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

Facility Number:	11731
Facility Name:	Good Samaritan Hospital - Los Angeles
Address:	1225 Wilshire Blvd.
City:	Los Angeles
Hospital Owner/Lice	ensee: Good Samaritan Hospital / 930000071
Year of Rep	porting: 2011
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	omitter: Dan McLaughlin
Submission	Date: 1/29/2012 3:00:00 PM

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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 Ratin If Required	g Extension Date	Anticipated Completion Date
05	1927 Building	1225 Wilshire Blvd.	Replace	SPC5	01/01/2013	12/31/2013
06	1953 Building	1225 Wilshire Blvd.	Replace	SPC5	01/01/2013	06/30/2014

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F) 1927 Building Building Number: 05 **Building Name:** Type of Service Provided Obstetrical Surgical Inpatient Inpatient 0 Nursing Recovery Days Beds Newborn/ IntensiveCare Inpatient Days Inpatient 0 Anesthesia WellBaby **Beds Emergency** Clinical Lab Inpatient Days Inpatient 0 Pediatric/Adol escent **Beds** Nuclear Radiological/ Medicine Imaging **Psychiatric** Inpatient Days ol Inpatient Nursing Beds Pharmaceutical Rehabilitation Obstetrical Inpatient Inpatient Days Dietetic Therapy Ante/Postprtum Beds Renal Dialysis Administration Inpatient Inpatient Days 0 Intermediate 0 Care **Beds** Support Outpatient Services Surgery Inpatient Days Skilled Nursing Inpatient 0 **Beds** Obstetrical

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0

Cesarean/Deliv

Central Plant

Total Beds this

Building

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

Building Number: 06 Building Name: 1953 Building												
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	Outpatient Surgery								
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant								

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

Building Number: 05 Building Name: 1927 Building	
Medical / Surgical (Include GYN) Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse Newborn / GYN) Burn	Skilled Nursing
Inpatient 0 Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric intensive Care Newborn Nursery	Intermediate Card
Inpatient 0 Inpatient 0 Inpatient 0 Days Bed Days	Inpatient 0 Inpatient 0 Days
Intensive Care Rehabilitation Center	Int. Care / development Disabled
Inpatient 0 Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care Chemical Dependency	Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Inpatient 0 Days	0 0

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

Building Number:	06	Building Name: 1953	3 Building		
Medical / Surgical	(Include 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	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 / developn Disabled	nent
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

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

	Building Iumber	Building Name	Building to be Removed
0	1	Main Hospital	
02	2	ICU / CCU Addition	
03	3	Mechanical Plant	
04	4	MRI Addition	
0	5	1927 Building	
06	6	1953 Building	

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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:	05	Building Name:	1927 Building		
Type of Service	e Provided	[Surgical	Obstetrical Obstetrical	Rehabilitation
	Nursing		Anesthesia	Cesarean/Deliv	Therapy Renal Dialysis
	IntensiveCare		–	Obstetrical Recovery	Keliai Dialysis
	Pediatric/Ado escent	, L	Clinical Lab	Newborn/ WellBaby	Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtu	ım _	Dietetic	Nuclear Medicine	Support Services
	Intermediate Care		Administration		
	Skilled Nursir	ng			

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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:	06	Building Name:	1953 Building									
Type of Service Provided												
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
	Nursing	lr	Anesthesia									
	IntensiveCare	;		Obstetrical Recovery		Renal Dialysis						
	Pediatric/Ado	, [Clinical Lab			Outpatient						
	escent		Radiological/	Newborn/ WellBaby		Surgery						
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant						
	Obstetrical											
	Ante/Postprtu	m _	Dietetic	Nuclear Medicine		Support Services						
	Intermediate		_									
	Care		Administration									
	Skilled Nursin	ng										

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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	r: 01	Building Na	me: Main Hospital				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
1'` 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emorgonov	X	Central Plant
П	Intermediate	X	Dietetic		Emergency		Central Plant
	Care	х	Administration	X	Nuclear Medicine	X	Support Services
X	Skilled Nursing						

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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	r: 02	Building Na	me: ICU / CCU Add	lition				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Service Provided								
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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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:	03	Building Na	me: Mechanical Plan	t			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				22
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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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:	Building Number: 04 Building Name: MRI Addition								
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Service Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
l I	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic						
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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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:	05	Building Na	me: 1927 Building				
Configuration .	Remove from GAC	Service by	1/1/2015				
Type of Servic	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	itermediate		Dietetic	_	Line.geney	_	Contract faint
	are killed Nursing		Administration		Nuclear Medicine		Support Services

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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 Numb	er: 06	Building Na	me: 1953 Building				
Configuration:	Remove from GAC	Service by	1/1/2015				
Type of Service Provided							
	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		Administration		Nuclear Medicine		Support Services

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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)

Buildi	Building Number: 01 Building Name: Main Hospital								
Туре	Type of Service Provided								
X	Nursing	Inpatient Beds	258	X	Surgical	X Obstetrical Cesarean/Deliv	X Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	33	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	31	X	Pharmaceutical	X Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Support Services		
X	Skilled Nursing	Inpatient Beds	28	X	Administration				
	Total Beds this Building		350						

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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)

Build									
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	58		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X 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		58						

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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)

Buildir									
Type	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		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	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

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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)

Buildi	Building Number: 04 Building Name: MRI Addition									
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0	X	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		0							

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Building Number:	1 Build	ing Name: Mair	Hospital				
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric	patient 0 Inpatient 0 Days cilled Nursing patient 28 Inpatient 10220 cermediate Card cermediate Card catient 0 Inpatient 0 Days c. Care / development sabled patient 0 Inpatient 0		
Inpatient 235 Bed	Inpatient 85775 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed			
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing			
Inpatient 31 Bed	Inpatient 11315 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 28 Bed			
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 23 Bed	Inpatient 8395 Days	Inpatient 0 Bed			
Intensive Care		Rehabilitation Center		Int. Care / develop	ment		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 23 Bed	Inpatient 8395 Days	Inpatient 0 Bed			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 10	Inpatient 3650 Days	Inpatient 0 Bed	Inpatient 0 Days	350	350		

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Building Number:	2 Build	ing Name:	/ CCU 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 Nev	wborn / 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 / develop	ment
Inpatient 58 Bed	Inpatient 21170 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	58	58

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Building Number:	03 Bu	ilding Name: Mec	hanical Plant		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp	atient 0
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp	atient 0
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp	atient 0
Intensive Care		Rehabilitation Center		Int. Care / development	t
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inp	atient 0
Coronary Care		Chemical Dependency		Building Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04	Building	Name: MRI	Addition			
Medical / Surgical (Include GYN)			cute Respiratory	Care	Acute Psy	/chiatric	
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0	Inpatient 0 Days	Inpatient Bed		Inpatient 0 Days
Perinatal (excluse Newborn / GYN)			ırn		Skilled Nu	ırsing	
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0	Inpatient 0 Days	Inpatient Bed		Inpatient 0 Days
Pediatric			tensive Care Nev ursery	vborn	Intermedia	ate Card	
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0	Inpatient 0 Days	Inpatient Bed		Inpatient 0 Days
Intensive Care			ehabilitation enter		Int. Care / Disabled	developm	ent
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0	Inpatient 0 Days	Inpatient Bed		Inpatient 0 Days
Coronary Care		_	nemical ependency		Total Bed Building I Unit		Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inp Be	patient 0	Inpatient 0		0	0