| * | |
|---------------|--|
| | |
| | |
| - Willing and | |

| 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/Licer | ensee: City And County of San Francisco Department of Public Health | | | | | | |
| Year of Repo | porting: 2016 | | | | | | |
| Contact 1 e-mail Add | Idress: [Confidential data left blank intentionally.] | | | | | | |
| Contact 2 e-mail Adc | ddress: [Confidential data left blank intentionally.] | | | | | | |
| Contact 3 e-mail Add | dress:: [Confidential data left blank intentionally.] | | | | | | |
| Name of Subn | Diana Kenyon | | | | | | |
| Submission | Date: 8/25/2016 1:54:26 PM | | | | | | |
| | | | | | | | |

| Report Y | 'ear: 2016 12432 | Laguna Honda Hospital & Reh | abilitation Center | San Francisco | | Page:2 of 41 | | |
|------------------------|--|-----------------------------|------------------------|---------------------------------|-------------------|--------------------------------|--|--|
| rebuild, r 130060 c | 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, SPC4D 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- 01091 | Power House | 375 Laguna Honda Blvd. | Remove | N/A | 01/01/2013 | 01/01/2004 | | |
| BLD- 01092 | Power House Additions | 375 Laguna Honda Blvd. | Remove | N/A | 01/01/2013 | 01/01/2004 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Report Year: | 2016 | 12432 | Laguna Honda Hospital & Rehabilitation Center | San Francisco | Page:3 of 41 | | | |
|------------------|--|-------|---|---------------|--------------|--|--|--|
| No data reported | o data reported for Section 130061(c)(1)(C). | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Report Year: 2016 | 12432 Laguna | Honda Hospital & Rehabilita | ation Center San Francisco | Page:4 of 41 | | | |
|--|--------------------|-----------------------------|-------------------------------|----------------------------|--|--|--|
| 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 Provide | ed | | | | | | |
| | npatient 0 Beds | Inpatient 0 Days | Surgical | Obstetrical Recovery | | | |
| | npatient 0 Beds | Inpatient Days 0 | Anesthesia | Newborn/ WellBaby | | | |
| | npatient 0 Beds | Inpatient Days 0 | Clinical Lab | Emergency | | | |
| | npatient 0 Beds | Inpatient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | |
| | npatient 0 Beds | Inpatient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | |
| | npatient 0 Beds | Inpatient Days 0 | | Renal Dialysis | | | |
| | npatient 0 Beds | Inpatient Days 0 | Support Services | Outpatient Surgery | | | |
| | | eds this 0 | Obstetrical Cesarean/Deliv | Central Plant | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Data Last l | Jpdate: 08/25/2016 | Submission Date: 08/25/2016 | Printed: 10/6/2016 1:36 PM | | | |

| Report Year: 2016 | 12432 Laguna Honda | Hospital & Rehabilitation | Center San Francisco | Page:5 of 41 | | | | |
|--|---|---------------------------|-------------------------------|----------------------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) | | | | | | | | |
| Building Number: BLD- | Building Number: BLD-01092 Building Name: Power House Additions | | | | | | | |
| Type of Service Provide | ed | | | | | | | |
| | npatient 0 Inpatie eds Days | ent 0 | Surgical | Obstetrical Recovery | | | | |
| | npatient 0 Inpatie | ent Days 0 | Anesthesia | Newborn/ WellBaby | | | | |
| | npatient 0 Inpat leds | ient Days 0 | Clinical Lab | Emergency | | | | |
| | npatient 0 Inpat | ient Days 0 | Radiological/ Imaging | Nuclear Medicine | | | | |
| | npatient 0 Inpat eds | ient Days 0 | Pharmaceutical Dietetic | Rehabilitation Therapy | | | | |
| | npatient 0 Inpat leds | ient Days 0 | | Renal Dialysis | | | | |
| | npatient 0 Inpat | ient Days 0 | Support Services | Outpatient Surgery | | | | |
| | Total Beds this Building | s 0 | Obstetrical Cesarean/Deliv | Central Plant | | | | |
| | | | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: | 08/25/2016 Sub | omission Date: 08/25/2016 | Printed: 10/6/2016 1:36 PM | | | | |

| Report Year: 2016 | 12432 Laguna Ho | onda Hospital & Reha | bilitation Center Sar | Francisco | Page:6 of 41 |
|-----------------------------|---------------------------|-------------------------------|----------------------------|---|--|
| Provide the number of In | npatient beds and patient | days per type of unit | per building per Section 1 | 30061(c)(1)(F) | |
| Building Number: BL | LD-01091 Buildin | ng Name: Powe | er House | | |
| Medical / Surgical (Incl | lude GYN) | Acute Respiratory | Care | Acute Psychiatric | |
| Inpatient 0 Inp Bed Day | oatient 0 lys | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Perinatal (excluse New | vborn / GYN) | Burn | | Skilled Nursing | |
| Inpatient 0 Inp Bed Da | oatient 0 lys | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Pediatric | | intensive Care New Nursery | vborn | Intermediate Card | |
| Inpatient 0 Inpa Bed Day | patient 0 ys | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days |
| Intensive Care | | Rehabilitation Center | | Int. Care / developn Disabled | nent |
| Inpatient 0 Inpa Bed Day | | 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 Inpa Bed Day | | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 |
| | | | | | |
| OSHPD FDD SB499 Repor | rt Data Last Upo | date: 08/25/2016 | Submission Date: 0 | 3/25/2016 Printed | d: 10/6/2016 1:36 PM |

| Report Year: 20 | 016 12432 Laguna H | londa Hospital & Reh | abilitation Center Sa | n Francisco | Page:7 of 41 | | | |
|--------------------|---|-------------------------------|-----------------------|---|--|--|--|--|
| Provide the number | Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) | | | | | | | |
| Building Number: | Building Number: BLD-01092 Building Name: Power 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 / developr Disabled | nent | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | | | |
| Coronary Care | | Chemical Dependency | | Total Beds this Building Per Unit | Total Beds this Building Per Service | | | |
| Inpatient 0 Bed | Inpatient 0 Days | Inpatient 0 Bed | Inpatient 0 Days | 0 | 0 | | | |
| | | | | | | | | |
| | | | | | | | | |

| Report Year: | |
|--------------|--|
|--------------|--|

2016 12432

Laguna Honda Hospital & Rehabilitation Center

Center San Francisco

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

| Building Number | Building Name | Building to be Removed / Replaced / Rebuilt |
|--------------------|-----------------------|--|
| BLD-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: 20 | 12432 Laguna Honda Hospital & Rehabilitat | ion Center San Francisc | Page:9 of 41 | | | | | |
|--|---|-------------------------|--------------|--|--|--|--|--|
| 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 | | | | | | | |

| Report Yea | ar: 2016 12 | 2432 La | guna Honda Hosp | oital & Reha | bilitatio | on Center S | an Francisco |) | | Page:10 of 41 |
|--|-------------------------------|----------------|--------------------------|--------------|-----------|-------------------------------|------------------|-----------|---------------------------|---------------|
| 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 Nu | umber: BLD-010 | 91 | Power He | ouse | | | Removal Date: | | 01/01/2004 | |
| Planned Us | ses for the building | to be remov | ved from acute ca | re service: | | | | | | |
| | _ | emolished | | Jurisdict | ion: | | | | | |
| Inpatient se | ervices currently de | elivered in th | ie building: | | | | | | | |
| <u> </u> | Nursing | | Surgical | | | Obstetrical Cesarean/Deliv | / | | Rehabilitation Therapy | I |
| | IntensiveCare | | Anesthesia | | | | | | | |
| I I I | Pediatric/Adol escent | | Clinical Lab | | | Obstetrical Recovery | | | Renal Dialysis | S |
| | Psychiatric Nursing | | Radiological/ Imaging | | | Newborn/ WellBaby | | | Outpatient Surgery | |
| | Obstetrical Ante/Postprtum | | Pharmaceutical | | | Emergency | | \square | Central Plant | |
| | Intermediate Care | | Dietetic | | | Nuclear Medicine | | | Support Services | |
| | Skilled Nursing | | Administration | | | | | | 0011000 | |
| | | | | | | | | | | |
| OSHPD FDI | D SB499 Report | Data | Last Update: 08 | 8/25/2016 | ç | Submission Date: | 08/25/2016 | | Printed: 10/6/20 | 016 1:36 PM |

| Report Year: 2016 124 | Laguna Honda Hospital & | & Rehabilitation Center San | Francisco | Page:11 of 41 | | |
|--|---------------------------------|-------------------------------|-----------------------------|---------------|--|--|
| 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 | | Removal 01/01/2004 Date: | | | |
| Planned Uses for the building t | o be removed from acute care se | rvice: | | | | |
| Planned use for building: De | molished Ju | urisdiction: | | | | |
| Inpatient services currently deli | ivered in the building: | | | | | |
| Nursing | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | n | | |
| IntensiveCare | Anesthesia | | _ | | | |
| Pediatric/Adol escent | Clinical Lab | Obstetrical Recovery | Renal Dialys | is | | |
| Psychiatric Nursing | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emergency | Central Plant | t | | |
| Intermediate Care | Dietetic | Nuclear Medicine | Support Services | | | |
| Skilled Nursing | Administration | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 08/25/2 | 016 Submission Date: 08 | 3/25/2016 Printed: 10/6/2 | 2016 1:36 PM | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabilitation Center | an Francisco | Page:12 of 41 | | | |
|---|---|---|---------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 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> | In | 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 Beds Days | Chemical Dependency Inpatient 0 Patient 0 Beds Days | Total Beds this Building per Unit Total Beds this Building per Service | 0 | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Last Update: 08/25/2016 Submission Date: 08/25/2016 Printed: 10/6/2016 1:36 PM | | | | | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabilitation Center | San Francisco | Page:13 of 41 | | | |
|---|--|---|---------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 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 | l | 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 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 08/25/2016 Submission Date: | 08/25/2016 Printed: 10/6/20 | 016 1:36 PM | | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabilitation Center | San Francisco | Page:14 of 41 | | | |
|---|---|---|---------------|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 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: 2015 | ; | | | |
| 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 Beds Days | Chemical Dependency Inpatient 0 Patient 0 Beds Days | Total Beds this Building per Unit | 0 | | | |
| | | Total Beds this Building per Service | 0 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 08/25/2016 Submission Date: | 08/25/2016 Printed: 10/6/20 | 016 1:36 PM | | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabilitation Center | San Francisco | Page:15 of 41 | | | | |
|--|---|---|---------------|--|--|--|--|
| Provide the number of inpatient beds and pa care services per Section 130061(c)(2)(D). | Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 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 | 3 | | | | |
| 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 Beds Days | Chemical DependencyInpatient0Patient0BedsDays | Total Beds this Building per Unit | 0 | | | | |
| | | Total Beds this Building per Service | 0 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 08/25/2016 Submission Date: | 08/25/2016 Printed: 10/6/2 | 016 1:36 PM | | | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabilitation Center | San Francisco | Page:16 of 41 | | | | |
|--|---|---|---------------|--|--|--|--|
| Provide the number of inpatient beds and pa care services per Section 130061(c)(2)(D). | Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 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 | l | 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 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report Data Last | t Update: 08/25/2016 Submission Date: | 08/25/2016 Printed: 10/6/2 | 016 1:36 PM | | | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabilitation Center | San Francisco | Page:17 of 41 | | | | |
|---|--|---|---------------|--|--|--|--|
| Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 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: 2015 | 5 | | | | |
| <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 | Chemical Dependency | Total Beds this | 0 | | | | |
| Inpatient 0 Patient 0 Beds Days | Inpatient 0 Patient 0 Beds Days | Building per Unit | | | | | |
| | | Total Beds this Building per Service | 0 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 08/25/2016 Submission Date: | 08/25/2016 Printed: 10/6/2 | 016 1:36 PM | | | | |

| Report Year: 2016 12432 La | guna Honda Hospital & Rehabilitation Center | San Francisco Pa | age:18 of 41 | | | |
|--|---|---|-------------------|--|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 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>Type of Services</u> Provided | | Information Current As Of: | | | | |
| Nursing Inpatient Beds | 0 Patient 0 Surgica Days | al Obstetrical Reha Cesarean/Deliv Thera | bilitation apy | | | |
| IntensiveCare Inpatient Beds | 0 Patient 0 Anesth Days | | l Dialysis | | | |
| Pediatric/Adol Inpatient escent Beds | 0 Patient 0 Clinica Days | | Paryolo | | | |
| Psychiatric Inpatient Nursing Beds | 0 Patient 0 Radiolo Days Imagin | | | | | |
| Obstetrical Inpatient Ante/Postprtum Beds | 0 Patient 0 Days Pharma | aceutical Emergency Centr | al Plant | | | |
| Intermediate Inpatient Care Beds | 0 Patient 0 Days Dietetic | c Nuclear Supp Medicine Servic | ort ces | | | |
| Skilled Nursing Inpatient Beds | 0 Patient 0 Days Admini | stration | | | | |
| Total Beds this Building per service 0 | | | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data | Last Update: 08/25/2016 Submission | n Date: 08/25/2016 Printed: 10/6/2016 | 1:36 DM | | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabi | itation Center Sa | in Francisco | Page:19 of 41 | | |
|--|---------------------------|--------------------------|-------------------------------|---------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 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: 20 |)14 | | |
| Type of Services Provided | | | nformation Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | Renai Dialysis | | |
| PsychiatricInpatient0NursingBeds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutical | Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | | | | |
| Total Beds this Building per service | 0 | | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Las | : Update: 08/25/2016 | Submission Date: | 08/25/2016 Printed: 10/ | 6/2016 1:36 PM | | |

| Report Year: 2016 12432 Laguna | Honda Hospital & Rehabil | itation Center | San Francisco | Page:20 of 41 | | |
|--|--------------------------|--------------------------|----------------------------------|---------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 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: 2015 | | | | | | |
| Type of Services Provided | | | Information Current As 08 Of: | /25/2016 | | |
| Nursing Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Denel Dickeis | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | Renal Dialysis | | |
| PsychiatricInpatient0NursingBeds | Patient 0 Days | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutic | al Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | 1 | | | |
| Total Beds this Building per service | 0 | | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 08/25/2016 | Submission Date: | 08/25/2016 Printed: 10/6 | 5/2016 1:36 PM | | |

| Report Year: 2016 12432 Laguna | a Honda Hospital & Rehabi | litation Center | San Francisco | Page:21 of 41 | | |
|--|---------------------------|--------------------------|-------------------------------|---------------------------|--|--|
| Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 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: 20 | 13 | | |
| <u>Type of Services</u> <u>Provided</u> | | | Information Current As | | | |
| Nursing Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy | | |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | | | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Obstetrical Recovery | Renal Dialysis | | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Days | Radiological/ Imaging | | Outpatient Surgery | | |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceuti | cal Emergency | Central Plant | | |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear Medicine | Support Services | | |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administratio | n | | | |
| Total Beds this Building per service | 0 | | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Last | Update: 08/25/2016 | Submission Date: | : 08/25/2016 Printed: 10/6 | 5/2016 1:36 PM | | |

| Report Year: 2016 12432 Lagun | a Honda Hospital & Rehabi | litation Center | San Francisco | Page:22 of 41 |
|---|---------------------------|-------------------------|--------------------------------|---------------------------|
| Provide the number of inpatient beds and participation removed from acute care services per Section | | ce for the year of 2 | 2013, 2014, and 2015 for build | dings to be |
| Building Nbr: BLD-01092 Building Name: | Power House Additions | | Year of Information: | 2014 |
| <u>Type of Services</u> <u>Provided</u> | | | Information Current As Of: | |
| Nursing Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | | |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Days | Radiological Imaging | / Newborn/ [WellBaby | Outpatient Surgery |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceut | ical Emergency [| Central Plant |
| Lintermediate Inpatient 0 Care 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 | | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Las | t Update: 08/25/2016 | Submission Date | : 08/25/2016 Printed: | 10/6/2016 1:36 PM |

| Report Year: 2016 12432 Lagun | a Honda Hospital & Rehabil | itation Center | San Francisco | Page:23 of 41 |
|--|----------------------------|--------------------------|-------------------------------|---------------------------|
| Provide the number of inpatient beds and particular removed from acute care services per Section | | ce for the year of 20 | 013, 2014, and 2015 for build | lings to be |
| Building Nbr: BLD-01092 Building Name: | Power House Additions | | Year of Information: | 2015 |
| Type of Services Provided | | | Information Current As Of: | 08/25/2016 |
| Nursing Inpatient 0 Beds | Patient 0 Days | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare Inpatient 0 Beds | Patient 0 Days | Anesthesia | Obstetrical | Renal Dialysis |
| Pediatric/Adol Inpatient 0 escent Beds | Patient 0 Days | Clinical Lab | Recovery | |
| Psychiatric Inpatient 0 Nursing Beds | Patient 0 Days | Radiological/ Imaging | Newborn/ [WellBaby | Outpatient Surgery |
| Obstetrical Inpatient 0 Ante/Postprtum Beds | Patient 0 Days | Pharmaceutic | al Emergency [| Central Plant |
| Intermediate Inpatient 0 Care Beds | Patient 0 Days | Dietetic | Nuclear [Medicine | Support Services |
| Skilled Nursing Inpatient 0 Beds | Patient 0 Days | Administration | | |
| Total Beds this Building per service | 0 | | | |
| | | | | |
| | | | | |
| | | | | |
| OSHPD FDD SB499 Report Data Las | t Update: 08/25/2016 | Submission Date: | 08/25/2016 Printed: 1 | 10/6/2016 1:36 PM |

| Report Year: | 2016 | 12432 | Laguna Ho | nda Hospital & | & Rehabilitati | on Center | San Francisc | 0 | Page:24 | of 41 |
|-----------------------------------|-----------------------------|-----------------------------|-------------------------------|----------------------------------|--------------------------------|--------------------------------|------------------------------------|---|-------------------------------|-------|
| No data reported corresponding be | d for wheth uilding site | er the gene s or project | ral acute care numbers for | e services and buildings with | l beds will be a Building R | relocated to a esolution of "R | new, existing o ebuild" or "Rep | or retrofitted build lace" per Section | ing and any 130061(c)(2)(I | Ξ). |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Report Year: | 2016 | 12432 | Laguna Honda Hospital & Rehabilitation Center | San Francisco | Page:25 of 41 |
|------------------|--------------|-------------|---|---------------|---------------|
| No data reported | d for Sectio | on 130061(c |)(3). | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| eport Year: 2016 12432 L | aguna Honda Hospital & Rehabilitation | Center San Francisco | | Page:26 of 41 |
|---|---|-------------------------------|-------------------------|---------------|
| Report any general acute care hospita per Section 130061(c)(4) | I inpatient service that is provided in any | y general acute care hospita | I building that is rate | ed SPC-1 |
| Building Number: BLD-01091 B | uilding Name: Power House | | | |
| Type of Service Provided | | | | |
| | Surgical | Obstetrical Cesarean/Deliv | Rehabil Therapy | |
| Nursing | Anesthesia | | | |
| IntensiveCare | | Obstetrical | Renal D | Dialysis |
| | Clinical Lab | Recovery | | |
| Pediatric/Adol escent | | Newborn/ | Outpation Surgery | |
| Psychiatric | Radiological/ Imaging | WellBaby | | |
| Nursing | Pharmaceutical | Emergency | Central | Plant |
| Obstetrical Ante/Postprtum | | Nuclear | Support | t |
| Ante/Posipitum | Dietetic | Medicine | Service | |
| Intermediate | | | | |
| Care | Administration | | | |
| Skilled Nursing | | | | |
| | | | | |
| | | | | |
| | | | | |
| SHPD FDD SB499 Report Da | a Last Update: 08/25/2016 Su | bmission Date: 08/25/2016 | Printed: 10/6/2 | 016 1:36 PM |

| port any general acute care hospital inpl Section 130061(c)(4) | atient service that is provided in any | general acute care hospital | building that is rated | d SPC-1 |
|---|--|-------------------------------|------------------------|---------|
| ding Number: BLD-01092 Buildir | ng Name: Power House Addition | S | | |
| Type of Service Provided | | | | |
| | Surgical | Obstetrical Cesarean/Deliv | Rehabilit Therapy | |
| Nursing | Anesthesia | | | |
| IntensiveCare | <u> </u> | Obstetrical Recovery | Renal Di | alysis |
| | Clinical Lab | Necovery | | ~* |
| escent | Radiological/ | Newborn/ WellBaby | Outpatie Surgery | nı |
| Psychiatric | Imaging | Weilbaby | | |
| Nursing | Pharmaceutical | Emergency | Central F | Plant |
| Obstetrical Ante/Postprtum | | Nuclear | Support | |
| | Dietetic | Medicine | Services | |
| Intermediate Care | | | | |
| Ourc | | | | |
| Skilled Nursing | | | | |
| | | | | |
| | | | | |
| | | | | |

| Report Year: 2016 12432 | Laguna Honda Hospital & Rehabilit | ation Center | San Francisco | Page:28 of 41 | | | | | | | |
|---|-----------------------------------|-------------------|---------------------|---------------------------|--|--|--|--|--|--|--|
| 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-01091 | Building Name: Power House | | | | | | | | | | |
| Configuration: N/A | 1 | | | | | | | | | | |
| Type of Service Provided | | | | | | | | | | | |
| Nursing | Surgical | Obstetr Cesare | rical | Rehabilitation Therapy | | | | | | | |
| IntensiveCare | Anesthesia | Obstetr | | Renal Dialysis | | | | | | | |
| Pediatric/Adol escent | Clinical Lab | Recove | эгу | | | | | | | | |
| Psychiatric Nursing | Radiological/ Imaging | Newbor WellBa | | Outpatient Surgery | | | | | | | |
| Obstetrical Ante/Postprtum | Pharmaceutical | Emerge | ency | Central Plant | | | | | | | |
| Intermediate | Dietetic | | | | | | | | | | |
| Care Skilled Nursing | Administration | Nuclear | r Medicine | Support Services | | | | | | | |
| | | | | | | | | | | | |
| OSHPD FDD SB499 Report | Data Last Update: 08/25/2016 | Submission Date: | 08/25/2016 Printed: | 10/6/2016 1:36 PM | | | | | | | |

| 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-01092 Building Name: Power House Additions Configuration: N/A | Report Year: 20 | 12432 | Laguna Hond | a Hospital & Rehabilitation | on Cent | er | San Francisco | | Page:29 of 41 | |
|--|--------------------|-----------------------|-----------------|-----------------------------|---------|----------|---------------|----------------------|-------------------|--|
| Configuration: N/A Type of Service Provided Obstetrical Rehabilitation Nursing Surgical Obstetrical Rehabilitation IntensiveCare Anesthesia Obstetrical Renal Dialysis Pediatric/Adol Clinical Lab Nursing Outpatient Psychiatric Radiological/ Newborn/ Outpatient Obstetrical Pharmaceutical Newborn/ Outpatient | requirements wheth | her by retrofit or by | | | | | | | | |
| Type of Service Provided Image: Nursing Surgical Obstetrical Cesarean/Deliv Rehabilitation Therapy IntensiveCare Anesthesia Obstetrical Recovery Renal Dialysis Pediatric/Adol escent Clinical Lab Newborn/WellBaby Outpatient Surgery Psychiatric Nursing Pharmaceutical Newborn/WellBaby Outpatient Surgery | Building Number: | BLD-01092 | Building Nar | me: Power House Addi | itions | | | | | |
| Nursing Surgical IntensiveCare Pediatric/Adol escent Psychiatric Nursing Psychiatric Nursing Psychiatric Nursing Pharmaceutical Pharmaceutical Pharmaceutical Pharmaceutical Pharmaceutical Pharmaceutical | Configuration: | N/A | | | | | | | | |
| Intensive Care Anesthesia Obstetrical Renal Dialysis Pediatric/Adol Clinical Lab Newborn/ Outpatient Psychiatric Radiological/ Newborn/ Outpatient Nursing Pharmaceutical Pharmaceutical Newborn/ Outpatient | Type of Service | Provided | | | | | | | | |
| Pediatric/Adol Clinical Lab Renal Dialysis Pediatric/Adol Clinical Lab Obstetrical Outpatient Psychiatric Radiological/ Newborn/ Outpatient Nursing Pharmaceutical Pharmaceutical Newborn/ | Nu | ırsing | | Surgical | | | | | | |
| Pediatric/Adol Clinical Lab Psychiatric Radiological/ Imaging Newborn/ WellBaby Outpatient Surgery Obstetrical Pharmaceutical Pharmaceutical | Inte | ensiveCare | | Anesthesia | | | | | Renal Dialysis | |
| Psychiatric Nursing Imaging WellBaby Surgery Pharmaceutical Ants (Destartions | | | | Clinical Lab | | 110001 | | | | |
| | | | | | | | | | | |
| | | | | Pharmaceutical | | Emera | iencv | | Central Plant | |
| Dietetic | | | | Dietetic | | - 0 | | | | |
| Care Nuclear Medicine Support Skilled Nursing | | | | Administration | | Nuclea | ar Medicine | | | |
| | | | | | | | | | | |
| OSHPD FDD SB499 Report Data Last Update: 08/25/2016 Submission Date: 08/25/2016 Printed: 10/6/2016 1:36 PM | OSHPD FDD SB499 R | Report D | ata Last Undate | e: 08/25/2016 | Submiss | ion Date | : 08/25/2016 | Printed [.] | 10/6/2016 1:36 PM | |

| Report Year: 20 | 12432 | Laguna Hond | la Hospital & Rehabilitati | ion Cent | er | San Francisco | | Page:30 of 41 | |
|-------------------|-----------------------------|-----------------|---|----------|----------------|---------------------|----------|---------------------------|--|
| | her by retrofit or by | | hospital campus showin and the type of service t | | | | | | |
| Building Number: | BLD-03809 | Building Na | me: South Residence | | | | | | |
| Configuration: | N/A | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | ırsing | | Surgical | | Obste Cesar | trical ean/Deliv | | Rehabilitation Therapy | |
| | ensiveCare | | Anesthesia | | Obste Recov | | | Renal Dialysis | |
| | ediatric/Adol cent | | Clinical Lab | | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newbo WellB | | | Outpatient Surgery | |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emerg | gency | | Central Plant | |
| Inte Ca | ermediate | | Dietetic | | | M 10 1 | | | |
| | illed Nursing | | Administration | | NUCIE | ar Medicine | | Support Services | |
| | | | | | | | | | |
| OSHPD FDD SB499 R | Report D | ata Last Update | e: 08/25/2016 | Submiss | ion Date | : 08/25/2016 | Printed: | 10/6/2016 1:36 PM | |

| Report Year: 20 | 016 12432 | Laguna Hono | la Hospital & Rehabilitat | ion Cent | er | San Francisco | | Page:31 of 41 |
|-------------------|-----------------------------|-----------------|---|----------|----------------|---------------------|----------|---------------------------|
| | her by retrofit or b | | hospital campus showin and the type of service t | | | | | |
| Building Number: | BLD-05918 | Building Na | me: North Residence | | | | | |
| 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 scent | | Clinical Lab | | | | | |
| | sychiatric ursing | | Radiological/ Imaging | | Newb WellB | | | Outpatient Surgery |
| | ostetrical hte/Postprtum | | Pharmaceutical | | Emerg | gency | | Central Plant |
| | termediate | | Dietetic | | | | | |
| | are killed Nursing | | Administration | | Nucle | ar Medicine | | Support Services |
| | | | | | | | | |
| | Papart | | 09/05/2016 | Submic- | ion Dot- | . 09/25/2010 | Drintadi | 10/6/2016 1.26 DM |
| OSHPD FDD SB499 F | Report | Data Last Updat | e: 08/25/2016 | Submiss | ion Date | : 08/25/2016 | Printed: | 10/6/2016 1:36 PM |

| Report Year: 20 | 12432 | Laguna Hono | a Hospital & Rehabilitati | ion Cent | er | San Francisco | | Page:32 of 41 |
|-------------------|-----------------------------|-----------------|---|----------|----------------|---------------------|----------|---------------------------|
| | 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 | ırsing | | Surgical | | Obste Cesar | trical ean/Deliv | | Rehabilitation Therapy |
| Int | ensiveCare | | Anesthesia | | Obste Recov | | | Renal Dialysis |
| | ediatric/Adol cent | | Clinical Lab | | | | | |
| | ychiatric Irsing | | Radiological/ Imaging | | Newb WellB | | | Outpatient Surgery |
| | ostetrical ite/Postprtum | | Pharmaceutical | | Emerç | gency | | Central Plant |
| Int Ca | ermediate | | Dietetic | | | | | |
| | illed Nursing | | Administration | | Nuclea | ar Medicine | | Support Services |
| | | | | | | | | |
| | | | | | | | | |
| OSHPD FDD SB499 F | Report [| Data Last Updat | e: 08/25/2016 | Submiss | ion Date | : 08/25/2016 | Printed: | 10/6/2016 1:36 PM |

| Report Year: 20 | 12432 | Laguna Honc | la Hospital & Rehabilitat | ion Cent | er | San Francisco | | Page:33 of 41 | |
|-------------------|----------------------------|----------------|---|----------|----------------|---------------------|----------|---------------------------|--|
| | ner by retrofit or by | | hospital campus showir and the type of service t | | | | | | |
| Building Number: | BLD-05920 | Building Na | me: Generator Building | g | | | | | |
| Configuration: | N/A | | | | | | | | |
| Type of Service | Provided | | | | | | | | |
| Nu | irsing | | Surgical | | Obste Cesar | trical ean/Deliv | | Rehabilitation Therapy | |
| | ensiveCare | | Anesthesia | | Obste Recov | | | Renal Dialysis | |
| | diatric/Adol cent | | Clinical Lab | | | | | | |
| | ychiatric rsing | | Radiological/ Imaging | | Newb WellB | | | Outpatient Surgery | |
| | ostetrical te/Postprtum | | Pharmaceutical | | Emerg | gency | | Central Plant | |
| Inte Ca | ermediate | | Dietetic | | | •• • • • | | | |
| | illed Nursing | | Administration | | Nuclea | ar Medicine | | Support Services | |
| | | | | | | | | | |
| OSHPD FDD SB499 R | Report D | ata Last Updat | e: 08/25/2016 | Submiss | ion Date | : 08/25/2016 | Printed: | 10/6/2016 1:36 PM | |

| Report Year: 2016 | 12432 La | guna Honda H | lospital & R | ehabilitation Center | San Francisco | | Page:34 of 41 |
|--|-------------------|---------------|--------------|--------------------------|-------------------------------|--------------|-----------------------|
| Include information on 4D and SPC-5 per Sec | | npatient beds | by type of S | Service provided by bui | ildings that are classified a | s SPC-2, SI | PC-3, SPC-4, SPC- |
| Building Number: BLI | D-03809 | Building N | ame: So | uth Residence | | |] |
| Type of Service Prov | <u>vided</u> | | | | | | |
| Nursing | Inpatient Beds | 0 | | Surgical | Obstetrical Cesarean/Deliv | | nabilitation erapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rei | nal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | Radiological/ Imaging | Newborn/ WellBaby | | tpatient gery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | | Pharmaceutical | Emergency | X Cer | ntral Plant |
| Intermediate | Inpatient Beds | 0 | | Dietetic | Nuclear Medicine | | oport vices |
| Skilled Nursing | Inpatient Beds | 300 | | Administration | | | |
| Total Beds this Building | 3 | 00 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Data | Last Update: | 08/25/2016 | S Submission D | ate: 08/25/2016 Pri | nted: 10/6/2 | 016 1:36 PM |

| Report Year: 2016 | 12432 | Laguna Honda H | Hospital & Reh | abilitation Center | San Francisco | | Page:35 of 41 |
|--|-------------------|------------------|----------------|------------------------|-------------------------------|----------------|-----------------------|
| Include information on 4D and SPC-5 per Sec | | | by type of Ser | vice provided by bu | ildings that are classified a | as SPC-2, SI | PC-3, SPC-4, SPC- |
| Building Number: BLI | D-05918 | Building N | lame: North | Residence | | |] |
| Type of Service Prov | <u>vided</u> | | | | | | |
| Nursing | Inpatient Beds | 0 | s s | Surgical | Obstetrical Cesarean/Deliv | | nabilitation erapy |
| IntensiveCare | Inpatient Beds | 0 | <u> </u> | nesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | linical Lab | Obstetrical Recovery | Rer | nal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | | adiological/ naging | Newborn/ WellBaby | | patient gery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | □ P | harmaceutical | Emergency | Cer | ntral Plant |
| Intermediate | Inpatient Beds | 0 | | ietetic | Nuclear Medicine | | oport vices |
| Skilled Nursing | Inpatient Beds | 420 | A | dministration | | | |
| Total Beds this Building | | 420 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Da | ata Last Update: | 08/25/2016 | Submission D | Date: 08/25/2016 Pr | inted: 10/6/20 | 016 1:36 PM |

| Report Year: 2016 | 12432 L | aguna Honda H | lospital & R | ehabilitation Center | San Francisco | | Page:36 of 41 |
|--|-------------------|----------------|--------------|--------------------------|-------------------------------|---------------|-----------------------|
| Include information on 4D and SPC-5 per Sec | | | by type of S | Service provided by bui | ildings that are classified a | as SPC-2, SI | PC-3, SPC-4, SPC- |
| Building Number: BLI | D-05919 | Building N | ame: Pa | vilion Building | | |] |
| Type of Service Prov | vided | | | | | | |
| Nursing | Inpatient Beds | 11 | | Surgical | Obstetrical Cesarean/Deliv | | nabilitation erapy |
| IntensiveCare | Inpatient Beds | 0 | | Anesthesia | | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | | Clinical Lab | Obstetrical Recovery | Rei | nal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | X | Radiological/ Imaging | Newborn/ WellBaby | | patient gery |
| Obstetrical Ante/Postprtum | Inpatient Beds | 0 | × | Pharmaceutical | Emergency | Cer | ntral Plant |
| Intermediate | Inpatient Beds | 0 | X | Dietetic | Nuclear Medicine | | oport vices |
| Skilled Nursing | Inpatient Beds | 49 | | Administration | | | |
| Total Beds this Building | | 60 | | | | | |
| | | | | | | | |
| OSHPD FDD SB499 Report | Dat | a Last Update: | 08/25/2016 | S Submission D | ate: 08/25/2016 Pr | inted: 10/6/2 | 016 1:36 PM |

| Report Year: 2016 | 12432 | Laguna Honda Ho | ospital & Rehabilitation Center | San Francisco | Page:37 of 41 |
|---|------------------------|------------------|----------------------------------|---------------------------------|------------------------------|
| Include information of 4D and SPC-5 per Se | | | by type of Service provided by b | ouildings that are classified a | as SPC-2, SPC-3, SPC-4, SPC- |
| Building Number: | LD-05920 | Building Na | ame: Generator Building | | |
| Type of Service Pro | ovided | | | | |
| Nursing | Inpatient Beds | 0 | Surgical | Obstetrical Cesarean/Deliv | Rehabilitation Therapy |
| IntensiveCare | Inpatient Beds | 0 | Anesthesia | | |
| Pediatric/Adol escent | Inpatient Beds | 0 | Clinical Lab | Obstetrical Recovery | Renal Dialysis |
| Psychiatric Nursing | Inpatient Beds | 0 | Radiological/ Imaging | Newborn/ WellBaby | Outpatient Surgery |
| Obstetrical Ante/Postprtun | Inpatient n Beds | 0 | Pharmaceutical | Emergency | Central Plant |
| Intermediate | Inpatient Beds | 0 | Dietetic | Nuclear Medicine | Support Services |
| Skilled Nursing | I Inpatient Beds | 0 | Administration | | |
| Total Beds this Building | | 0 | | | |
| | | | | | |
| OSHPD FDD SB499 Repor | t Da | ata Last Update: | 08/25/2016 Submission | Date: 08/25/2016 Pr | rinted: 10/6/2016 1:36 PM |

| Report Year: 2016 12432 Laguna H | Honda Hospital & Rehabilitation Center | an Francisco | Page:38 of 41 |
|--|---|---|----------------------|
| Include information on the number of inpatient I 4D and 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, SPC- |
| Building Number: BLD-03809 Build | ding Name: South Residence | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Perinatal (Exclude Newborn / GYN) | Burn | Skilled Nursing | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient <u>300</u> Inpatien Bed Days | t 10774 0 |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | t 0 |
| Intensive Care | Rehabilitation Center | Int. Care / Developmentally Disabled | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatien Bed Days | 0 |
| Coronary Care | Chemical Dependency | | Beds this ing Per |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Unit Servi | |
| | | | |
| OSHPD FDD SB499 Report Data Last U | pdate: 08/25/2016 Submission Date: | 08/25/2016 Printed: 10/6/2 | 016 1:36 PM |

| Bed Days Bed Days Bed Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing Inpatient 0 Inpatient 0 Inpatient 0 Bed 0 Inpatient 0 Inpatient 0 Pediatric Intensive Care Newborn Intermediate Care | Inpatient 0 Days 0 Inpatient 15083 Days 6 |
|---|--|
| Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Bed 0 Inpatient 0 Inpatient 0 Inpatient 0 Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 420 Bed 0 Inpatient 0 Inpatient 0 Inpatient 420 Pediatric Intensive Care Newborn Intermediate Care | Days |
| Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 420 Bed Days 0 Intensive Care Newborn Intermediate Care Pediatric Intensive Care Newborn Intermediate Care | |
| Bed Days Bed Days Bed Days Bed Pediatric Intensive Care Newborn Nursery | |
| Nursery | |
| | |
| Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Bed Days Bed Days Bed Days Bed | Inpatient 0 Days |
| Intensive Care Int. Care / Develop Rehabilitation Disabled Center | mentally |
| Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Bed Days 0 Bed | Inpatient 0 Days |
| Coronary Care Chemical Dependency Total Beds this Building Per | Total Beds this Building Per |
| Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Inpatient 0 Unit Bed Days Bed Days 0 420 | Service 420 |
| | |

| Include information on the number of inpatie | a Honda Hospital & Rehabilitation Center nt beds by type of unit provided by buildings that | San Francisco Page:40 of 41 at are classified as SPC-2, SPC-3, SPC-4, SPC- | | | | |
|---|--|--|--|--|--|--|
| 4D and SPC-5 per Section 130061(e) Building Number: BLD-05919 B | uilding 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 0 Bed Days | | | | |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing | | | | | | |
| Inpatient 0 Inpatient 0 Bed Days | Inpatient 0 Inpatient 0 Bed Days | Inpatient 49 Inpatient 17598 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 5 Inpatient 431 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 60 60 | | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data Las | st Update: 08/25/2016 Submission Date | e: 08/25/2016 Printed: 10/6/2016 1:36 PM | | | | |

| Report Year: 2016 12432 La | guna Honda Hospital & Rehabilitation Cer | nter San Francisco | Page:41 of 41 | | | |
|---|---|--|-------------------------------|--|--|--|
| Include information on the number of inpa 4D and SPC-5 per Section 130061(e) | atient beds by type of unit provided by bui | Idings that are classified as SPC-2, SPC | -3, SPC-4, SPC- | | | |
| Building Number: BLD-05920 | Building Name: Generator Buildin | g | | | | |
| Medical / Surgical (Include GYN) | Acute Respiratory Care | Acute Psychiatric | | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpat Bed Days | | | | |
| Perinatal (Exclude Newborn / GYN) Burn Skilled Nursing | | | | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpat Bed Days | | | | |
| Pediatric | Intensive Care Newborn Nursery | Intermediate Care | | | | |
| npatient 0 Inpatient Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpat Bed Days | | | | |
| Intensive Care | Rehabilitation Center | Int. Care / Developmenta Disabled | lly | | | |
| Inpatient 0 Inpatient Days | 0 Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpat Bed Days | | | | |
| Coronary Care | Chemical Dependency | Building Per Bu | otal Beds this uilding Per | | | |
| Inpatient 0 Inpatient Bed Days | 0 Inpatient 0 Inpatient Bed Days | 0 Unit Se | ervice 0 | | | |
| | | | | | | |
| | | | | | | |
| OSHPD FDD SB499 Report Data | Last Update: 08/25/2016 Submis | ssion Date: 08/25/2016 Printed: 10 | /6/2016 1:36 PM | | | |