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

Facility Number:	10219	
Facility Name:	Good Samaritan Hospital - Bakersfield	
Address:	901 Olive Drive	
City:	Bakersfield	
Hospital Owner/Lice	ensee: Alliance Investments for Healthcare	
Year of Rep	orting: 2012	
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter: Jose Gonzalez	
Submission	Date: 1/7/2013 12:53:45 PM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 00811	Original Hospital & Additions	901 Olive Drive	Retrofit	SPC2	01/01/2015	12/31/2014
BLD- 00812	Pediatrics Wing & Additions	901 Olive Drive	Replace	SPC2	01/01/2015	12/31/2014
BLD- 00813	Patient Wing	901 Olive Drive	Retrofit	SPC2	01/01/2015	12/31/2014

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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)

Building Number: BL	_D-00811	Building Name:	Original Hospital & Additions	
Type of Service Prov	<u>rided</u>			
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 234	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

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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: BL				
Type of Service Prov	<u>rided</u>			
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	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

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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: BLD-00813 Building Name: Patient Wing					
39 Inpatient 5748 Days	Surgical Obstetrical Recovery				
0 Inpatient Days 0	Anesthesia Newborn/ WellBaby				
0 Inpatient Days 0	Clinical Lab Emergency				
0 Inpatient Days 0	Radiological/ Nuclear Medicine				
0 Inpatient Days 0	Pharmaceutical Dietetic Rehabilitation Therapy				
0 Inpatient Days 0	X Administration Renal Dialysis  Support Outpatient				
0 Inpatient Days 0  Total Beds this 39	Obstetrical Cesarean/Deliv  Cutpatient Surgery  Cutpatient Surgery  Cutpatient Cutpatien				
	39 Inpatient Days 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:	BLD-00811	Building Name: Orig	inal Hospital & Additions		
Medical / Surgical	(Include GYN)	Acute Respiratory	Acute Respiratory Care		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 234 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	21	21

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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:	BLD-00812	Building Name: Pedi	atrics Wing & Additions		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Acute Respiratory Care		
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 / 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	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:	BLD-00813	Building Name: Patie	ent Wing		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 39 Bed	Inpatient 5748 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	vborn	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	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	39	39

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00811	Original Hospital & Additions	Retrofit
BLD-00812	Pediatrics Wing & Additions	Replace
BLD-00813	Patient Wing	Retrofit
BLD-00814	Intensive Care Unit Addition	Remain

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number:	BLD-00812 Building Name:	Pediatrics Wing & Additions	
Will general acuti	r care services and beds will be re	elocated to a new, Existing or retrofittrd building?	
Administration	N/A		

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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:	BLD-00811 E	Building Name:	Original Hospital & A	dditions			]
Type of Service	e Provided						
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	X	Anesthesia				
	IntensiveCare		_ ,	Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Adol	X	Clinical Lab		X	Outpatient	
Ш	escent	X	Radiological/ Imaging	Newborn/ WellBaby		Surgery	
X	Psychiatric Nursing	X	<b>-</b>	Emergency	X	Central Plant	
	Obstetrical		_	Nuclear		Cupport	
	Ante/Postprtum	X	Dietetic	Medicine	X	Support Services	
	Intermediate Care	  x	Administration				
	Skilled Nursing		J :				

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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:	BLD-00812 Bui	ilding Name:	Pediatrics Wing & Add	ditions		
Type of Service Provided						
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	_		
	IntensiveCare		-	Obstetrical Recovery		Renal Dialysis
П	Pediatric/Adol escent		Clinical Lab	Newborn/	П	Outpatient Surgery
			Radiological/ Imaging	WellBaby		Cargory
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services
	luto uno o di oto		] 2.0.0.0			
	Intermediate Care	X	Administration			
П	Skilled Nursing					

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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:	BLD-00813 Bu	Iding Name: Patient Wing							
Type of Service Provided									
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy					
X	Nursing	Anesthesi	a						
	IntensiveCare		Obstetrical Recovery	Renal Dialysis					
	Pediatric/Adol	Clinical La		Outpatient					
	escent	Radiologi	cal/ Newborn/ WellBaby	└─ Surgery					
	Psychiatric Nursing	Imaging							
	-	Pharmace	eutical Emergency	Central Plant					
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services					
	Intermediate Care	X Administr	ation						
	Skilled Nursing	[^] Administr	allon						

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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: BLD-00811 Building Name: Original Hospital & Additions							
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Serv	ice Provided						
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	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: BLD-00812 Building Name: Pediatrics Wing & Additions							
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service Provided							
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	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	X	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:	BLD-00813	Building Na	me: Patient Wing				
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030							
Type of Service Provided							
X	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant
	itermediate are		Dietetic		Nuclear Medicine		Support
s	killed Nursing	X	Administration		radical Modifie		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: BLD-00814 Building Name: Intensive Care Unit Addition							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5							
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	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)

Building Number: BL	D-00814	Building N	Name: Intensive Care Unit Ad	dition				
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:** 01/07/2013 **Submission Date:** 01/07/2013 **Print Date:** 1/8/2013 6:25 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	BLD-00814	Building Name	: Intensi	ive Care Unit A	ddition		
Medical / Surgical (I	Acute R	Acute Respiratory Care			Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled	Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days
Pediatric		intensiv Nursery	e Care Newk	born	Interm	ediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed		Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days
Intensive Care		Rehabili Center	tation		Int. Ca Disabl	re / develop	ment
Inpatient 4 Bed	Inpatient Days	43 Inpatient Bed		Inpatient Days	0 Inpatie Bed	nt 0	Inpatient 0 Days
Coronary Care		Chemica Depende			Total I Buildii Unit	Beds this ng Per	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	· · · · · · · · · · · · · · · · · · ·	Inpatient Days	0	4	4

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