



Received at CPC Hearing 9/6/18  
*L. Agello*

## State of California

### Department of Social Services

Facility Number: 3805C6144  
Effective Date: 12/10/92

Total Capacity: 12

In accordance with applicable provisions of the Health and Safety Code of California, and its rules and regulations; the Department of Social Services, hereby issues

### this License to

JENKINS, CAROL A.

to operate and maintain a FAMILY DAY CARE

### Name of Facility

JENKINS, CAROL  
461 ASHBURY  
SAN FRANCISCO CA 94117

This License is not transferable and is granted solely upon the following:

MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.

Client Groups Served: CHILDREN/INFANT

Complaints regarding services provided in this facility should be directed to:

PENINSULA DAY CARE DISTRICT OFFICE (415) 266-8800

MARTHA LOPEZ  
Deputy Director,  
Community Care Licensing Division

*Kevin J. Jones*  
Authorized Representative  
of Licensing Agency

handout General Public Comment  
from G. Schattish to com 9/6 Pub. Com. Received at CPC Hearing 9/6/18

**DEMOLITION WORKING GROUP – OTHER RELEVANT CODE SECTIONS:**

**SF PLANNING CODE:**

**Planning Code Section 317:**

(a) **Findings.** San Francisco faces a continuing shortage of affordable housing. There is a high ratio of rental to ownership tenure among the City's residents. The General Plan recognizes that existing housing is the greatest stock of rental and financially accessible residential units, and is a resource in need of protection. Therefore, a public hearing will be held prior to approval of any permit that would remove existing housing, with certain exceptions, as described below. The Planning Commission shall develop a Code Implementation Document setting forth procedures and regulations for the implementation of this Section 317 as provided further below. The Zoning Administrator shall modify economic criteria related to property values and construction costs in the Implementation Document as warranted by changing economic conditions to meet the intent of this Section.

(b) **Definitions.** For the purposes of this Section 317, the terms below shall be as defined below. Capitalized terms not defined below are defined in Section 102 of this Code.

(1) "Residential Conversion" shall mean the removal of cooking facilities, change of occupancy (as defined and regulated by the Building Code), or change of use (as defined and regulated by the Planning Code), of any Residential Unit or Unauthorized Unit to a Non-Residential or Student Housing use.

(2) "Residential Demolition" shall mean any of the following:

(A) Any work on a Residential Building for which the Department of Building Inspection determines that an application for a demolition permit is required, or

(B) A major alteration of a Residential Building that proposes the Removal of more than 50% of the sum of the Front Façade and Rear Façade and also proposes the Removal of more than 65% of the sum of all exterior walls, measured in lineal feet at the foundation level, or

(C) A major alteration of a Residential Building that proposes the Removal of more than 50% of the Vertical Envelope Elements and more than 50% of the Horizontal Elements of the existing building, as measured in square feet of actual surface area.

(D) The Planning Commission may reduce the above numerical elements of the criteria in Subsections (b)(2)(B) and (b)(2)(C), by up to 20% of their values should it deem that adjustment is necessary to implement the intent of this Section 317, to conserve existing sound housing and preserve affordable housing.

(3) "Façade" is defined in Section 102 of this Code.

(4) "Front Façade" is defined in Section 102 of this Code.

(5) "Horizontal Elements" shall mean all roof areas and all floor plates, except floor plates at or below grade.

(6) "Mandatory Discretionary Review" is defined in Section 102 of this Code.

(7) "Residential Merger" shall mean the combining of two or more Residential or Unauthorized Units, resulting in a decrease in the number of Residential Units and Unauthorized Units within a building, or the enlargement of one or more existing units while substantially reducing the size of others by more than 25% of their original floor area, even if

Policy efficacy for Demo Cases.



September 2, 2018

President Rich Hillis  
Vice-President Myrna Melgar  
Commissioner Kathrin Moore  
Commissioner Joel Koppel  
Commissioner Millicent Johnson  
Commissioner Dennis Richards  
Commissioner Rodney Fong  
San Francisco Planning Commission  
Room 400 - City Hall  
San Francisco, California 94103

Dear Commissioners:

For over four years I have plagued the Planning Commission with photos of alteration projects, primarily in Noe Valley, that look like Tantamount to Demolition. Some have been deemed to be so, some have not. But those that have not been deemed are certainly close. While neighborhood character, planning process, payment of proper fees to the City are all important factors in this issue, the overriding one should be the relative affordability of housing in the City.

I have also plagued the Commission with stories about pairs of flats, scattered around the City that have major alteration permits. These flats have been fundamentally turned into single family homes. Because of this loss of housing it is urgent that Section 317 (b) (7) be eliminated from the Planning Code.

The Commission cannot do that on their own, but did implement the Residential Flat Policy which will be celebrating its anniversary on October 12th. Thank you and perhaps it would be good to get an update on this policy from Staff at some point soon.

**This letter requests that the Commission use the powers granted in Section 317 to make adjustments to the Demolition Calculations. The Planning Commission has not adjusted the numerical criteria for Tantamount to Demolition since Section 317 was enacted.**

Over the past four years, the Zoning Administrator, Mr. Sanchez has used his powers to up the value at least three times, allowing him to administratively approve demolitions in the RH-1. (The "amount" is now at \$1.9 million).

As we all are aware Supervisor Peskin plans to propose new legislation concerning demolitions sometime soon. In the meantime, the Planning Commission could show their support for amending Section 317 by adjusting the Demo Calcs per the existing Section 317. Please consider initiating this and plan a hearing in the next few weeks. It could coincide with the anniversary of the Residential Flat Policy.

Sincerely,



Georgia Schuttish





1369 Sanchez

Received at CPC Hearing 9/4/18  
D. Winslow

Dennis Shamlian DDS

Re: 1418 Diamond St. Permit Application #2012.07.31.6173 City/County of San Francisco

San Francisco, CA 94131

C: 559 284-6286

drdshamlian@gmail.com

Dear San Francisco Planning Commission:

In this letter, I hope to clarify any possible misunderstanding regarding our application for remodeling of our personal residence.

I have a scheduled Planning Commission Hearing date of October 4, 2018. It is to rule on a complaint by a neighbor regarding some elements of the proposed remodel request of my childhood home at 1418 Diamond Street.

I lived there full time until I was 20 years of age, attending Alvarado elementary, James Lick Jr. High and Lowell High. After attending UC Berkeley, I returned to SF to attend San Francisco State. I then went to school in LA and upon completion of Dental School, settled in Fresno CA. All the while, my Mother and Father lived at the residence which my Father built in 1950.

Six years after my Father died, we moved my Mother to Fresno, but kept the home, staying there three months each year. I purchased the home from my Mother's estate to keep the home in the family.

Now that I am at retirement age, I want to remodel our family home in order to better utilize it. My wife Rita, is disabled, as her knees are bad, and she can no longer easily climb stairs, (our home has 3 sets of stairs). Our proposed remodeling will include an elevator which will allow us to reach all floors including the roof.

The elevator projection on the roof is below the approved height limit for our street.

Roof access is needed to provide outside access for the "mother in law unit". There will be a small deck on the roof. Access to the roof will allow us to clean the 15 skylights we plan to install (which will bring light down to the second and third floors).

Roof access, via the elevator will also allow us to maintain/cut back overgrown trees from the neighbor's large pine and camellia trees which overhang our roof, and allow our landscaper to remove yard waste to the street- not through the house. (The home is only 25 feet wide and there is no room for an alley access from the yard down to the street).

Roof access via an elevator will allow repair personnel to service/repair an air conditioning unit, solar panels, and maintenance of the roof.

My father built a "mother in law unit" downstairs which was utilized through the years as a care giver, and caretaker living quarters. Individuals staying there would also keep an eye on the property.

P.2 1418 Diamond Street 2012.07.31.6173

We hope to keep the Mother in Law unit which my Father built. However, when remodeled, this unit will have no access to the rear yard, only to the roof and deck to provide an outdoor space for that portion of the house.

A neighbor has complained that the roof projection of the elevator shaft is a precursor to a forth story. Let me set the record straight: we have no intention of constructing a fourth story, nor does this permit request involve any fourth story elements- only a disabled person's elevator access to the roof.

I have met with City Planner David Winslow in Design Review with my architect Jason Kaldis for a meeting with the neighbor who requested a design review, but we were not able to resolve our differences. The neighbor, who lives up the hill, on Duncan Street (photos provided), will not be convinced. We have met with our immediate neighbors to the North, South, and North West, and we have worked out any concerns that they have had.

Please contact me, or our Architect, Jason Kaldis AIA, ( ph: 510 549-3584 , [Jason@kaldisarchitect.com](mailto:Jason@kaldisarchitect.com),) if you have any questions.

Sincerely,

Dennis Shamlan, DDS

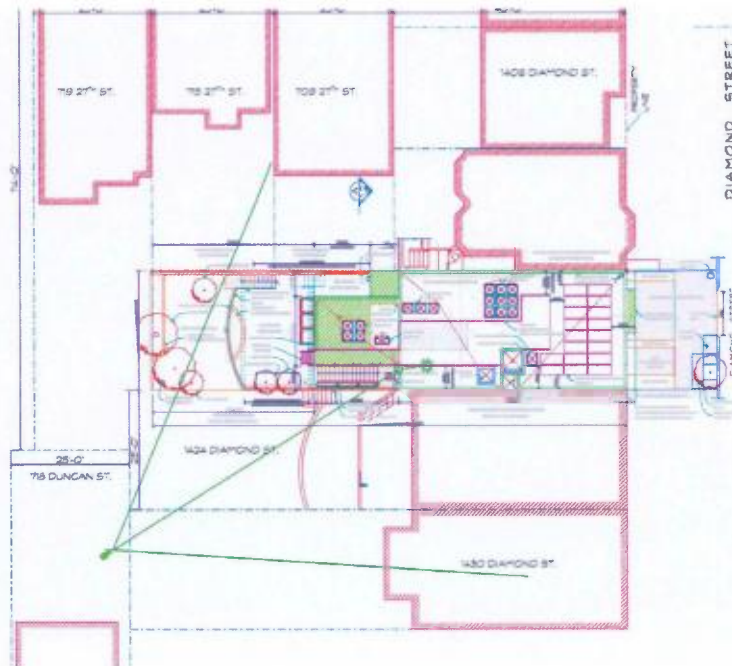
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36

16 Messages

1418 Diamond





9/6/13

E Paul

My name is Ken Barnes and I am a physician who worked at St. Luke's for over 30 years, and have been working with San Franciscans for Health Care, Housing, Jobs, and Justice for several years.

There is a Center of Excellence in Senior Health planned for the new Mission-Bernal Campus. As stated in the Development Agreement of 2013 between CPMC and the City, such a center would be based on the Hospital Elder Life Program, or as it is now called, the ACE unit, or Acute Care for the Elderly.

Such a program as envisioned by CPMC is for hospitalized older adults, and is, and I quote from the Development Agreement, "designed to prevent or decrease the severity of delirium and increase or maintain function, maximize the patient's independence at discharge, assist with the transition from the hospital to home, prevent unplanned readmissions, and prevent the hazards of hospitalization that sometimes lead to a cascade of decline."

While this is commendable and something we support, we believe you must first ask: what is the purpose, goals, and scope of such a center? Our vision goes much deeper, providing seniors the whole range of services, from primary care to specialty care; skilled nursing care after discharge from the hospital, both community and hospital based; access to RCFEs, or Residential Care for the Elderly; and access to Adult Day Health Care. Such clinical services should include health promotion and disease prevention, engaging the senior population as partners in efforts to improve their overall health and the health of the community.

Seniors need to be supported in their residences so that they can live full lives, as healthy and productive as possible. It is crucial that the transition from the hospital to residence be done with sensitivity and skill, and that the overarching goal be the maintenance of seniors in their residence, also known as Aging in Place. For this to happen, such a center must be linked to community support programs, which means the center has to have deeply rooted relationships with the community organizations that provide such services. There need to be interdisciplinary teams in both the hospital and the community which meet regularly, and provide continuity of care as well as active support as patients transition from one level of care to another.

And to accomplish these goals, there must be community accountability, and CPMC should want to accept input about the needs of the community through the establishment of a Community Advisory Board for the Center.

This is our vision, and we hope that you and CPMC share that vision so that the Center can be built into a thriving entity, with patient-centered care as its hallmark.

**San Franciscans for Healthcare, Housing, Jobs & Justice**  
Suggested Areas for Commissioner Inquiry

Received at CPC Hearing 9/6/18  
E. Furr

1. Why can't we get a more granular understanding of the **charity care patients** being served? Where are these patients being seen? What zip codes do they come from? How many receive only one-time diagnostic services? Why the extreme volatility from year to year?
2. Has there been a diminution in access at the **St. Luke's Diabetes Center** for its historic monolingual Spanish-speaking patient base since CPMC fired its bilingual/bicultural staff in 2014? Why hasn't CPMC provided information for the City to answer that question?
3. Is CPMC serving **frail and elderly patients** the way we in San Francisco expect a well-resourced, state-of-the-art healthcare organization to do?
4. What should we expect from a **Center for Excellence in Senior Care**? On that point, please see written statement from Dr. Ken Barnes outlining the Coalition's suggestions.
5. The DA provided that once a primary care network in the neighborhood is formed, as it was 3 years ago, CPMC agrees to provide hospital and specialty care to up to 1,500 **Tenderloin residents on Medi-Cal Managed Care**. The City Report states that only 180 Tenderloin residents have been signed up. Why aren't the City and CPMC doing more to ensure that the full **1,500**—not only 180—receive at CPMC?
6. In the realm of **entry-level operations hiring** at CPMC facilities across the City, the DA requires 40% of hires to come from the City's First Source Hiring program. Why has there been a precipitous 74% drop in hiring from 220 in 2015 to only 57 in 2017? Why was CPMC's entry-level hiring projection more than 3 times higher than actual hires? What are the retention rates of the workers hired through the First Source Hiring program?
7. In the realm of **transportation**, what is CPMC doing to promote its **public transit subsidy** program to employees, to get more than 18% of its employees (1,125 of 6,250) to use it, when 43% of its workforce (more than 2,600) live in San Francisco?

STEVEN ADAIR MACDONALD  
&  
PARTNERS, P.C.  
— SINCE 1982 —

Received at CPC Hearing

E. Samouh

9/6/18



July 27, 2018

VIA CERTIFIED AND FIRST-CLASS MAIL

Ms. [REDACTED]  
701 Hampshire Street [REDACTED]  
San Francisco, CA 94110

Re: 701 Hampshire Street # [REDACTED], San Francisco, CA 94110

Dear Ms. Cornejo:

As you are aware, my law firm represents Visegrad LLC, the owner of the property located at 701 Hampshire Street # [REDACTED], San Francisco, CA 94110 (the "Premises"), which you currently occupy.

As you are further aware, my client and I have been trying for several months now to work out a resolution with you relating to my client's future renovation/improvement plans for the building.

While you informed me that you were uninterested in discussing a buyout of your tenancy, my client remains committed to trying to work with you to find a practical solution that will both allow my client to move forward with its planned project, while also addressing your needs and concerns relating to the project. With this being said, my client and its architect have designed updated plans for the project to further limit the impact of the renovation project upon you. This option will also avoid the need for you to relocate while the project is being carried out.

In an effort to find a mutually agreeable way to proceed with this project, my client has asked me to follow up with you to propose some further options that it hopes will address any concerns you may have regarding this future renovation project and to adequately compensate you for any inconvenience you may incur due to the project in order to minimize the impact upon you. Please review each of these options and let us know your response as soon as possible, but no later than August 6, 2018.

**MONETARY PAYMENT AND INSTALLATION OF WASHER/DRYER**

In the hopes of addressing any concerns you may have as a result of the project (i.e., due to construction noise, need to access the Premises to perform work, etc.) and in exchange for your support of the project, including the 4<sup>th</sup> story addition to the building, my client offers to pay you \$10,000.00 as compensation. In addition, my client would offer to add an in-unit washer and dryer to the Premises at no cost to you.





STEVEN ADAIR MACDONALD  
&  
PARTNERS, P.C.

SINCE 1982

To be clear, you would not need to relocate -- even temporarily. Rather, you would be able to continue living in the Premises for the duration of the construction project in the building. However, my client understands that as much as it will try to limit any impact of the construction upon you, there may still be some disruption and inconvenience to you while the construction is ongoing (including, for example, while your new washer and dryer are being installed and while your bathroom is being remodeled). Please note that even while the bathroom is remodeled, you will have use of the toilet, shower, and sink (except when work is actively being done). This offer is meant to compensate you for any such issues, while avoiding the need to have you relocate for the duration of the project (if that is your preference).

Please note that as part of this proposal, my client would agree that it will not do any addition construction beyond what is currently planned and is actually approved by the Planning Commission (that could extend construction time in your unit), unless during renovation its workers determine that it is absolutely necessary." To confirm this understanding, if you accept this proposal my client is offering, my client is willing to attach a Notice of Special Restrictions ("NSR") to its agreement with you, stating that no additional work will be done unless, during renovation, it becomes necessary, and the Planning Commission approves the extra work at another hearing where the public can speak.

We will record the Notice of Special Restriction stating several things, including my client's promise not to extend the work in scope unless it is absolutely necessary. We would record that NSR because once it records, it becomes more enforceable by the Planning Department and Planning Commission.

We will reach an agreement with you on the other commitments stated in this letter, and we will record a Memorandum of Agreement as to those commitments, so that my client's property is bound by the commitments.

However, please note that my client's offer to compensate you is contingent upon the construction project, including the 4<sup>th</sup> story addition to the building, being able to proceed. In the event my client cannot proceed with the project as planned, there will -- after all -- be no need to compensate you for effects the construction would have had upon you.

Please note that at any point, if you decide you would prefer to temporarily relocate while the construction is ongoing in your unit, my client is still willing to pay for your temporary relocation expenses (*beyond* the amounts they would be legally required by the rent ordinance to pay for a temporary displacement). You do not have to make the decision to relocate now. You can make it later, for example, if work starts on your bathroom and you decide you would prefer to stay elsewhere.

As previously discussed with you, should you wish to relocate before the work starts and during the time workers are there (or should you relocate only after the workers start), my client would reimburse you for housing costs in a comparable replacement unit (capped at a maximum

STEVEN ADAIR MACDONALD  
&  
PARTNERS, P.C.

— SINCE 1982 —

of \$3,500.00/month for reimbursement for your alternative housing arrangements). My client would agree to pay for your alternative housing arrangements for the entire time the construction remains ongoing in your unit (and during which time you prefer to temporarily stay elsewhere). You would then have the right to lawfully return to the Premises after the work is completed, as dictated by the Rent Ordinance. Although the Rent Board allows landlords to raise rents in some instances when apartments are improved, and perhaps when a washer/dryer is provided permanently, we would agree not to raise rents for this purpose at any time in the future. We would summarize your right to return in the recorded Notice of Special Restriction, discussed in this letter.

Again, if you accept this, my client's plan is to repeat out loud in the next hearing all the commitments we are making to you in this letter; and my client will ask the Planning Commission to require it to come back to the Commission for another approval if it seeks to expand the scope of work. We hope that deals with your fear that, once you leave the unit, the construction work will be expanded to take much longer and that your alternative location would become too expensive for you. In addition to announcing these commitments at the Planning Commission on the record, my client's commitments will be listed in a recorded document called a Notice of Special Restrictions, as discussed above, and in a recorded Memorandum of Agreement. When those two documents record, the property itself is bound, no matter who should own it (although we have no plans to sell).

We hope that this offer conveys that my client is really trying to work with you to understand your concerns about the planned project, so it can address them in any way possible.

With this being said, and as I have previously mentioned to you, time is of the essence here, as my client must update the city on the status of its plans. Unfortunately, continued delays in this process cause my client to incur considerable costs (mortgage interest, property taxes, architectural, legal, contractor consulting, rapidly rising rates for construction financing, etc.), which mean my client will not be financially able to continue to make this offer beyond the date listed in this letter. Therefore, as mentioned above, my clients need to know as soon as possible, but absolutely no later than Monday, August 6, 2018, whether you will accept this proposal. As previously mentioned, acceptance of any of my client's offer would also have to be memorialized in a formal written document (which I can take care of preparing).

Further, as we have already informed you, both in the pre-buyout negotiation disclosure forms we previously provided to you, as well during our telephone conversations, there are several places in San Francisco that offer free or low-cost legal services to tenants regarding matters like these. For your convenience, I am again attaching a copy of the list previously provided to you along with the disclosure forms. Please also note that if you do not qualify for free legal advice, my client will also agree to reimburse you for up to \$2,500.00 to cover your legal fees (once you provide invoices showing the fees you have incurred).

STEVEN ADAIR MACDONALD  
&  
PARTNERS, P.C.

===== SINCE 1982 =====

In the event you have any questions or would like to further discuss my client's planned project and ways to accommodate your needs or concerns while the project will be underway, please do not hesitate to contact me at (415)956-6488 ext.12 or [odopler@samlaw.net](mailto:odopler@samlaw.net).

Very truly yours,

  
OLIVIA DOPLER, ESQ.

cc: Client  
Causa Justa :: Just Cause





>  
Street View

# 701 Hampshire St Apt 101

San Francisco, CA 94110

1 bed 1 bath 625 sqft

♥ Saved

✉ Share

Contact Agent



## Is this your rental?

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☐ I own and manage this rental

☐ I manage this rental for the owner

ozzierohm@sbcglobal.net

Claim this home as your residence

*Note: This property is not currently for sale or for rent. The description below may be from a previous listing.*

Hello! I'm looking to lease my place for 4 - 9 month but I'm flexible on duration. The place was just remodeled - Kitchen, bathroom (minus the 60's tub/faucet). The location is amazing. Just far enough from the main valencia/mission drag to feel really residential, but also walkable to 100+ restaurants, bars, breweries and shops. Extremely convenient to HWYs 280 and 101. The Mission is famous for its murals, diverse culture and perfect weather. The space was recently remodeled with nice finishes and appliances. It's a 15-20 min walk to the BART subway, and is extremely convenient to downtown via car, bike, Uber, or the MUNI bus. Great for couples, business travelers, or anyone who enjoys sunshine. This is a no fog zone :) **Rent - \$2,900/mo** Optional parking - \$180/mo Deposit - \$2,000/mo Available april 15th, 2017 Parking is available on-site for an additional \$125/mo. Lease duration is flexible.

Less ^

♥ Off Market  
Zestimate<sup>®</sup>: None ?

EST. REFI PAYMENT  
Est. Refi Payment:  
\$195/mo



See current rates

See current rates

More

## Home Shoppers are Waiting

Ask an agent about market conditions in your neighborhood.

Your name

Phone

ozzierohm@sbcglobal.net

I own this home and would like to ask an agent about selling 701 Hampshire St APT 101, San

Contact Agent

Or call 415-539-0406 for more info

## Nearby Similar Sales

**SOLD: \$745,000**

Sold on 09/26/17  
1 bd, 1 ba, 662 sqft  
451 Kansas St Unit 322, San Francisco, CA 941...

**SOLD: \$549,000**

Sold on 08/02/18  
1 bd, 1 ba, 500 sqft  
888 7th St Unit 310, San Francisco, CA 94107

**SOLD: \$930,000**

Sold on 05/30/18  
1 bd, 1 ba, 500 sqft  
45 Bartlett St Unit 515, San Francisco, CA 941...

**SOLD: \$849,000**

Sold on 04/26/18  
1 bd, 1 ba, 624 sqft  
1188 Valencia St # 312, San Francisco, CA 94110

**SOLD: \$925,000**

Sold on 02/08/18  
1 bd, 1 ba, 667 sqft  
#5 Duboce Ave Apt 201, San Francisco, CA 9...

See sales similar to 701 Hampshire St APT 101



>  
Street View

## 701 Hampshire St Apt 101

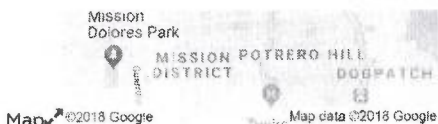
San Francisco, CA 94110

1 bed 1 bath 625 sqft

♥ Saved

✉ Share

Contact Agent



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☐ I own and manage this rental

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ozzierohm@sbcglobal.net

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Less ^

♥ Off Market

Zestimate: None

EST. REFI PAYMENT

Est. Refi Payment:

\$195/mo



See current rates

See current rates

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Ask an agent about market conditions in your neighborhood.

Your name

Phone

ozzierohm@sbcglobal.net

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888 7th St Unit 310, San Francisco, CA 94107

**SOLD: \$930,000**

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45 Bartlett St Unit 515, San Francisco, CA 94110

**SOLD: \$849,000**

Sold on 04/26/18

1 bd, 1 ba, 624 sqft

1188 Valencia St # 312, San Francisco, CA 94110

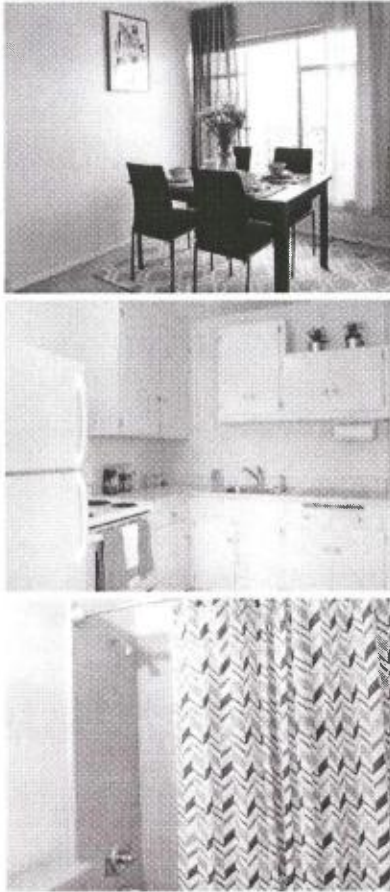
**SOLD: \$925,000**

Sold on 02/08/18

1 bd, 1 ba, 667 sqft

85 Duboce Ave Apt 201, San Francisco, CA 94110

See sales similar to 701 Hampshire St APT 101



>  
Street View

## 701 Hampshire St Apt 202

San Francisco, CA 94110

1 bed 1 bath 625 sqft

Save

Share

Get monthly email updates

Contact Agent



Off Market  
Zestimate®: None

EST. REFI PAYMENT  
Est. Refi Payment:  
\$195/mo



See current rates

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## Home Shoppers are Waiting



Ask an agent about market conditions in your neighborhood.

Your name

Phone

ozzierohm@sbcglobal.net

I own this home and would like to ask an agent about selling 701 Hampshire St APT 202, San

Contact Agent

Or call 415-539-0406 for more info

## Nearby Similar Sales

**SOLD: \$745,000**

Sold on 09/26/17

1 bd, 1 ba, 662 sqft

451 Kansas St Unit 322, San Francisco, CA 94...

**SOLD: \$4,495**

Sold on 01/29/18

1 bd, 2 ba, 694 sqft

1800 Bryant St Suite 101, San Francisco, CA 9...



## Is this your rental?

Get a monthly local market report with comparable rentals in your area.

- ☐ I own and manage this rental
- ☐ I manage this rental for the owner

ozzierohm@sbcglobal.net







Subscribe

Claim this home as your residence

Note: This property is not currently for sale or for rent.  
The description below may be from a previous listing.

Retro apartment in the sunniest SF neighborhood! - Well maintained -1bed/1bath -6-unit building \*6 - 12 mo flexible lease term \*\$2,000 deposit Too many neighborhood amenities to list! -Dozens of restaurants within 10 min. walk. -100+ restaurants, bars and breweries within a 5 - 10 min bike ride -Awesome brunch spots -Constant sunshine! The Mission District is quite central and convenient -30 min BART (subway) to downtown (including walk) -Three freeway entrances to 101/280 for commuting to the peninsula. -Flat, which is perfect for biking or walking Water and garbage included. Parking available for an additional \$125/mo

## Facts and Features

 Type	 Year Built	 Heating
Apartment	1962	Forced air
 Cooling	 Parking	 HOA
No Data	Carport. Off street	No Data

## Interior Features

## Bedrooms

## Beds:

1

## Heating and Cooling

## Heating:

Forced air

## Appliances

## Appliances included:

Range / Oven

## Flooring

## Floor size:

625 sqft

## Construction

## Type and Style

Apartment

## Dates

## Home Value

Built in 1962

## Exterior Features

We don't have enough information to calculate a Zestimate for this home.

## Other Exterior Features

## Zestimate

## Unit floor #:

We are unable to provide a Zestimate for this home

## Zestimate Range

Unavailable

## Parking:

Carport, Off street

## Utilities

Cable Ready

## Price / Tax History

## Other

Garage included in rent, Heating system: Heat: forced air, Large Dogs Allowed, Living

room, Secured entry, Small Dogs Allowed, Vintage, Water included in rent

Activity On Zillow

## SOLD: \$549,000

Sold on 08/02/18

1 bd, 1 ba, 500 sqft

888 7th St Unit 310, San Francisco, CA 94107

## SOLD: \$930,000

Sold on 05/30/18

1 bd, 1 ba, 500 sqft

45 Bartlett St Unit 515, San Francisco, CA 941...

## SOLD: \$849,000

Sold on 04/26/18

1 bd, 1 ba, 624 sqft

1188 Valencia St # 312, San Francisco, CA 94110

See sales similar to 701 Hampshire St APT 202

See More Facts and Features

Zestimate history & details



Received at CPC Hearing 9/6/8  
E. J. [signature]

Warren S. Browner, MD, MPH  
Chief Executive Officer

P.O. Box 7999  
San Francisco, CA 94120  
(415) 600-1400 Tel  
(415) 600-1409 Fax  
brownew@sutterhealth.org

February 16, 2011

Julie Villaroman  
73 Rockford Ave.  
Daly City, CA, 94015

Dear Julie,

During last year's collective bargaining sessions with SEIU-UHW, we discussed CPMC's plans to rebuild our facilities in San Francisco. Your Union representatives recognized the importance of those plans, but they were concerned about what might happen to your jobs when the new facilities open. We understood those concerns, and agreed to very strong employment security language in your contract.

I am writing today because there is some confusion about exactly what "Employment Security" means. It's simple: All SEIU-represented regular employees who were employed on the date your contract was ratified (March 18, 2010) will continue to have jobs at CPMC when the new facilities are built. So if you worked for CPMC back in March and are still working for us when the new facilities open:

- **you are guaranteed employment at the same or greater pay that you will be earning then, and**
- **you will have no reduction in hours, unless you ask for a change.**

Also, CPMC has no intention to interfere with your right to union representation.

Again, thanks for your hard work and dedication.

Warren Browner, MD, MPH  
CEO

CC: Amy Petersen

Find Someone Options Villaroman, Julie Log Off

Help

Reply Reply to All Forward Archive Help Archive Se

## Sutter Health Named Among Top 15 U.S. Health Systems

SHadmin@sutterhealth.org [conf-333484876@everbridge.net]

Sent: Monday, April 25, 2016 8:36 AM

To: Villaroman, Julie

*This message is sent on behalf of Sarah Krevans, Sutter Health President and CEO*

To: All employees across our Sutter Health network

Truven Health Analytics™ today named Sutter Health and our Sutter Health Valley Area among the top-performing health systems in the country. In its *15 Top Health Systems®* study, Truven recognized Sutter Health and Sutter Health Valley Area as two of the nation's top five performers among large health care systems.

Truven gathered data from 338 health systems and nearly 3,000 hospitals. It singled out 15 large, medium and small health systems that achieved superior performance, based on a combined score of nine measures of care quality, patient satisfaction, cost per episode of illness and operational efficiency. Truven's nationally recognized *15 Top Health Systems®* study is the only independent survey of its kind.

The Sutter Health Valley Area, which encompasses the greater Sacramento and San Joaquin valley regions, is larger than many health systems in the nation. Accordingly, Truven evaluated the Valley Area's combined performance and size, as well as the performance of the entire Sutter Health system. Both received top five recognition in Truven's "large system" category.

Across our system, we have all worked very hard to create an exceptional experience for our patients and their families. This recognition honors the commitment by all of our care and support teams, doctors and hospitals to make us a better organization at every level. You continue to deliver for patients time and again. I appreciate each and every one of you.

Special thanks to the leaders, employees and physicians within our Valley Area. I'm incredibly proud that this is the second time you've been recognized as a top performer on Truven's *15 Top Health Systems®* list. I'm so grateful for your dedication and partnership.

Please join us on social media to celebrate and share this incredible announcement (<http://ow.ly/4n3U6U>)! If you are tweeting, be sure to tag #TeamSutter



Julie,

You were mentioned by several patients this week in the positive patient satisfaction comments.

They reported that you were very professional, calm, thorough & spent a lot of time teaching them.

Thanks for everything you do to improve our patients stay!

Shannon

Dear Julie,

Thank you for the  
great care you provide  
our patients. you  
are often recognized  
by patients for being  
very helpful. you  
are making a difference  
in what you do. Keep  
up the good work!

Thanks again,

Amy P.

# GOOD HEALTH BEGINS WITH PARTNERSHIP

At CPMC, we value each patient as a unique individual. We partner with patients -- and each other -- to provide care that's more human. It's how you plus us. And we plus you.

JULIE VILLAROMAN delivered world-class care, with a personal touch.  
Employee Name

POST PARTUM CPMC - CALIFORNIA  
Department Campus

MESSAGE : 100% professional  
Wonderful care, compassion  
and concern at a very  
challenging time for our family  
We are deeply grateful

FROM : Sep 2016

Please  
mail to

EMPLOYEE  
THANK YOU  
CARD





E. Puri



California Pacific  
Medical Center

A Sutter Health Affiliate



Chinese Hospital

Chinese Hospital was founded in 1899 to care for the Chinese immigrants. The Obstetrical Service flourished through the years with over 50,000 births recorded. In 1998, Chinese Hospital relocated its Level One Labor and Delivery Services along with its nurses to California Pacific Medical Center, providing our community direct access to both primary and tertiary obstetrical care. Today, Chinese Hospital remains a unique health care provider in San Francisco, with a long and rich history of providing access to culturally sensitive health care services for the Chinese community.

東華醫院自一八九九年創辦以來，一直為華裔移民提供醫療服務，產科部的嬰兒出生記錄超過五萬多位。於一九九八年，東華醫院搬遷該院第一級別產科服務及護士到加州太平洋醫療中心，為社區提供更全面的由第一級別(基本)至第三級別(高度危險性)產科護理服務。現在東華醫院繼續該院宗旨，為三藩市華人社區提供優質及有文化特色的醫療服務。



9/6/18

E. fur



on behalf of the  
San Franciscans for Housing, Healthcare, Jobs and Justice.

Sept 6, 2018

Contact: Ascanio Piomelli piomelli@hastings.edu (415) 581-8925

✓✓

## CENTER OF EXCELLENCE IN SENIOR HEALTH: COMPONENTS

### CLINICAL

1. The goals of clinical services, both inpatient and outpatient, will include health promotion and disease prevention activities, which engage the senior population as active partners in efforts to improve their overall health and the health of their community.

2. The Center of Excellence will provide clinical services, including inpatient and outpatient care. Inpatient care will be delivered in the ACE (Acute Care for the Elderly) Unit that will be part of the new Mission-Bernal Campus. Outpatient care will be part of primary care practices, including the St. Luke's Neighborhood Clinic located in Monteaagle Medical Center. The outpatient services will have accessible physical sites, be staffed at convenient hours, have language competency, and provide drop-in services which respond to the needs of the senior community.

3. These services will be linked to support programs, the goals of which are maintaining patients in their places of residence (Aging in Place).

4. Patients will have access to a continuum of care, including home and community-based, Residential Care Facilities for the Elderly (RCFE), Skilled Nursing Facilities (SNF), both hospital and community-based, and adult day health care.

5. Services will be managed by interdisciplinary teams which meet regularly and can provide continuity of care to individual patients. These teams will provide active support as patients transition from one level of care to another.

6. Chronic disease self-management, including diabetes self-management, will be integral parts of the clinical services offered.

7. As part of inpatient services, geriatric psycho-social evaluations will be done, including fall prevention/mobility, and mental health, including screening for depression, delirium, and dementia.

8. In both the inpatient and outpatient settings providers will be cognizant of instructing patients on how to monitor their medications, as well as give attention to the prevention of harm by poly-pharmacy (taking of multiple medications, which is common in the senior population).

9. The Center will provide counseling regarding advance health care planning and documentation, as well as issues of conservatorship.

10. Clinical services will accommodate cultural and language diversity with accessible, trained, and skilled staff.

11. The Center will serve as a resource for Adult Protective Services and elders at risk of abuse or neglect.

12. The Center will be attuned to transgender issues and other non-conforming gender issues, HIV health issues in senior populations, issues of safe and healthy sex in an older population, and substance use and abuse, with special consideration of making programs accessible to underserved and vulnerable populations.

13. The Center will provide quality end-of-life care, including palliative care.

## RESEARCH

1. The Center will have an active aging research initiative, with particular emphasis on outcomes research.

## EDUCATION

1. The Center will see as part of its mission the infusion of aging into clinical specialties, primarily through education about the geriatric manifestations in disease states.

2. Patient education will be integral to the Center. When patients are hospitalized, education regarding fall prevention and mental health will be prioritized.

3. Providers will be part of educational efforts in the community, at settings frequented by patients. Topics will include, among others, healthy eating/nutrition, fall prevention, brain health, and healthy and effective exercise for seniors.

4. Caregiver education will be an important part of the transition home from the hospital as well as in the outpatient setting. Included will be fostering an awareness on the part of providers of when caregivers need support, including respite.

5. Training of social workers in the skills of making community referrals and using a person-centered approach that addresses the whole person, including their own goals and barriers, will be part of provider education. Essential will be updating their knowledge of community resources specific to the senior population.

## COMMUNITY ACCOUNTABILITY

1. The Center will have direct and strong links to programs and services provided in the community.

2. There will be a means to accept input about the needs of the community, accomplished through establishment of a Community Advisory Board for the Center.


3. These links will include, among others, programs and services that provide meals, housing, transportation, recreation, legal and financial assistance, home care services, adult day health, and other support for seniors.


4. Social work and case management in the community will be essential to the successful transitioning home of patients. Coordination with community-based senior services will be essential.

5. Special attention will be paid, primarily through the provision of adult day health services, to stimulate intellectual functioning, with emphasis on issues of dementia and mental health, including depression



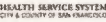




### California Pacific Medical Center





September 6, 2018  
Joint Hearing of Planning and Health Commissions

CPMC's 2017 Annual Compliance Statement and the City's Report



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### Presentation Contents

- Compliance Overview
- Project Status
- Workforce Presentation
- Department of Public Health Presentation
- Summary of Key Points

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### Compliance Overview



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### Project Status

- Development Agreement became effective in 2013 – 10 year term
- Fifth annual reporting period (2017 calendar year for most requirements; August 2017-July 2018 for hiring programs)
- DA Obligations Completed:
  - Mission Bernal Campus (St. Luke's) Hospital
  - Payments (Housing, Healthcare, Transportation, and Public Improvements)

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### Construction Schedule

- DA Obligation: Mission Bernal (St. Luke's Replacement) Hospital must open within 2 years after the opening of the new Van Ness Campus Hospital.
  - CPMC has met this obligation
- Under construction:
  - Van Ness and Geary (Cathedral Hill) Hospital
  - Van Ness and Geary Medical Office Building
- CPMC provides construction schedules and live updates through their web site ([www.cpmc2020.org](http://www.cpmc2020.org))

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### Compliance Overview – Action Items

CPMC DA Compliance Review Period - JANUARY 1 - DECEMBER 31, 2017			
Community Benefit	Compliance	Community Benefit	Compliance
Workforce Commitments		Healthcare Commitments	
City Build / Construction Jobs	In Compliance	Baseline Healthcare	In Compliance
First Source / End Use Jobs	In Compliance	Medi-Cal Commitment	In Compliance
Workforce Fund	In Compliance	Healthcare Innovation Fund	In Compliance
Local Business Enterprises	In Compliance	Other Healthcare Commitments	In Compliance
Housing Program	In Compliance		
Public Improvements	In Compliance		
Visioning Plans	In Compliance		

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## Fee Increase Limitation



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## Fee Increase Update

- The DA requires Sutter to limit fee increases for services to the City's health care system to no more than 5 percent annually.
- In 2017, Sutter, Blue Shield of California (BSC) and Milliman (the actuary) reached an agreement regarding the data sets used to support the audit.
- The completed actuarial analysis of 2015 rate increase showed less than or equal to 5 percent, as required.
- Data for 2016 and 2017 have been provided to Milliman.
- Milliman will require approximately 8 weeks to conduct the analysis.

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## Workforce



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### First Source Hiring Program - Construction

#### 1. Hiring Goals – August 2013 through July 2018

GOAL	STATUS
At least 50% of new entry-level positions for non-union administrative and engineering candidates will be filled with system referrals.	CPMC's contractors filled 32 of 37 (86%) applicable positions to date with system referrals.

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### First Source Hiring Program - Construction

#### 2. Hiring Goals – August 2013 through July 2018

GOAL	STATUS
At least 50% of new entry-level positions for administrative and engineering internship candidates will be filled with system referrals.	CPMC's contractors filled 29 of the 53 (56%) applicable positions to date with system referrals.

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### First Source Hiring Program - Construction

#### 3. Hiring Goals – August 2013 through July 2018

GOAL	STATUS
At least 50% of new entry-level union apprentice candidates will be filled with system referrals who are also CityBuild Academy graduates.	CPMC's contractors filled 30% of the applicable union apprentice positions with system referrals.

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### Local Business Enterprise Program for CPMC Construction

#### 5. Contracting Goals – As of July 2018

- CPMC Local Business Enterprise Program
  - At least 14% of the cost of all contracts for the workforce projects are awarded to certified LBEs under the DA Agreement
- Program Progress
  - Van Ness and Geary Campus Hospital Project – 15.3%
  - Van Ness Medical Office Building – 12.8%
  - The Replacement Hospital at St. Luke's Campus – 21.3%
  - Three Projects combined – 16.4%
  - Through July 2018 – \$225,934,299 revenue to LBEs

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### First Source Hiring Program for CPMC Operations

#### Hiring Goals

Fill at least 40% of entry-level positions with system referrals each hiring year (hiring year runs August – July)

- If CPMC does not fill 40% of entry-level positions with system referrals in a hiring year, the number of entry-level positions constituting the hiring deficiency will roll over and be added to the annual hiring target for the following hiring year.

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### First Source Hiring Program for CPMC Operations

#### Hiring Goals

Priority Neighborhoods:

- Western Addition
- Tenderloin
- Mission/SOMA
- Outer Mission/Excelsior
- Chinatown
- Southeast Neighborhoods

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**First Source Hiring Program for CPMC Operations**

- All non-construction hiring goals have been exceeded.
- There are no deficits or carry overs.

Program Year Five, August 2017- July 2018

- 54% goal
- Hired 35 out of 65 employees from workforce system referrals

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**First Source Hiring Program for CPMC Operations**

**Workforce Fund Grant Agreement**

- CPMC has paid \$3 million into a workforce fund administered by San Francisco Foundation
- The Fund focuses on barrier removal and job training for the employment opportunities created by the project
- The Fund targets educational institutions and non-profit organizations with an existing track record of working in the priority neighborhoods
- Current grantees: FACES SF, Jewish Vocational Service, Self-Help for the Elderly, Success Center, Young Community Developers

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**Healthcare**




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## Summary of Healthcare Commitments

CA Provision	Purpose
Baseline Charity Care	Maintain current levels of care for low-income individuals
New Medi-Cal Beneficiaries	Increase care for low-income individuals
Innovation Fund	Support community-based services to reduce unnecessary hospital care
Sub-acute Services	Work with other SF hospitals to develop proposals for addressing citywide need for sub-acute services
Integration of Medical Staff	Ensure seamless patient care across Sutter's SF facilities
Community Benefits Partnership	Continue community partnerships to improve health
Chinese Hospital Agreements	Maintain partnership with Chinese Hospital
Culturally and Linguistically Appropriate Services	Ensure culturally and linguistically appropriate services are provided

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## Baseline Charity Care

CA Provision	CPMC 2017 Performance	Compliant
Care for 30,445 charity care or Medi-Cal patients annually*	CPMC served a total of 39,569 unduplicated patients between 1/1/2017 and 12/31/2017. CPMC exceeded its requirement by 9,123 unduplicated patients.	Yes
Spend \$8 million annually for community benefit for the poor and underserved*	Community benefit in the amount of \$12,503,722 provided	Yes
Maintain current charity care policies through 12/31/15	Obligation completed on 12/31/15	N/A
Maintain Charity Care policies that are in compliance with applicable California law and do not deny Charity Care patients access to inpatient services	CPMC maintained Charity Care policies that comply with California law and ensured Charity Care patients had access to inpatient services.	Yes
Provide financial and other services or operational support to the Bayview Child Health Center	Support to the Bayview Child Health Center consistent with 2011-2012 levels and included: <ul style="list-style-type: none"> <li>\$325,000 operations grant/yr for 5 years</li> <li>Transferred all assets, valued at \$91,786.22</li> <li>Invested &gt;\$1 million in tenant improvements</li> <li>Remains the clinic's specialty and hospital partner</li> </ul>	Yes

\* Compliance verified by third party audit

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## New Medi-Cal Beneficiaries

CA Provision	CPMC 2017 Performance	Compliant
Continue to participate in Medi-Cal managed care with San Francisco Health Plan	Continued participation in Medi-Cal managed care with San Francisco Health Plan	Yes
Assume responsibility for 5,400 new Medi-Cal Managed Care beneficiaries for a total of 20,250*	CPMC met the obligation of 5,400 additional Medi-Cal beneficiaries in 2014. As of December 2017, CPMC had a total of 32,739 Medi-Cal managed care beneficiaries.	Yes
1,500 of the new Medi-Cal beneficiaries to come through a partnership with a Tenderloin-serving primary care provider able to contract with Medi-Cal managed care	No available Tenderloin-serving primary care provider able to contract with Medi-Cal managed care was available during the reporting period.  CPMC has contracted with an MSO, North East Medical Services (NEMS), and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Through this partnership, CPMC is the hospital partner for St. Anthony's participating medical groups. As of Dec 31, 2017, St. Anthony's has 170 members that enrolled in the NEMS/CPMC partnership (1 Healthy Kids & 169 Medi-Cal).	Yes

\*This is a corrected figure, erroneously reported in the Development Agreement as 22,728. The obligation to serve 5,400 new Medi-Cal managed care beneficiaries remains.

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## Innovation Fund

DA Provision	CPMC 2017 Performance	Compliant
Provide \$8.6 million to create an Innovation Fund <ul style="list-style-type: none"> <li>\$3.5 million in 2013</li> <li>\$1.125 million in 2014</li> <li>\$1.125 million in 2015</li> <li>\$1.725 million in 2016</li> <li>\$1.125 million in 2017</li> </ul>	\$8.6 million in payments made: <ul style="list-style-type: none"> <li>\$2 million on 9/4/13</li> <li>\$1.5 million on 11/26/13</li> <li>\$1.125 million on 11/24/14</li> <li>\$1.125 million on 11/25/15</li> <li>\$1.725 million on 11/3/16</li> <li>\$1.125 million on 11/14/17</li> </ul>	Yes
Grant funds to third-party recipients that <ul style="list-style-type: none"> <li>Support and improve the capacity of community clinics</li> <li>Support community-based health, human service, and behavioral health service providers to reduce unnecessary hospitalizations</li> </ul>	CPMC is a member of the Innovation Fund Committee, which in 2017 granted \$677,000 to support: <ul style="list-style-type: none"> <li>Transportation to the Sobering Center to reduce ER visits</li> <li>St. Anthony's Foundation to increase patient referrals and clinic outreach efforts</li> <li>Central City Hospitality House in the Tenderloin</li> <li>Garden2Table to support healthy living and cultural events for Tenderloin SRO residents</li> <li>Neighborhood Empowerment Network to engage Bayview residents in community planning</li> <li>The merger between Women's Community Clinic and HealthRight360</li> </ul>	Yes

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## Additional Healthcare Provisions

DA Provision	CPMC 2017 Performance	Compliant
Develop specific proposals for providing sub-acute care services in SF and present to Health Commission by 6/30/14	Obligation completed on 2/12/2016	N/A
Continue good faith efforts to integrate medical staffs at St. Luke's with medical staff of other hospital campuses	The integration of medical staff across the CPMC campuses, including St. Luke's, was completed and approved by the hospital's Board. CPMC now has a single medical staff at all four campuses.	Yes
Continue active participation in the Community Benefits Partnership	Continued participation in SFHP, a CBP successor coalition	Yes
Continue relationship with Chinese Hospital in a manner generally consistent with existing agreements	Maintained agreements and continued to provide services in a manner agreeable to both parties	Yes
Deliver services in accordance with national Culturally and Linguistically Appropriate Services standards	CPMC delivers services at in accordance with the mandates, guidelines of the National Standards on CLAS. In April 2016, DPH and CPMC staff met to discuss the St. Luke's Diabetes Clinic. The meeting resulted in specific recommendations related to Spanish-speaking staff, Spanish classes, patient satisfaction, and the HealthFirst program. CPMC reported it has maintained these recommendations during 2017.	Yes

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## Key Healthcare Issues

- Culturally and linguistically appropriate services at the St. Luke's Diabetes Clinic
- Shifting services to Sutter Pacific Medical Foundation (SPMF)
  - CPMC informed the Health Commission of plans to transfer management of 5 outpatient clinics to SPMF through Prop Q hearing process
- Closure of St. Luke's SNF and Subacute SNF
  - Closed in 2018; results in 68% reduction in overall SNF beds at CPMC
  - CPMC has committed to continuing to care for remaining sub-acute patients at the Davies Campus

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## Summary



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## Summary of Key Points

- Sutter is in compliance with DA provisions
  - Construction obligations and payments completed
- Ongoing areas of concern:
  - Construction hiring requirement
  - Tenderloin Medi-Cal provision
  - Culturally and Linguistically Appropriate Services

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## Comments And Questions

### Development Agreement Questions:

Elizabeth Purl  
Planning Department  
415-575-9028  
[Elizabeth.Purl@sfgov.org](mailto:Elizabeth.Purl@sfgov.org)  
<http://sf-planning.org/california-pacific-medical-center-cpmc>



San Francisco  
Department of Public Health



HEALTH SERVICE SYSTEM  
CITY & COUNTY OF SAN FRANCISCO

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