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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:	12432	
Facility Name:	Laguna Honda Hospital & Rehabilitation Center	]
Address:	375 Laguna Honda Blvd.	
City:	San Francisco	
Hospital Owner/Lice	ensee: City And County of San Francisco Department of Public Health	]
Year of Rep	porting: 2015	
Contact 1 e-mail Ad	dress: [Confidential data left blank intentionally.]	]
Contact 2 e-mail Ad	Idress: [Confidential data left blank intentionally.]	]
Contact 3 e-mail Add	dress:: [Confidential data left blank intentionally.]	]
Name of Sub	mitter: Diana Kenyon	]
Submission	Date: 10/21/2015 3:50:43 PM	]

Report Y	'ear: 2015 12432	Laguna Honda Hospital & Reha	bilitation Center	San Francisco		Page:2 of 57		
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		
3LD- )1086	Main Hospital - Bldg H Wings A to F	375 Laguna Honda Blvd.	Rebuild	SPC5	01/01/2013	12/07/2010		
3LD- )1087	Main Hospital - Wings K & L	375 Laguna Honda Blvd.	Rebuild	SPC5	01/01/2013	12/07/2010		
3LD- 1088	Main Hospital - Wings M & O	375 Laguna Honda Blvd.	Rebuild	SPC5	01/01/2013	12/07/2010		
3LD- )1091	Power House	375 Laguna Honda Blvd.	Remove	N/A	01/01/2013	01/01/2004		
3LD- )1092	Power House Additions	375 Laguna Honda Blvd.	Remove	N/A	01/01/2013	01/01/2004		

Building No: BLD-0	1086	Main Hospital - Bldg H Wings	A to F	Retrofit/Re Project:	eplacement	Yes-Subr	nitted	
Facility Project Number Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
12432 HS013115-0	0	EAST RESIDENCE	10/10/200 1	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	CLOS	No
	0	SOUTH RESIDENCE	10/10/200	1/4/2005 12:00:00	04/01/2004	01/01/2011	CLOS	No
projected construction	ich is pl	anned for rebuild, retrofit or replace date or dates and projected Comple ction 130061(c)(1)(E).		AM roject numbers				
For each building wh	ich is plan n start c per Sec	late or dates and projected Comple		AM roject numbers er Section 1300			ent project	
For each building wh projected constructio status and approvals	ich is plan n start c per Sec	date or dates and projected Complection 130061(c)(1)(E).		AM roject numbers er Section 1300 Retrofit/Re	D61(c)(1)(D) a	and the most rece	ent project nitted	CEQA Review
For each building whi projected constructio status and approvals Building No: BLD-0 Facility Project	ich is plan per Sec 1087 Sub Num	date or dates and projected Complection 130061(c)(1)(E).	etion date or dates p	AM roject numbers er Section 1300 Retrofit/Re Project: Plan Approved	o61(c)(1)(D) a eplacement Projected	Yes-Subr Projected	ent project	Review

Report Year: 2015 12432 Laguna Honda Hospita	al & Rehabilitation Cen	ter San F	rancisco		Page:4 of	57
For each building which is planned for rebuild, retrofit or repla projected construction start date or dates and projected Comp status and approvals per Section $130061(c)(1)(E)$ .						
Building No: BLD-01088 Main Hospital - Wings M &	0	Retrofit/Re Project:	eplacement	Yes-Subn	nitted	
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
12432 HS013115-0 0 EAST RESIDENCE	10/10/200 1	1/4/2005 12:00:00 AM	04/01/2004	01/01/2011	CLOS	No
12432 HS013117-0 0 SOUTH RESIDENCE	10/10/200	1/4/2005 12:00:00	04/01/2004	01/01/2011	CLOS	No

Report Year:         2015         1243	2 Laguna Honda Hospital & Rehabilitation	n Center San Francisco	Page:5 of 57				
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number:     BLD-01086     Building Name:     Main Hospital - Bldg H Wings A to F							
Type of Service Provided							
Nursing Inpatie Beds	nt 0 Inpatient 0 Days	Surgical Obster	etrical very				
IntensiveCare Inpatie Beds	nt 0 Inpatient Days 0	Anesthesia Newb					
Pediatric/Adol Inpatie escent Beds	nt 0 Inpatient Days 0	Clinical Lab	gency				
Psychiatric Inpatie Nursing Beds	nt 0 Inpatient Days 0	Radiological/ Nucle Imaging					
Obstetrical Inpatie Ante/Postprtum Beds	nt 0 Inpatient Days 0	Pharmaceutical     Dietetic	bilitation apy				
Intermediate Inpatie Care Beds	nt 0 Inpatient Days 0		l Dialysis				
Skilled Nursing Inpatie Beds	nt 0 Inpatient Days 0	Support Outpa Services Surge					
	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	al Plant				
OSHPD FDD SB499 Report	Data Last Update: 10/21/2015 Si	ubmission Date: 10/21/2015 Printed:	10/23/2015 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: BLC	D-01087	Building Name: Mai	n Hospital - Wings K & L			
Type of Service Provi	ided					
	Inpatient Beds	0 Inpatient 0 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	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis		
	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
		Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant		
OSHPD FDD SB499 Report	t	Data Last Update: 10/21/2015 Sul	bmission Date: 10/21/2015	Printed: 10/23/2015 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	D-01088	Building Name: Mai	in Hospital - Wings M & O			
Type of Service Prov	rided		_			
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 Repor	rt	Data Last Update: 10/21/2015 Su	bmission Date: 10/21/2015	Printed: 10/23/2015 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-01091     Building Name:     Power House							
Type of Service Provid	<u>ded</u>						
	Inpatient Beds	0 Inpatient 0 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	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis			
	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery			
	Deus	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant			
OSHPD FDD SB499 Report		Data Last Update: 10/21/2015 Su	bmission Date: 10/21/2015	Printed: 10/23/2015 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-01092     Building Name:     Power House Additions						
Type of Service Provid	led					
	Inpatient Beds	0 Inpatient 0 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	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy		
	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis		
	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery		
	Deus	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Plant		
OSHPD FDD SB499 Report	[	Data Last Update: 10/21/2015 Si	ubmission Date: 10/21/2015	Printed: 10/23/2015 6:25 AM		

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Provide the number	r of Inpatient beds and patier	nt days per type of uni	t per building per Section	130061(c)(1)(F)	
Building Number:	BLD-01086 Build	ling Name: Mair	n 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
OSHPD FDD SB499 I	Report Data Last U	pdate: 10/21/2015	Submission Date: 1	0/21/2015 Printe	d: 10/23/2015 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-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 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	on 130061(c)(1)(F)
Building Number: BLD-01088	Building Name: Main Hospital - Wings M &	0
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

Report Year:         2015         12432         La	guna Honda Hospital & Rehabilitation Center	San Francisco	Page:13 of 57
Provide the number of Inpatient beds and	d patient days per type of unit per building per Section	on 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 Inpati 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 Inpati Bed Days	ent 0
Coronary Care	Chemical Dependency		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	r of Inpatient beds and patier	nt days per type of uni	t per building per Sectio	n 130061(c)(1)(F)	
Building Number:	BLD-01092 Build	ling Name: Pow	er House Additions		
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

Report Year:

2015 12432

Laguna Honda Hospital & Rehabilitation 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
BLD-03809	South Residence	Remain
BLD-05918	North Residence	Remain
BLD-05919	Pavilion Building	Remain
BLD-05920	Generator Building	Remain

Report Year: 2	12432 Laguna Honda Hospital & F	Rehabilitation Center San Francisco	Page:16 of 57		
List ALL proposed new buildings to be constructed at this or another site.					
Building Number	Building Name	New Site			
N_1	South Residence				
N_2	North Residence				
N_3	Pavilion Building				

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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-0	1086 Main Hospital - Blo	dg H Wings A to F Remo Date:	val 12/07/2010		
Planned Uses for the build	ng to be removed from acute care service	):			
	Other Jurisd				
Other Usage:	Administration				
Inpatient services currently	delivered in the building:	_	_		
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitatior Therapy	1	
IntensiveCare	Anesthesia	Obstetrical	Renal Dialysi	<b>c</b>	
Pediatric/Adol escent	Clinical Lab	Recovery		5	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical		Central Plant		
Intermediate Care	Dietetic	Emergency			
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)(2)(C)					
Building Number: BLD-0108	Main Hospital - V	Vings K & L	Removal 12/07/2010 Date:		
Planned Uses for the building	to be removed from acute care service	ce:			
Planned use for building:					
Inpatient services currently de	livered in the building:	_	_		
Nursing	Surgical	Obstetrical Cesarean/Deliv	v Rehabilitatio	n	
<ul> <li>IntensiveCare</li> <li>Pediatric/Adol escent</li> </ul>	Anesthesia	Obstetrical Recovery	Renal Dialys	sis	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plar	nt	
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)(2)(C)					
Building Number: BLD-01088	Main Hospital - W	ings M & O	Removal 12/07/2010 Date:		
Planned Uses for the building to	be removed from acute care service	9:			
Planned use for building:					
Inpatient services currently deliv	vered in the building:	_	_		
Nursing	Surgical	Obstetrical Cesarean/Del	iv Rehabilitatio	n	
<ul> <li>IntensiveCare</li> <li>Pediatric/Adol escent</li> </ul>	Anesthesia Clinical Lab	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	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)(2)(C)					
Building Number: BLD-0109	1 Power House		Removal 01/01/2004 Date:		
Planned Uses for the building t	o be removed from acute care service	:			
Planned use for building:					
Inpatient services currently deli	ivered in the building:	_	_		
Nursing	Surgical	Obstetrical Cesarean/Deli	v Rehabilitatio	n	
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialys	is	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	t	
Intermediate Care	Dietetic	0.1			
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)(2)(C)						
Building Number: BLD-0109	2 Power House Add	ditions	Removal 01/01/2004 Date:			
Planned Uses for the building t	o be removed from acute care service	e:				
Planned use for building:						
Inpatient services currently deli	ivered in the building:					
Nursing	Surgical	Obstetrical Cesarean/Del	liv Rehabilitation	on		
IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialys	sis		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plar	nt		
Intermediate Care	Dietetic					
Skilled Nursing	Administration	Nuclear Medicine	Support Services			
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Provide the number of inpatient and patient days per unit for the three years prior to the reporting year 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	2		
<u>Unit Type</u>	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 Dis	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		
2000 2000		Total Beds this Building per Service	0		
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Provide the number of inpatient and patient days per unit for the three years prior to the reporting year 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:       2013						
<u>Unit Type</u>		Information Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Coronary Care Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0			
Beds Days	Beds Days	Total Beds this				
		Building per Service	0			
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Provide the number of inpatient and patient days per unit for the three years prior to the reporting year 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: 2014				
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 Dis	abled			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Coronary Care Inpatient 0 Patient 0	Chemical Dependency       Inpatient     0       Patient     0	Total Beds this Building per Unit	0			
Beds Days	Beds Days	Total Beds this Building per Service	0			
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Provide the number of inpatient and patient days per unit for the three years prior to the reporting year 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		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 0 Beds Days				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this0Building per Unit0Total Beds this0Building per Service0				
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Provide the number of inpatient and patient days per unit for the three years prior to the reporting year 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 0 Beds Days				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this0Building per Unit0Total Beds this0Building per Service0				
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Provide the number of inpatient and patient days per unit for the three years prior to the reporting year 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: 2014				
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 0 Beds Days				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disabled				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days				
Coronary Care Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this0Building per Unit0Total Beds this0Building per Service0				
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Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year 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	n: 2012		
<u>Type of Services</u> <u>Provided</u>			Information Current As Of:			
Nursing Inpatient Beds	0 Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare Inpatient Beds	0 Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol Inpatient escent Beds	0 Patient 0 Days	Clinical Lab	Recovery			
Psychiatric Inpatient Nursing Beds	0 Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Inpatient Ante/Postprtum Beds	0 Patient 0 Days	Pharmaceuti	cal Emergency	Central Plant		
Intermediate Inpatient Care Beds	0 Patient 0 Days	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing Inpatient Beds	0 Patient 0 Days	Administratio	n			
Total Beds this Building per service 0						
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Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year 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: 2013	3		
<u>Type of Services</u> <u>Provided</u>			Information Current As			
Nursing Inpatient 0 Beds	Patient 0 Days	Surgical		ehabilitation herapy		
IntensiveCare Inpatient 0 Beds	Patient 0 Days	Anesthesia				
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Days	Clinical Lab	Obstetrical R Recovery	enal Dialysis		
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Days	Radiological/ Imaging		Putpatient urgery		
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days	Pharmaceutica	I Emergency C	entral Plant		
Intermediate Inpatient 0 Care Beds	Patient 0 Days	Dietetic		upport ervices		
Skilled Nursing Inpatient 0 Beds	Patient 0 Days	Administration				
Total Beds this Building per service	0					
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Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year 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:	2014	
<u>Type of Services</u> <u>Provided</u>				Information Current As Of:	10/21/2015	
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical		
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological Imaging	/ Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceut	ical Emergency	Central Plant	
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administratio	on		
Total Beds this Building per service 0						
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Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-01092 Building Nbr: P Name:	Power House Additions	Year of Information: 2012	2			
<u>Type of Services</u> <u>Provided</u>		Information Current As				
	Patient 0 Surgical Days		ehabilitation herapy			
	Patient 0 Anesthesia Days		and Distants			
	Patient 0 Clinical Lab		enal Dialysis			
	Patient 0 Radiologica Days Imaging		utpatient urgery			
	Patient 0 Days Pharmaceu	tical Emergency C	entral Plant			
	Patient 0 Days Dietetic		upport ervices			
	Patient 0 Days Administrat	ion				
Total Beds this Building per service	0					
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Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-01092 Building Nbr: Po	ower House Additions	Year of Information: 2013	3			
<u>Type of Services</u> <u>Provided</u>		Information Current As				
	Patient 0 Surgical		ehabilitation herapy			
	Patient 0 Anesthesia					
	Patient 0 Clinical Lab		enal Dialysis			
	Patient 0 Radiologica Days Imaging		utpatient urgery			
	Patient 0 Pays Pharmaceu	tical Emergency C	entral Plant			
	Patient 0 Days Dietetic		upport ervices			
	atient 0 ays Administrat	on				
Total Beds this Building per service	0					
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Provide the number of inpatient and patient days per type of service for the three years prior to the reporting year 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: 2014	ŀ			
<u>Type of Services</u> Provided		Information Current As				
	Patient 0 Surgical Days		ehabilitation herapy			
	Patient 0 Anesthesia Days		and Distants			
	Patient 0 Clinical Lab		enal Dialysis			
	Patient 0 Radiologica Days Imaging		utpatient urgery			
	Patient 0 Days Pharmaceu	tical Emergency C	entral Plant			
	Patient 0 Days Dietetic		upport ervices			
	Patient 0 Days Administrat	ion				
Total Beds this Building per service	0					
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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)						
Number:		in Hospital - Bldg H				
Will general acute care services an     Administration     N/A				inding ?		
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lo data reported for Section 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-01086 Building Name: Main Hospital - Bldg H Wings A to F										
Type of Service Provided										
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing	Anesthesia				Denel Distric				
	IntensiveCare			Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent	Clinical Lab		Newborn/ WellBaby		Outpatient Surgery				
	Psychiatric Nursing	Imaging Pharmaceutical		Emergency		Central Plant				
	Obstetrical Ante/Postprtum	Dietetic		Nuclear Medicine		Support Services				
	Intermediate Care	X Administration								
	Skilled Nursing									
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ling Number: BLD-01		ne: Main Hospital - '	Wings K & L		
ype of Service Provide		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
Nursing Intensi		Anesthesia	Obstetrical Recovery	Renal Dialysis	
Pediatr escent		Clinical Lab	/ Newborn/ / WellBaby	Outpatient Surgery	
Psychia Nursing		Imaging Pharmaceut	_	Central Plant	
Obsteti Ante/P	rical ostprtum	Dietetic	Nuclear Medicine	Support Services	
Interme Care	ediate	Administratio	on		
Skilled	Nursing				

ng Number: BLD-0108	Building Nai	me: Main Hospital - Wings	5 M & O		
vpe of Service Provided		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
Nursing	Care	Anesthesia	Obstetrical Recovery	Renal Dialysis	
Pediatric. escent	'Adol	Clinical Lab	Newborn/	Outpatient Surgery	
Psychiate Nursing	ic	Radiological/ Imaging Pharmaceutical	WellBaby	Central Plant	
Obstetric Ante/Pos		Dietetic	Nuclear Medicine	Support Services	
Intermed Care	iate	Administration			
Skilled N	ursing				

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Report any general per Section 130061		tient service that is provided in any	general acute care hospital l	ouilding that is rate	ed SPC-1
Building Number:	BLD-01091 Building	g Name: Power House			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	_		
	IntensiveCare		Obstetrical Recovery	Renal [	Dialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surgery	
	Psychiatric Nursing	Imaging Pharmaceutical	Emergency	Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	t
	Intermediate Care	Administration			
	Skilled Nursing				
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Section 130061(	c)(4)	atient service that is provided in ar			
Iding Number:	BLD-01092 Buildir	ng Name: Power House Additio	ns		
Type of Service	Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabilit Therapy	
	Nursing	Anesthesia	_	<u> </u>	
	IntensiveCare		Obstetrical Recovery	Renal Di	ialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpatie Surgery	nt
	Psychiatric Nursing	Radiological/ Imaging	WellBaby		
		Pharmaceutical	Emergency	Central F	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	3
	Intermediate Care	Administration			
	Skilled Nursing				

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Report the final configuration of a requirements whether by retrofit per Section 130061(c)(5)	all buildings on the hospital campus show or by replacement and the type of service	ving how each bu e that will be prov	ilding will comply with t vided in each general a	he SPC-5/NF cute care hos	PC-4 or 5 pital building						
Building Number:       BLD-01086       Building Name:       Main Hospital - Bldg H Wings A to F         Configuration:       N/A											
Type of Service Provided											
Nursing	Surgical		etrical arean/Deliv	Reha Thera	bilitation Ipy						
IntensiveCare	Anesthesia	Obst Reco	etrical	Rena	l Dialysis						
Pediatric/Adol escent	Clinical Lab	Recc	overy								
Psychiatric Nursing	Radiological/ Imaging	Newl Well		Outpa Surge							
Obstetrical Ante/Postprtum	Pharmaceutical	Eme	rgency	Centr	al Plant						
	Dietetic										
Care Skilled Nursing	Administration		ear Medicine	Supp Serv							
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	her by retrofit or by		hospital campus showin and the type of service t							
Building Number:	BLD-01087	Building Na	me: Main Hospital - Wi	ings K &	L					
Configuration: N/A										
Type of Service	Provided									
Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis		
	ediatric/Adol cent		Clinical Lab			,				
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency		Central Plant		
Int Ca	ermediate		Dietetic							
	illed Nursing		Administration		Nuclea	ar Medicine		Support Services		
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	her by retrofit or by		hospital campus showin and the type of service t							
Building Number:	BLD-01088	Building Na	me: Main Hospital - Wi	ngs M &	к О					
Configuration: N/A										
Type of Service	e Provided									
Nu	ırsing		Surgical		Obstei Cesar	trical ean/Deliv		Rehabilitation Therapy		
Int	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis		
	ediatric/Adol cent		Clinical Lab		110001					
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery		
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	iency		Central Plant		
	ermediate		Dietetic			,,				
Ca	are tilled Nursing		Administration		Nuclea	ar Medicine		Support Services		
		-								
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	ner by retrofit or b		hospital campus showir and the type of service t					
Building Number:	BLD-01091	Building Nar	me: Power House					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obste Cesar	etrical rean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	diatric/Adol cent		Clinical Lab			, or y		
	ychiatric Irsing		Radiological/ Imaging		Newb WellB			Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emer	gency		Central Plant
Inte Ca	ermediate Ire		Dietetic		Nucle	ar Medicine		Support
Sk	illed Nursing		Administration					Services
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	l buildings on the hospital campus show r by replacement and the type of service			
Building Number: BLD-01092	Building Name: Power House Ac	dditions		
Configuration: N/A				
Type of Service Provided				
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabili Therapy	
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal D	vialysis
Pediatric/Adol escent	Clinical Lab			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery	
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central	Plant
Intermediate Care	Dietetic	Nuclear Medicine	Suppor	t
Skilled Nursing	Administration		Service	
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	her by retrofit or by		hospital campus showin and the type of service th					
Building Number:	BLD-03809	Building Na	me: South Residence					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ırsing		Surgical		Obstet Cesare	rical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obstet Recov			Renal Dialysis
	ediatric/Adol cent		Clinical Lab					
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical ite/Postprtum		Pharmaceutical		Emerg	ency		Central Plant
Int Ca	ermediate		Dietetic					
	illed Nursing		Administration		Nuclea	ar Medicine		Support Services
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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-05918	Building Na	me: North Residence					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	ediatric/Adol cent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newb WellB	orn/ aby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
Int Ca	ermediate		Dietetic					
	illed Nursing		Administration		NUCIE	ar Medicine		Support Services
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	her by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-05919	Building Na	me: Pavilion Building					
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	ediatric/Adol cent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newb WellB	orn/ aby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
Int Ca	ermediate		Dietetic		Nivele			Current
	illed Nursing		Administration		Nucle	ar Medicine		Support Services
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	her by retrofit or by		hospital campus showin and the type of service th					
Building Number:	BLD-05920	Building Na	me: Generator Building	]				
Configuration:	N/A							
Type of Service	e Provided							
Nu Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	ediatric/Adol cent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newb WellB	orn/ aby		Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
Int Ca	ermediate		Dietetic		Nucla	- Madiaia		Quanta
	illed Nursing		Administration		NUCIE	ar Medicine		Support Services
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Include information of and SPC-5 per Section		of inpatient beds t	by type of s	Service provided by	buildings	s that are classified	as SPC-2, SF	PC-3, SPC-4,
Building Number:	BLD-03809	Building Na	ame: So	outh Residence				
Type of Service Pr	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		nabilitation rapy
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rer	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		patient gery
Obstetrical Ante/Postprtu	Inpatient m Beds	0		Pharmaceutical		Emergency	X Cer	ntral Plant
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		port vices
Skilled Nursin	g Inpatient Beds	300		Administration				
Total Beds thi Building	s	300						
							<b>D</b>	
OSHPD FDD SB499 Re	port	Data Last Update:	10/21/20	J15 Submiss	ion Date:	10/21/2015	Printed: 10/2	3/2015 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-05918       Building Name:       North Residence         Type of Service Provided	Report	t Year: 2015	12432	Laguna Honda	Hospital &	Rehabilitation Center	er	San Francisco		Page:51 of 57
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       Inpatient       0       Pharmaceutical       Emergency       Central Plant         Obstetrical       Inpatient       0       Dietetic       Nuclear       Support         Skilled Nursing       Inpatient       0       Administration       Administration         Total Beds this       420       Hatient       420				of inpatient beds	by type of S	Service provided by	building	gs that are classified a	as SPC-2, SF	PC-3, SPC-4,
Nursing       Inpatient Beds       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         Pediatric/Adol       Inpatient Beds       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Ante/Postprtum       Inpatient Beds       0       Pharmaceutical       Emergency       Central Plant         Intermediate       Inpatient Beds       0       Oietetic       Nuclear Medicine       Support Services         Skilled Nursing       Inpatient Beds       420       420       Inpatient       420	Build	ing Number: BLI	D-05918	Building N	ame: No	orth Residence				
Beds       Image: Construction of the sector o	Тур	e of Service Prov	<u>/ided</u>							
Beds       Image: Clinical Lab       Obstetrical Recovery       Renal Dialysis         Pediatric/Adol       Inpatient       Image: Obstetrical Recovery       Renal Dialysis         Psychiatric       Inpatient       Image: Obstetrical Recovery       Outpatient Surgery         Psychiatric       Inpatient       Image: Obstetrical Recovery       Outpatient Surgery         Obstetrical Ante/Postprtum       Inpatient       Image: Obstetrical Recovery       Outpatient Surgery         Intermediate Care       Inpatient       Image: Obstetrical Recovery       Image: Obstetrical Image: Obstetrical Recovery       Image: Obstetrical Image: Obstetrical Image: Obstetrical Image: Obstetrical Image: Obstetrical Recovery       Image: Obstetrical		Nursing		0		Surgical				
Pediatric/Adol       Inpatient       0       Clinical Lab       Recovery         Psychiatric       Inpatient       0       Radiological/ Imaging       Newborn/ WellBaby       Outpatient Surgery         Obstetrical Ante/Postprtum       Inpatient Beds       0       Pharmaceutical       Emergency       Central Plant         Intermediate Care       Inpatient Beds       0       0       Administration       Administration         Skilled Nursing       Inpatient Beds       420       420       Inpatient       420		IntensiveCare		0		Anesthesia				
Psychiatric       Inpatient       0       Imaging       New Borns       Output Only         Nursing       Beds       0       Pharmaceutical       Emergency       Central Plant         Obstetrical       Inpatient       0       Dietetic       Nuclear       Support         Intermediate       Inpatient       0       Administration       Administration       Administration         Skilled Nursing       Inpatient       420       420       Administration       Administration				0		Clinical Lab			Rer	nal Dialysis
Obstetrical Inpatient 0   Ante/Postprtum Beds     Intermediate Inpatient   Care Beds     Obstetrical Inpatient   Beds 0     Dietetic     Nuclear   Medicine     Skilled Nursing     Inpatient   Beds     420     Total Beds this     420     Central Plant     Impatient     420     Impatient				0						
Intermediate Inpatient 0   Care Beds     Skilled Nursing     Inpatient   Beds     Administration     Total Beds this     420				0		Pharmaceutical	Ľ	Emergency	Cer	tral Plant
Inpatient     420       Total Beds this     420				0		Dietetic				
		Skilled Nursing		420		Administration				
				420						
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	de information on SPC-5 per Section		of inpatient beds t	by type of S	Service provided by	buildin	gs that are classified a	as SPC-2, S	SPC-3, SPC-4,
Build	ing Number: BLI	D-05919	Building Na	ame: Pa	vilion Building				
Тур	e of Service Prov	<u>vided</u>							
	Nursing	Inpatient Beds	11		Surgical	Ľ	Obstetrical Cesarean/Deliv		ehabilitation nerapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		enal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Γ	Newborn/ WellBaby		utpatient urgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Γ	Emergency		entral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Ľ	Nuclear Medicine		upport ervices
	Skilled Nursing	Inpatient Beds	49		Administration				
	Total Beds this Building		60						
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	de information on SPC-5 per Section		f inpatient beds	by type of S	Service provided by	building	gs that are classified a	as SPC-2, SP	C-3, SPC-4,
Build	ing Number: BL	D-05920	Building N	ame: Ge	enerator Building				
<u>Тур</u>	e of Service Prov	vided							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	Reh The	abilitation rapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Outp Surg	patient gery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Ľ	Emergency		tral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Ľ	Nuclear Medicine	Sup Serv	port vices
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						
OSHP	D FDD SB499 Repo	rt I	Data Last Update:	10/21/20	)15 Submiss	sion Date	e: 10/21/2015	Printed: 10/23	/2015 6:25 AM

PC-5 per Section 130061(e)	beds by type of unit provided by buildings that a	are classified as SPC-2, SPC-3, S	PC-4, and
uilding Number: BLD-03809 Bu	ilding Name: South Residence		
edical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
ed Inpatient 0 Days 0	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
erinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
ed Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient <u>300</u> Inpatient Bed Days	10774 0
ediatric	Intensive Care Newborn Nursery	Intermediate Care	
ed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
itensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
ed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
oronary Care	Chemical Dependency	Total Beds this Total B Building Per Building	Beds this
ed Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	

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Include information on the number of inpatient b SPC-5 per Section 130061(e)	eds by type of unit provided by buildings that a	are classified as SPC-2, SPC-3, SPC-4, and	
Building Number: BLD-05918 Build	Ing Name: North Residence		'
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 420 Inpatient 15083 Bed Days 6	
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           420         420	

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Include information on the number of inpatient b SPC-5 per Section 130061(e)	eds by type of unit provided by buildings that a	re classified as SPC-2, SPC-3, SF	PC-4, and
Building Number: BLD-05919 Build	Ing Name: Pavilion Building		
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 6 Inpatient 245 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 49 Inpatient Bed Days	17598
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 5 Inpatient 431 Bed Days	Inpatient 0 Inpatient Bed Days	0
Coronary Care	Chemical Dependency	Building Per Buildin	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service	60
		40/04/0045 Drinted 40/02/00	

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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	are classified as SPC-2, SPC-3, SPC-4, and	
Building Number: BLD-05920 Building Number:	Iding Name: Generator 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	
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