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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	porting: 2013	
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	Idress::	
Name of Sub	omitter: Jose Gonzalez	
Submission	n Date: 10/25/2013 8:29:34 AM	

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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	g 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	Retrofit	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 inpatient 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 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 X Support	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 21	Cesarean/Deliv	X Central Plant

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

Building Number: BLD-00812	Building Name:	Pediatrics Wing & Additions	
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 Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care 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 inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: BLD-00813	Building Name:	Patient Wing	
Type of Service Provided			
X Nursing Inpatient Beds	39 Inpatient 4432 Days	Surgical	Obstetrical Recovery
IntensiveCare Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol Inpatient escent Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Inpatient Nursing Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Inpatient Ante/Postprtum Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Inpatient Care Beds	0 Inpatient Days 0	X Administration Support	Renal Dialysis  Outpatient
Skilled Nursing Inpatient Beds	0 Inpatient Days 0	Services  Obstetrical	Surgery
	al Beds this dilding	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:	BLD-00811	Building Name: Or	iginal Hospital & Additions				
Medical / Surgical (	Include GYN)	Acute Respirato	ry Care	Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 0 Days		
Perinatal (excluse l	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 N Nursery	intensive Care Newborn Nursery		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	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:	Pediatrics Wing & Additions		
Medical / Surgical (	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 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 Bed	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:	BLD-00813 Build	ling Name:	tient Wing		
Medical / Surgical (I	nclude GYN)	Acute Respirator	ry Care	Acute Psychiatric	
Inpatient 39 Bed	Inpatient 4432 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / 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 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
	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 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	Retrofit
BLD-00813	Patient Wing	Retrofit
BLD-00814	Intensive Care Unit Addition	Remain

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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 Building	g Name:	riginal Hospital & Ad	ditions			
Type of Service	Type of Service Provided						
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	X	Anesthesia				
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		X	Outpatient	
		X	Radiological/ Imaging	Newborn/ WellBaby		Surgery	
X	Psychiatric Nursing	X	Pharmaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum			Nuclear	X	Support	
	Ante/i ostpitam	X	Dietetic	Medicine		Services	
	Intermediate Care						
		X	Administration				
	Skilled Nursing	l					

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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	Building Name:	Pediatri	cs Wing & Additio	ns			
Type of Service	e Provided	ΙΓ	Surg	ical		Obstetrical	Rehabilitation	
	Nursing		]		Ш	Cesarean/Deliv	Therapy	
	IntensiveCare		Anes	sthesia		Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent	,   L	<u>.</u> 1	cal Lab		Newborn/	Outpatient Surgery	
	Psychiatric Nursing		Ima(	iological/ ging rmaceutical		WellBaby Emergency	Central Plant	
	Obstetrical Ante/Postprtu	m	] Piet			Nuclear Medicine	Support Services	
	Intermediate Care	X	] Adm	ninistration				
	Skilled Nursin	g						

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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	Building Name:	Patient Wing					
Type of Service Provided								
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	Nursing		Anesthesia					
	IntensiveCare			Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab			Outpatient Surgery		
			Radiological/ Imaging	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant		
	Obstetrical Ante/Postprtui			Nuclear		Support		
	Ante/F Ostpitui	""   E	Dietetic	Medicine		Services		
	Intermediate Care	, , , , , , , , , , , , , , , , , , ,	<u> </u>					
_			X Administration					
	Skilled Nursing	g <b> </b>						

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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 Service Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery			
X	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency	X	Central Plant	
	Intermediate Care	X	Dietetic				•	
	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-Confo	orming buildi	rming building to SPC 2 and NPC 3 and remove from service by 2030						
Type of Serv	ice 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 Care		Dietetic						
	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 Name: 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	П	Emergency		Central Plant		
	Intermediate Care		Dietetic		Nuclear Medicine		Support		
	Skilled Nursing	X	Administration		Nucleal Medicine		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 Conformin	g building to	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	П	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	ng Number: BLI	D-00814	Building I	Name: Int	tensive Care Unit Add	lition	
Тур	e of Service Prov	<u>rided</u>					
	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				

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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 <b>Bu</b>	ilding Name:	Intensive Care Unit Addition		
Medical / Surgical (Ir	nclude GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (Exclude N	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		Intensive Car Nursery	e Newborn	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center	1	Int. Care / Developmentally Disabled	
Inpatient 4 Bed	Inpatient 19 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient Days	0
<b>Coronary Care</b>		Chemical Dep	pendency	Total Beds this Total Beds Building Per Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service	4

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