



State of California-Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM

Governor

**No Deficiency**

Erica Pan, M.D., M.P.H.

Director and State Public Health Officer

**February 9, 2026**

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

Administrator  
Zuckerberg San Francisco General Hosp & Trauma Ctr  
1001 Potrero Avenue  
San Francisco, CA 94110

Dear Administrator:

On **December 9, 2025**, an exit conference was conducted at your hospital by the California Department of Public Health, Center for Health Care Quality, to determine if your hospital was in compliance with state licensing and/or federal participation requirements for general acute care hospitals participating in the Medicare and/or Medicaid programs.

The enclosed form, entitled “State Form”, documents that no deficiencies of participation requirements were identified during this survey. Please sign, date, and return this form to our office (see address below) by **February 18, 2026**.

If you have questions concerning the instructions contained in this letter, please contact our office at (415)330-6353.

Sincerely,

for  
Diana Marana, R.N.  
District Manager  
Center for Health Care Quality  
Field Operations, North Division  
San Francisco District Office

Enclosed: State Form



California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA220000019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/09/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ZUCKERBERG SAN FRANCISCO GENERAL HOSP &amp; '</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 POTRERO AVENUE SAN FRANCISCO, CA 94110</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	<p><b>Initial Comments</b></p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one Facility Reported Incident.</p> <p>Facility Reported Incident Number: CA00985052</p> <p>The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>No deficiencies were issued for Facility Reported Incident: CA00985052.</p>	E 000		

Licensing and Certification Division LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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