



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:	<input type="text" value="12463"/>
Facility Name:	<input type="text" value="San Francisco General Hospital"/>
Address:	<input type="text" value="1001 Potrero Avenue"/>
City:	<input type="text" value="San Francisco"/>

Hospital Owner/Licensee:	<input type="text" value="City and County of San Francisco"/>
Year of Reporting:	<input type="text" value="2014"/>
Contact 1 e-mail Address:	<input type="text"/>
Contact 2 e-mail Address:	<input type="text"/>
Contact 3 e-mail Address::	<input type="text"/>
Name of Submitter:	<input type="text" value="Jason Zook"/>
Submission Date:	<input type="text" value="10/31/2014 11:32:21 AM"/>

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060 or 130061.5](#), for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-01069	Main Hospital	1001 Potrero Avenue	Rebuild	SPC5	01/01/2020	12/31/2019
BLD-01070	M Wing	1001 Potrero Avenue	Rebuild	SPC5	01/01/2020	12/31/2019

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No: Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status	CEQA Review
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	9/27/2007 12:00:00 AM		09/27/2007	07/01/2015	ACTI	No

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No: Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status	CEQA Review
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	9/27/2007 12:00:00 AM		09/07/2007	07/01/2005	ACTI	No

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-01069

Building Name: Main Hospital

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="330"/>	Inpatient Days	<input type="text" value="60177"/>
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="42"/>	Inpatient Days	<input type="text" value="9698"/>
<input checked="" type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="8"/>	Inpatient Days	<input type="text" value="833"/>
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="106"/>	Inpatient Days	<input type="text" value="16850"/>
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="23"/>	Inpatient Days	<input type="text" value="3911"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="30"/>	Inpatient Days	<input type="text" value="7662"/>
		Total Beds this Building	<input type="text" value="539"/>	

<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Pharmaceutical	
<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-01070

Building Name: M Wing

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical Obstetrical Recovery

Anesthesia Newborn/ WellBaby

Clinical Lab Emergency

Radiological/ Imaging Nuclear Medicine

Pharmaceutical

Dietetic Rehabilitation Therapy

Administration Renal Dialysis

Support Services Outpatient Surgery

Obstetrical Cesarean/Deliv Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-01069

Building Name: Main Hospital

Medical / Surgical (Include GYN)Inpatient Bed 330 Inpatient Days 6017
7**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

Acute PsychiatricInpatient Bed 106 Inpatient Days 1685
0**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 23 Inpatient Days 3911

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 30 Inpatient Days 7662

Pediatric

Inpatient Bed 8 Inpatient Days 833

intensive Care Newborn Nursery

Inpatient Bed 12 Inpatient Days 719

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 22 Inpatient Days 8979

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 8 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

539

Total Beds this Building Per Service

539

Provide the number of Inpatient beds and patient days per type of unit per building per [Section 130061\(c\)\(1\)\(F\)](#)

Building Number: BLD-01070

Building Name: M Wing

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

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-01069	Main Hospital	Rebuild
BLD-01070	M Wing	Rebuild
BLD-01071	Service Building	Remain

List ALL proposed new buildings to be constructed at this or another site.

Building Number	Building Name	New Site
N_1	Building 25	

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\(C\)\)](#)

Building Number: BLD-01069

Main Hospital

Removal
Date:

12/31/2019

Planned Uses for the building to be removed from acute care service:

Planned use for building: Other

Jurisdiction:

Other Usage: Clinic and Office

Inpatient services currently delivered in the building:

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\(C\)\)](#)

Building Number: BLD-01070

M Wing

Removal
Date:

12/31/2019

Planned Uses for the building to be removed from acute care service:

Planned use for building: Other

Jurisdiction:

Other Usage: Providing service to Building 01069 after Acute care services removed

Inpatient services currently delivered in the building:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical
Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol
escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Emergency | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear
Medicine | <input type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input checked="" type="checkbox"/> Administration | | |

No data reported for Section 130061(c)(2)(D).

No data reported for Section 130061(c)(2)(D).

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Nursing

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795- 0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care

Relocated to new building

[New Building](#)[RetroFitted Building](#)[Other SPC2-SPC5 Building](#)

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795- 0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Psychiatric Nursing

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795- 0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical Ante Postprtum

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Skilled Nursing

N/A

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Surgical

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Anesthesia

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795- 0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Radiological/Imaging

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795- 0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pharmaceutical

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Dietetic

Relocated to new building

New BuildingRetroFitted BuildingOther SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795- 0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical
Cesarean/Deliv

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical Recovery

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Newborn/Well Baby

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Emergency

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Rehabilitation Therapy

N/A

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Renal Dialysis

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

OutpatientSurgery

N/A

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pediatric

Relocated to new building

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01069

Building Name: Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Skilled Nursing

N/A

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\(c\)\(2\)\(E\)](#)

Building Number:

BLD-01070

Building Name: M Wing

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

N/A

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Building 25

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Completed	Status
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	2007-09-27		09/27/2007	07/01/2015	ACTI

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\(c\)\(2\)\(E\)](#)

Building
Number:

BLD-01070

Building Name:

M Wing

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

No data reported for Section 130061(c)(3).

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-01069

Building Name: Main Hospital

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

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-01070

Building Name: M Wing

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

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-01069

Building Name: Main Hospital

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

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-01070

Building Name: M Wing

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical
Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol
escent | <input checked="" type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Dietetic | <input type="checkbox"/> Emergency | <input type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input checked="" type="checkbox"/> Administration | <input type="checkbox"/> Nuclear Medicine | |
| <input type="checkbox"/> Skilled Nursing | | | |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: BLD-01071

Building Name: Service Building

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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-01071

Building Name: Service Building

Type of Service Provided

Nursing Inpatient Beds 0

IntensiveCare Inpatient Beds 0

Pediatric/Adol escent Inpatient Beds 0

Psychiatric Nursing Inpatient Beds 0

Obstetrical Ante/Postprtum Inpatient Beds 0

Intermediate Care Inpatient Beds 0

Skilled Nursing Inpatient Beds 0

Total Beds this Building 0

Surgical

Anesthesia

Clinical Lab

Radiological/ Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/ WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: BLD-01071 Building Name: Service Building

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (Exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

Intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Care

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / Developmentally Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service