric/Adol Inpatient Impatient Impatient Impatient Impatient Impatient Psychiatric Inpatient Impatient Impatient Impatient Impatient Impatient Impatient <th>Report</th> <th></th> <th>12416</th> <th></th> <th></th> <th>Center - Davies Cam</th> <th>· L</th> <th>San Francisco</th> <th></th> <th>Page:27 of 32</th>	Report		12416			Center - Davies Cam	· L	San Francisco		Page:27 of 32
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 Radiological/ Newborn/ Outpatient Nursing Beds 0 Pharmaceutical Emergency Central Plant Obstetrical Inpatient 0 Dietetic Nuclear Support Skilled Nursing Inpatient 0 Administration Administration Total Beds this 0 O O O				inpatient beds	by type of S	Service provided by b	uildings	that are classified a	as SPC-2, S	PC-3, SPC-4,
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 Inpatient Nursing Inpatient Beds 0 Pharmaceutical Imaging Newborn/ WellBaby Outpatient Surgery Inpatient Beds 0 Administration Imaging Nuclear Medicine Support Services Intermediate Care Inpatient Beds 0 Administration Imaging Nuclear Medicine Support Services Skilled Nursing Inpatient Beds 0 Imaging Imaging Imaging Imaging Total Beds this 0 Imaging Imaging Imaging Imaging Imaging Imaging	Buildi	ing Number: BLC	D-01104	Building N	Name: En	nergency Systems Ad	ditions]
Intensing Intensive Care Inpatient Beds Image: Clinical Lab Cesarean/Deliv Therapy Intensive Care Inpatient Beds Image: Clinical Lab Image: Clinical Lab Recovery Renal Dialysis Pediatric/Adol Inpatient Beds Image: Clinical Lab Image: Clinical Lab<	Тур	e of Service Prov	rided							
Beds Clinical Lab Pediatric/Adol Inpatient Beds Inpatient Inpatient Beds Inpatient Inpatient Beds Inpatient Inpatient Beds Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Intermediate Inpatient		Nursing		0		Surgical				
Pediatric/Adol Inpatient 0 Clinical Lab Recovery Psychiatric Inpatient 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Inpatient 0 Pharmaceutical Emergency Central Plant Intermediate Inpatient 0 Oletetic Nuclear Medicine Support Skilled Nursing Inpatient 0 Administration Administration Inpatient Inpatient		IntensiveCare		0		Anesthesia				
Psychatric Inpatient 0 Nursing Beds Obstetrical Inpatient Ante/Postprtum Beds Intermediate Inpatient Beds 0 Dietetic Nuclear Medicine Skilled Nursing Inpatient Inpatient <t< td=""><td></td><td></td><td></td><td>0</td><td></td><td>Clinical Lab</td><td></td><td></td><td>Re</td><td>nal Dialysis</td></t<>				0		Clinical Lab			Re	nal Dialysis
Obstetrical Inpatient Ante/Postprtum Inpatient Beds Image: Central Plant Intermediate Inpatient Beds Image: Central Plant Skilled Nursing Impatient Inpatient Impatient Beds Impatient Inpatient Impatient Inpatient Impatient Inpatient Impatient Impatient Impatient Imp				0						
Intermediate Inpatient 0 Care Beds 0 Skilled Nursing Inpatient 0 Inpatient 0 Total Beds this 0				0		Pharmaceutical		Emergency	X Ce	entral Plant
Inpatient 0 Total Beds this 0				0		Dietetic				
		Skilled Nursing		0		Administration				
				0						
OSHPD FDD SB499 Report Data Last Update: 09/17/2015 Submission Date: 09/17/2015 Printed: 9/19/2015 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-01105 Building Name: MER Building Type of Service Provided Image: Inpatient Beds Image: Im	
Type of Service Provided Nursing Inpatient 0 Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Inpatient Beds 0 Anesthesia Renal Dialysis Pediatric/Adol Inpatient Beds 0 Clinical Lab Obstetrical Recovery Renal Dialysis Psychiatric Inpatient Beds 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Inpatient Beds 0 Pharmaceutical Emergency Central Plant	
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 Inpatient Beds 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Recovery Inpatient Beds 0 Pharmaceutical Emergency Central Plant	
 Intensive Care Inpatient Beds Intensive Care Inpatient Beds Anesthesia Pediatric/Adol Inpatient Beds Clinical Lab Clinical Lab Psychiatric Inpatient Beds 	
Beds Beds Beds Pediatric/Adol Inpatient Beds Inpatient Inpatient Inpatient Inpati	
Pediatric/Adol escent Inpatient Beds 0 Clinical Lab Recovery Psychiatric Nursing Inpatient Beds 0 Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Ante/Postprtum Inpatient Beds 0 Pharmaceutical Emergency X Central Plant	
Psychiatric Inpatient 0 Imaging Newsonn Nursing Beds Imaging WellBaby Surgery Obstetrical Inpatient 0 Pharmaceutical Emergency X Ante/Postprtum Beds Imaging Imaging Imaging Imaging Imaging Imaging	
Obstetrical Inpatient 0 Image: Constraint of the second se	
Intermediate Inpatient 0 Care Beds Dietetic Nuclear Support Medicine Services	
Skilled Nursing Administration Inpatient 0 Beds Inpatient	
Total Beds this 0 Building	

	nia Pacific Medical Center - Davies Campus	an Francisco Page:29 of 32 are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-01100 B	uilding Name: North Tower	
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 133 Inpatient 13778 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
npatient 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 8 Inpatient 2220 Bed Days	Inpatient 48 Inpatient 9802 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 189 189
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Clude information on the number of in PC-5 per Section 130061(e) Building Number: BLD-01103		Rehabilitation Building		-3, SPC-4, and
ledical / Surgical (Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
ed 0 Inpatient 0 End	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days	
erinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing	
ed 0 Inpatient 0 Inpatient 0 Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days	
ediatric	Intensive Care Nursery	Newborn	Intermediate Care	
ed Inpatient 0 Inpatient 0 Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days	
ntensive Care	Rehabilitation Center		Int. Care / Developmenta Disabled	illy
ed 0 Inpatient 0 Inpatient 0 Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpa Bed Days	
oronary Care	Chemical Dep	endency	Building Per B	otal Beds this uilding Per
ed 0 Inpatient 0 Inpatient 0 Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit So	ervice 0

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Include information on the number of inpatient SPC-5 per Section 130061(e)	beds by type of unit provided by buildings that a	are classified as SPC-2, SPC-3, SPC-4, and
Building Number: BLD-01104 Building	ding Name: Emergency Systems Addition	าร
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 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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PC-5 per Section 130061(e) Building Number: BLD-01105 E	uilding Name: MER Building	
ledical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric
npatient 0 Inpatient 0 ed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
erinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing
npatient 0 Inpatient 0 ed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days
ediatric	Intensive Care Newborn Nursery	Intermediate Care
npatient 0 Inpatient 0 ed 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
oronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per
npatient 0 Inpatient 0 ed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0