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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

12459

Facility Name:

St. Luke's Hospital

Address:

3555 Cesar Chavez Street

City:

San Francisco

Hospital Owner/Licensee:

Sutter West Bay Hospitals

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

1/8/2013 2:39:35 PM

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-01076	Main Hospital Building	3555 Cesar Chavez Street	Rebuild	SPC5	01/01/2020	12/15/2017
BLD-01077	1957 Wing	3555 Cesar Chavez Street	Rebuild	SPC5	01/01/2020	12/15/2017
BLD-01078	1912 Wing	3555 Cesar Chavez Street	Rebuild	SPC5	01/01/2020	12/15/2017

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	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12459	SS101521-0	0	RRU - NEW HOSPITAL MAKE READY PROJECT/OXYGEN TANK REPLACEMENT AND LOADING DOCK RELOCATION	8/11/2010 12:00:00 AM	10/28/2010 12:00:00 AM	11/10/2012	01/31/2013	PEND	Yes
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	12/10/2008 12:00:00 AM		11/01/2012	12/15/2017	ACTI	Yes

Building No:   Retrofit/Replacement Project:

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12459	SS101521-0	0	RRU - NEW HOSPITAL MAKE READY PROJECT/OXYGEN TANK REPLACEMENT AND LOADING DOCK RELOCATION	8/11/2010 12:00:00 AM	10/28/2010 12:00:00 AM	11/20/2012	01/31/2013	PEND	Yes
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	12/10/2008 12:00:00 AM		11/01/2012	12/15/2017	ACTI	Yes

Report Year:

2012

12459

St. Luke's Hospital

San Francisco

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Building No:

BLD-01078

1912 Wing

Retrofit/Replacement  
Project:

Yes-Submitted

Facility Number	Project Number	Sub Num	Scope	Date Plan Approved in	Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12459	SS101521-0	0	RRU - NEW HOSPITAL MAKE READY PROJECT/OXYGEN TANK REPLACEMENT AND LOADING DOCK RELOCATION	8/11/2010 12:00:00 AM	10/28/2010 12:00:00 AM	11/20/2012	01/31/2013	PEND	Yes
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	12/10/2008 12:00:00 AM		11/01/2012	12/15/2017	ACTI	Yes

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01076**Building Name: **Main Hospital Building****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="98"/>	Inpatient Days	<input type="text" value="11343"/>	<input type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="23"/>	Inpatient Days	<input type="text" value="2302"/>	<input type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input checked="" type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="8"/>	Inpatient Days	<input type="text" value="230"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="20"/>	Inpatient Days	<input type="text" value="2569"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="79"/>	Inpatient Days	<input type="text" value="21237"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="228"/>	<input checked="" type="checkbox"/> Support Services
						<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-01077**Building Name: **1957 Wing****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input 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-01078**Building Name: **1912 Wing****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
					<input type="checkbox"/> Support Services	
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Central Plant
	Total Beds this Building	<input type="text" value="0"/>				

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

Building Number:

BLD-01076

Building Name:

Main Hospital 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 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**

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

Building Number: BLD-01077

Building Name: 1957 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**

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

Building Number: BLD-01078

Building Name: 1912 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-01076	Main Hospital Building	Rebuild
BLD-01077	1957 Wing	Rebuild
BLD-01078	1912 Wing	Rebuild
BLD-02817	Service Building	Rebuild

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

Building Number	Building Name	New Site
N_1	New Hospital	<input type="checkbox"/>



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-01077

1957 Wing

Removal  
Date:

12/15/2017

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

Planned use for building:

Clinic

Jurisdiction:

Local Authority

[Inpatient services currently delivered in the building:](#)

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear  
MedicineSupport  
ServicesIntermediate  
Care

Dietetic

Skilled Nursing

Administration

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-01076

Building Name:

Main Hospital Building

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

Nursing

N/A

Building  
Number:

BLD-01076

Building Name:

Main Hospital Building

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

Intensive Care

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01076

Building Name:

Main Hospital Building

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

Pediatric Adolescent

Removed from hospital services

Building Number:

BLD-01076

Building Name: Main Hospital Building

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

Obstetrical Ante Postprtum

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name: Main Hospital Building

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

Skilled Nursing

Removed from hospital services

Building  
Number:

BLD-01076

Building Name: Main Hospital Building

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

ClinicalLab

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01076

Building Name: Main Hospital Building

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

Pharmaceutical

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01076

Building Name:

Main Hospital Building

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

Dietetic

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01076

Building Name:

Main Hospital Building

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

Administration

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Obstetrical  
Cesarean/Deliv

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01076

Building Name:

Main Hospital Building

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

Obstetrical Recovery

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01076

Building Name:

Main Hospital Building

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

Newborn/Well Baby

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building Number:  Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:  Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Renal Dialysis

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Medical/Surgical (Include GYN)

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Perinatal (exclude Newborn / GYN))

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Pediatric

Removed from hospital services

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Intensive Care

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Coronary Care)

Removed from hospital services

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Intensive Care  
Newborn Nursery

Removed from hospital services

Building Number:

BLD-01076

Building Name:

Main Hospital Building

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

Skilled Nursing

Removed from hospital services

Building Number:

BLD-01077

Building Name:

1957 Wing

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

Surgical

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01077

Building Name:

1957 Wing

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

Anesthesia

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:

BLD-01077

Building Name:

1957 Wing

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

Radiological/Imaging

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01077

Building Name:

1957 Wing

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

Administration

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building  
Number:

BLD-01077

Building Name:

1957 Wing

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

Emergency

Relocated to new building

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

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10		11/01/2012	12/15/2017	ACTI

Building Number:  Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

Building Number:  Building Name:

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

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N\_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18188	IS082199-0	0	PPR NEW ACUTE CARE HOSPITAL	2008-12-10	11/01/2012	12/15/2017	ACTI

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-01076

Building Name:

Main Hospital Building

### Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input 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 type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" 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-01077

Building Name:

1957 Wing

### Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" 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 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-01078

Building Name:

1912 Wing

### 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

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-01076

Building Name: Main Hospital Building

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

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

Central Plant

Obstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Nuclear Medicine

Support  
Services

Skilled Nursing

Administration

Nuclear Medicine

Support  
Services

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-01077

Building Name: 1957 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 checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" 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-01078

Building Name: 1912 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 checked="" 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 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 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-02817

Building Name: Service Building

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

**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-02817**

Building Name: **Service Building**

**Type of Service Provided**

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adol escent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postprtum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

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-02817

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 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**

Report Year:

2012

12459

St. Luke's Hospital

San Francisco

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Report Status: **Data Last Update:** 01/02/2013

**Submission Date:** 01/08/2013

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