Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:1 of 20

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

Facility Number:	10219	
Facility Name:	Good Sam	paritan Hospital - Bakersfield
Address:	901 Olive I	Drive
City:	Bakersfield	
Hospital Owner/Licensee:		Alliance Investments for Healthcare
Year of Reporting:		2011
Contact 1 e-mail Ac	ldress:	
Contact 2 e-mail Ac	ldress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	mitter:	Jose Gonzalez
Submission	n Date:	1/29/2012 3:00:00 PM

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:2 of 20

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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
Α	Original Hospital & Additions	901 Olive Drive	Retrofit	SPC2	01/01/2013	12/31/2012
В	Pediatrics Wing & Additions	901 Olive Drive	Retrofit	SPC2	01/01/2013	12/31/2012
С	Patient Wing	901 Olive Drive	Retrofit	SPC2	01/01/2013	12/31/2012

Good Samaritan Hospital - Bakersfield Report Year: 10219 2011

Bakersfield

Page:3 of 20

Report Status: Data Last Update: 10/27/2011 **Print Date:** 1/30/2012 12:45 PM Submission Date: 01/29/2012

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:4 of 20

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

Building Number: A Building Name: Original Hospital & Additions									
Type of Service Provided									
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency					
X Psychiatric Nursing	Inpatient Beds	21 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery					
		Total Beds this Building 21	Cesarean/Deliv	X Central Plant					

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:5 of 20

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

Building Number: B	Buildi	ng Name: Pediatrics Wing & Addition	ns							
Type of Service Provided										
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery						
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby						
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency						
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine						
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy						
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis						
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	U Outpatient Surgery						
		Total Beds this Building	Cesarean/Deliv	Central Plant						

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:6 of 20

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

Building Number: C	Buildi	ng Name: Patient Wing							
Type of Service Provided									
X Nursing	Inpatient Beds	39 Inpatient 7725 Days	Surgical	Obstetrical Recovery					
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency					
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy					
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis					
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery					
		Total Beds this Building	Cesarean/Deliv	Central Plant					

2011

10219

Good Samaritan Hospital - Bakersfield

Bakersfield

Page:7 of 20

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

Building Number:	А	Building Name: Orig	inal Hospital & Additions				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21		

2011

10219

Good Samaritan Hospital - Bakersfield

Bakersfield

Page:8 of 20

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

Building Number:	В	Building Name:	diatrics Wing & Additions	•				
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / develop	ment			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

2011

10219

Good Samaritan Hospital - Bakersfield

Bakersfield

Page:9 of 20

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

Building Number:	С	Building Name: Patie	ent Wing				
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 39 Bed	Inpatient 7725 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care New Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	39	39		

Report Year:	2011	10219		Good Samaritan Hospital - Bakersfield		Bakersfield	Page:10 of 20
--------------	------	-------	--	---------------------------------------	--	-------------	---------------

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

Building Number	Building Name	Building to be Removed
A	Original Hospital & Additions	
В	Pediatrics Wing & Additions	
С	Patient Wing	
I	Intensive Care Unit Addition	

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:11 of 20

2011

10219

Good Samaritan Hospital - Bakersfield

Bakersfield

Page:12 of 20

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	А	Building Name:	Original Hosp	pital & Additions			
Type of Service	e Provided		Surgical		Obstetrical		Rehabilitation
	Nursing	X	Anesthes	ia	Cesarean/Deliv		Therapy
	IntensiveCare	<u> </u>	_		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	_ l _	_	ab 🔲	Newborn/	X	Outpatient Surgery
X	Psychiatric	<u> </u>	Radiolog Imaging	ical/	WellBaby		
	Nursing	X	Pharmac	eutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtui	m X	Dietetic		Nuclear Medicine	Х	Support Services
	Intermediate Care	×	Administi	ration			
	Skilled Nursin	g					

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:13 of 20

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	В	Building Name:	Pe	ediatrics Wing & Additi	ions				
Type of Service Provided									
				Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	l	7	Anesthesia					
	IntensiveCare	, _	_	7 11.001.1001.0		Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	.	╛	Clinical Lab				Outpatient	
				Radiological/ Imaging	Ш	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing			Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m			П	Nuclear		Support	
	,. 23.p.10		Dietetic Me		Medicine		Services		
	Intermediate Care			Administration					
П	Skilled Nursin	g							

Report Year:	2011	10219	Good Samaritan Hospital - Bakersfield	Bakersfield	Page:14 of 20
--------------	------	-------	---------------------------------------	-------------	---------------

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	C Build	ing Name: Patient Wing			
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	Anesthesia			
	IntensiveCare		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	Clinical Lab			Outpatient
	escent	Radiological/ Imaging	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	Pharmaceutical	Emergency		Central Plant
	Obstetrical				
	Ante/Postprtum	Dietetic	Nuclear Medicine	Ш	Support Services
	Intermediate				
	Care	X Administration			
	Skilled Nursing				

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:15 of 20

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

Building Number:	А	Building Name: Original Hospital & Additions						
Configuration Retrofit Non-Confo		rming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Servic	e Provided							
N	ursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
In	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
l I	ediatric/Adol scent	X	Clinical Lab		Recovery			
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
_	bstetrical nte/Postprtum	X	Pharmaceutical	П	Emergency	X	Central Plant	
	itermediate are	X	Dietetic					
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services	

Report Year:	2011	10219	Good Samaritan Hospital - Bakersfield	Bakersfield	Page:16 of 20
--------------	------	-------	---------------------------------------	-------------	---------------

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

Building Number: B Building Name: Pediatrics Wing & Additions							
Configuration :	Retrofit Non-Confo	ng to SPC 2 and NPC	3 and rem	ove from service by 2030			
Type of Service Provided							
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
I	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:17 of 20

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

Building Numbe	er: C	Building Na	me: Patient Wing						
Configuration:	Retrofit Non-Confo	orming buildi	ming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Service Provided									
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic						
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services		

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:18 of 20

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

Building Number:	: [I	Building Na	me: Intensive Care Un	it Additio	on		
Configuration Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided							
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X I	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				Somain an
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 2011 10219 Good Samaritan Hospital - Bakersfield Bakersfield Page:19 of 20

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:	Buildi	ng Name: Inte	ensive Care Unit Addition					
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
X IntensiveCare	Inpatient Beds	4	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		4						

Report Status: **Data Last Update**: 10/27/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

2011

10219

Good Samaritan Hospital - Bakersfield

Bakersfield

Page:20 of 20

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:	Build	ing Name: Inten	nsive Care Unit Addition			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse New	vborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 4 Bed	Inpatient 264 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	4	4	