Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

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/Lic	censee: Good Samaritan Hospital / 930000071						
Year of Re	eporting: 2014						
Contact 1 e-mail A	Address:						
Contact 2 e-mail A	Address:						
Contact 3 e-mail Ac	ddress::						
Name of Sul	bmitter: Dan McLaughlin						
Submissio	on Date: 12/18/2014 5:35:03 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- 01997	1927 Building	1225 Wilshire Blvd.	Replace	SPC4	01/01/2020	09/01/2019
BLD- 01998	1953 Building	1225 Wilshire Blvd.	Replace	SPC4	01/01/2020	09/01/2019

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 1927 Building Retrofit/Replacement Yes-Submitted BLD-01997 Project: Facility Project Sub Plan **Project** CEQA Number Number Num Scope Approved Start Date Complete Review Date In Status Date 11731 1140014-19-0 SB1953 and SB90 Compliance Projects.the 12/17/2014 07/12/2016 ACTI No 00 OSHPD Building numbers are 12:00:00 AM

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-01998

1953 Ruilding

Dulluling	IVO. BLD-0	1990	1900 Building		Project:	Jiacement	163-001	Jilittea	_
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11731	I140014-19- 00	0	SB1953 and SB90 Compliance Projects.the OSHPD Building numbers are	12/17/2014 12:00:00 AM		07/12/2016		ACTI	No

Ves-Submitted

Retrofit/Replacement

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Provide the number of	inpatient bed	ds and patient days per type of service pe	r building per Section 13006	1(c)(1)(F)	
Building Number: BL	D-01997	Building Name: 192	27 Building		
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 X Dietetic	Rehabilitat Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Beds	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nnt

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Provide the number o	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: BL		Building Name: 199	53 Building		
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 X Support	Renal Dialysis	ı
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Outpatient Surgery	
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant	

Report Year: 2014 11731 Good Samaritan Hospital - Los Angeles Los Angeles Page:6 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01997 **Building Number: Building Name:** 1927 Building Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

Report Year: 2014 11731 Good Samaritan Hospital - Los Angeles Los Angeles Page:7 of 32 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-01998 1953 Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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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-01993	Main Hospital	Remain
BLD-01994	ICU / CCU Addition	Remain
BLD-01995	Mechanical Plant	Remain
BLD-01996	MRI Addition	Remain
BLD-01997	1927 Building	Replace
BLD-01998	1953 Building	Replace

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No proposed ne	ew buildings	s to be const	ructed at this or another site.		

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The project replaced The plans replaced	ected date or date or rebuild buildin ned uses of the b or rebuild buildin	es the buildir gs as well. building or bu gs as well.	aced, rebuilt, removed from acung will be removed from service wildings to be removed from acuned in the building or buildings pe	per Sec te care s	tion 130061 (c)(2)(A) and proservice per Section 130061(c	ovide said date or da	
Building I	Number: BLD-	01997	1927 Building		Removal Date:	09/01/2019	
Planned	Uses for the build	ding to be re	moved from acute care service:				
Planned	use for building:						
Inpatient	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing		Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical		Obstetrical Cesarean/Deliv Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine	Rehabilitation Therapy Renal Dialysi Outpatient Surgery Central Plant X Support Services	s

Report Ye	ear: 2014 11731	Good Samaritan Hospital - Los	Angeles	Los Angeles	Page:11 of 32
The proje replaced The plans replaced	ected date or dates the boor rebuild buildings as woned uses of the buildings or rebuild buildings as w	or buildings to be removed from acute	per Section 130061 (e care service per Se	c)(2)(A) and provide said ection 130061(c)(2)(B) an	
Building N	Number: BLD-01998	1953 Building		Removal 09/0	01/2019
Planned I	Uses for the building to b	be removed from acute care service:			
Planned	use for building:				
Inpatient	services currently delive	ered in the building:	_	_	
	Nursing	Surgical	Obstetrical Cesarean/D		habilitation erapy
	IntensiveCare	Anesthesia	Obstetrical	Пъ	and Dialysis
	Pediatric/Adol escent	Clinical Lab	Recovery	Re	enal Dialysis
	Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		utpatient irgery
	Obstetrical Ante/Postprtum	Pharmaceutical			antical Diamet
	Intermediate Care	Dietetic	Emergency		entral Plant
	Skilled Nursing	X Administration	Nuclear Medicine		pport rvices

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No data reporte	d for Section	n 130061(c)	(2)(D).		

Report Year:	2014	11731	Good Samaritan Hospital - Los Angeles	Los Angeles	Page:13 of 32
No data reporte	d for Section	n 130061(c)	(2)(D.		

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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-01998 Building Name: 1953 Building Number:
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration N/A
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-01998 Building Name: 1953 Building Number:
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services N/A
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-01997 Building Name: 1927 Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?
Dietetic N/A

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•	•			I beds will be relocated to a new Building Resolution of "Rebuild	•	O	,	. 0
Building Number: Will general a	BLD-0		ding Name:	1927 Building located to a new, Existing or reti	rofitted	building?]	
Support Servi	ices	/A						

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No data reporte	d for Section	n 130061(c)((3).		

ding Number:	BLD-01997 Buildi	ng Name: 19	927 Building			
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia	Cesaleal/Deliv		
	IntensiveCare		Clinical Lab	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Radiological/	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum		Tharmacedical	Nuclear	□ X	Support
	·	X	Dietetic	 Medicine		Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Report any general per Section 130061		tient service that is provide	d in any genaral ac	cute care hospital	building th	nat is rated SPC-1	
Building Number:	BLD-01998 Buildin	g Name: 1953 Building					
Type of Service	e Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	Anesthesia				Renal Dialysis	
	IntensiveCare	Clinical Lab		Obstetrical Recovery		Renai Dialysis	
	Pediatric/Adol escent	Radiologica		lewborn/ VellBaby		Outpatient Surgery	
	Psychiatric Nursing	Imaging Pharmaceu		Emergency		Central Plant	
		T Harmasee				Contrain faint	
	Obstetrical Ante/Postprtum	Dietetic		luclear ledicine	X	Support Services	
	Intermediate Care	X Administrat	ion				
	Skilled Nursing						

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Report the final configuration of all bui requirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ing how each building wind that will be provided in	ill comply with the SPC-5/NI each general actue care ho	PC-4 or 5 spital building
Building Number: BLD-01993	Building Name: Main Hospital			
Configuration: Retrofit Conforming	ng building to NPC 4 or NPC 5			
Type of Service Provided				
X Nursing	X Surgical	X Obstetrical Cesarean/De		abilitation apy
X IntensiveCare	X Anesthesia	X Obstetrical Recovery	X Rena	al Dialysis
Pediatric/Adol escent	X Clinical Lab	recovery		
Psychiatric Nursing	X Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	atient ery
X Obstetrical	X Pharmaceutical			
Ante/Postprtum		X Emergency	X Cent	ral Plant
Intermediate Care	X Dietetic	X Nuclear Med	icine X Sup	nort
X Skilled Nursing	X Administration	Nucleal Med	Serv	rices

eport Year:	2014 11731	Good Samari	tan Hospital - Los Ange	eles	Los Angeles		Page:20 of 32
Report the final equirements wher Section 130	hether by retrofit or by r	dings on the eplacement	hospital campus showing and the type of service	ng how e that will l	ach building will comply be provided in each gen	with the SPC eral actue ca	C-5/NPC-4 or 5 re hospital building
Building Numbe	r: BLD-01994	Building Na	me: ICU / CCU Addition	on			
Configuration:	Retrofit Conforming	g building to	NPC 4 or NPC 5				
Type of Serv	rice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	Intermediate		Dietetic		Emergency		Central Plant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services
	Challed Hursing						

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	er by retrofit or by r				ach building will comply w be provided in each gener		
Building Number:	BLD-01995	Building Nar	me: Mechanical Plant				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		. tossilei		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical		Pharmaceutical				
Ant Ant	te/Postprtum				Emergency	X	Central Plant
Inte Cai	ermediate re		Dietetic	П	Nuclear Medicine		Support
Ski	lled Nursing		Administration	_			Services

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Report the final cor requirements wheth per Section 130061	ner by retrofit or by i	dings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SPC- ral actue car	-5/NPC-4 or 5 e hospital building
Building Number:	BLD-01996	Building Na	me: MRI Addition				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	i	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration			_	Services

Report Year: 20	11731 G	ood Samari	tan Hospital - Los Angel	es	Los Angeles		Page:23 of 32
	ner by retrofit or by re				ach building will comply wi be provided in each genera		
Building Number:	BLD-01997	Building Nar	me: 1927 Building				
Configuration:	Remove from GAC	service by 1	1/1/2020				
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery
	ostetrical te/Postprtum		Pharmaceutical		F		in manual Diama
	ermediate	X	Dietetic		Emergency		entral Plant
Ca			Administration		Nuclear Medicine		Support Services
Ski	illed Nursing		, identification				

port Year: 201			tan Hospital - Los Angel		Los Angeles		Page:24 of 32
eport the final confi quirements whethe r Section 130061(er by retrofit or by re	lings on the eplacement	hospital campus showin and the type of service t	ig how e hat will t	ach building will comply be provided in each gene	with the SP eral actue ca	C-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-01998 I	Building Nar	me: 1953 Building				
Configuration:	Remove from GAC	service by	1/1/2020				
Type of Service F	Provided						
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare		Anesthesia		Obstetrical		Renal Dialysis
Pedi esce	atric/Adol ent		Clinical Lab		Recovery		
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	tetrical b/Postprtum		Pharmaceutical		E		Ocated Blood
	mediate		Dietetic		Emergency		Central Plant
Care			Administration		Nuclear Medicine	X	Support Services
Skille	ed Nursing						

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	le information on t PC-5 per Section		of inpatient beds I	by type of S	Service provided by	buildings that are classified	as SPC-2, SP	C-3, SPC-4,
Buildi	ng Number: BLE	D-01993	Building N	ame: Ma	in Hospital			
Туре	e of Service Prov	<u>rided</u>						
X	Nursing	Inpatient Beds	258	X	Surgical	X Obstetrical Cesarean/Deliv	X Reh	abilitation rapy
X	IntensiveCare	Inpatient Beds	33	X	Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	X Ren	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby	Outp Surg	patient gery
X	Obstetrical Ante/Postprtum	Inpatient Beds	31	X	Pharmaceutical	X Emergency	X Cen	tral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Supp Serv	
X	Skilled Nursing	Inpatient Beds	28	X	Administration			
	Total Beds this Building		350					

Report Year:	2014 1173	Good Samari	tan Hospital	- Los Angeles		Los Angeles		Page:26 of 32
	ation on the numb r Section 130061		s by type of	Service provided by	/ building	s that are classified a	s SPC-2,	SPC-3, SPC-4,
Building Numb	per: BLD-01994	Building	Name: IC	U / CCU Addition				
Type of Serv	ice Provided							
Nursing	Inpatie Beds	nt 0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Intensiv	eCare Inpatie Beds	nt 58		Anesthesia				
Pediatri escent	c/Adol Inpatie Beds	nt 0		Clinical Lab		Obstetrical Recovery	X F	Renal Dialysis
Psychia Nursing		nt 0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstetri Ante/Po	cal Inpatie stprtum Beds	nt 0		Pharmaceutical		Emergency		Central Plant
Interme Care	diate Inpatiei Beds	nt 0		Dietetic		Nuclear Medicine		Support Services
Skilled I	Nursing Inpatiei Beds	nt 0		Administration				
Total Be 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)									
Building Number: BLD-01995 Building Name: Mechanical Plant									
Type of Service Provided									
N	lursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare	Inpatient Beds	0		Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	sychiatric Iursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
□ s	killed Nursing	Inpatient Beds	0		Administration				
	otal 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)								
Building Number: BLD-01996 Building Name: MRI Addition								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
IntensiveC	are Inpatient Beds	0		Anesthesia				
Pediatric/A escent	dol Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient urgery
Obstetrical Ante/Postp		0		Pharmaceutical		Emergency		entral Plant
Intermedia Care	te Inpatient Beds	0		Dietetic		Nuclear Medicine		upport ervices
Skilled Nur	rsing Inpatient Beds	0		Administration				
Total Beds Building	this	0						

Report Year:

2014

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Good Samaritan Hospital - Los Angeles

Los Angeles

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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	0-01993 Buildin	ng Name: Main Hospital					
Medical / Surgical (Includ	de GYN)	Acute Respiratory Care	Acute Psychiatric				
	npatient 85775 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude Newbo	orn / GYN)	Burn	Skilled Nursing				
	npatient 11315 Days	Inpatient 0 Inpatient 0 Days	Inpatient 28 Inpatient 0 Bed Days				
Pediatric		Intensive Care Newborn Nursery	Intermediate Care				
	npatient 0 Days	Inpatient 23 Inpatient 8395 Bed Days	Inpatient 0 Inpatient 0 Days				
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled				
	npatient 0 Days	Inpatient 23 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days				
Coronary Care		Chemical Dependency	Total Beds this Building Per Total Beds this Building Per				
	npatient 3650 Days	Inpatient 0 Inpatient 0 Days	Unit Service 350				

Los Angeles Report Year: 2014 11731 Good Samaritan Hospital - Los Angeles Page:30 of 32 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) BLD-01994 ICU / CCU Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center 21170 Inpatient 58 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 58 58

Los Angeles Report Year: 2014 11731 Good Samaritan Hospital - Los Angeles Page:31 of 32 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) BLD-01995 **Mechanical Plant Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Los Angeles Report Year: 2014 11731 Good Samaritan Hospital - Los Angeles Page:32 of 32 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) BLD-01996 MRI Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0