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	d Year of Report per Section 130061(e)						
Facility Number:	11731	11731						
Facility Name:	Good Sa	amaritan Hospital						
Address:	1225 W	ilshire Blvd						
City:	Los Ang	peles						
Hospital Owner/Licensee: Year of Reporting: Contact 1 e-mail Address: Contact 2 e-mail Address:		Good Samaritan Hospital / 930000071 2015 [Confidential data left blank intentionally.] [Confidential data left blank intentionally.]						
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]						
Name of Submitter: Submission Date:		Dan McLaughlin 10/29/2015 5:05:50 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

Los Angeles Report Year: 11731 Good Samaritan Hospital Page:3 of 32 2015 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). 1927 Building Yes-Submitted Building No: BLD-01997 Retrofit/Replacement Project: Facility Project CEQA Plan Approved Projected Projected Sub Completion Date Status Number Number Date Start Date Review Num Scope Date In 11731 1140014-19-0 SB 90 for Good Samaritan 11731: To 12/17/201 07/12/2016 ACTI No 00 Relocate Required Services to Seismically Compliant Building (BL 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). BLD-01998 Yes-Submitted 1953 Building Retrofit/Replacement Building No: Project: Facility Project Plan Approved Projected Projected CEQA Sub Date Start Date Completion Date Status Review Number Number Scope Num Date In 0 SB 90 for Good Samaritan 11731: To ACTI No 11731 1140014-19-12/17/201 07/12/2016 00 Relocate Required Services to Seismically Compliant Building (BL

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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-01997	Building Name: 192	27 Building						
Type of Service Prov	<u>/ided</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	Rehabilitation Therapy	n				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialys	sis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plan	t				

Report Year:	2015 11731	Good Samaritan Hospital	Los Angeles	Page:5 of 32					
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)									
_	mber: BLD-01998	Building Name:	1953 Building						
Nursir	ng Inpatien Beds	t 0 Inpatient 0 Days	Surgical	Obstetrical Recovery					
Intens	iveCare Inpatien Beds	t 0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby					
Pediat escen	ric/Adol Inpatien t Beds	t 0 Inpatient Days 0	Clinical Lab	Emergency					
Psych Nursir		t 0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine					
Obste Ante/F	trical Inpatien Postprtum Beds	t 0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy					
Interm Care	ediate Inpatien Beds	t 0 Inpatient Days 0	X Administration	Renal Dialysis					
Skilled	l Nursing Inpatien Beds	t 0 Inpatient Days 0	X Support Services	Outpatient Surgery					
	Dodo	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant					

Report Year: 2015 11731 Good Samaritan Hospital 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 Days Bed 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: 2015 11731 Good Samaritan Hospital 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 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	to be consti	ructed at this or another site.		

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)										
Building Number: BLD-01997										
Planned I	Jses for the build	ing to be re	moved from acute care	e service:						
	use for building:	Clinic			HPD					
Inpatient Inpatient Inpatient Inpatient	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing	delivered i	Surgical Anesthesia Clinical Lab Radiological/ Imaging Pharmaceutical	Ce OI Re W I No No No No No No No No No	bstetrical esarean/Deliv bstetrical ecovery ewborn/ 'ellBaby mergency uclear edicine	Rehabilitation Therapy Renal Dialys Outpatient Surgery Central Plan X Support Services	is			

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)										
Building Number: BLD-01998 1953 Building Removal Date:										
Planned	Uses for the buildin	g to be remo	oved from acute care	e service:						
Planned	use for building:	Clinic		Jurisdiction: OSH	PD					
<u>Inpatient</u>	services currently	delivered in t	he building:							
	Nursing		Surgical		stetrical sarean/Deliv	Rehabilitat Therapy	tion			
	IntensiveCare		Anesthesia		.totvicel					
	Pediatric/Adol escent		Clinical Lab		stetrical covery	Renal Dial	ysis			
	Psychiatric Nursing		Radiological/ Imaging		vborn/ IBaby	Outpatient Surgery	t			
	Obstetrical Ante/Postprtum		Pharmaceutical	П	,	Control Bl				
	Intermediate Care		Dietetic	∟ Em	ergency	Central Pl	ant			
	Skilled Nursing	X	Administration		lear dicine	X Support Services				

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No data reported for Section 130061(c)(2)(D).								

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No data reported for Section 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-01997 Building Name: 1927 Building								
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	d building?							
Dietetic Relocated to other building								
New Building RetroFitted Building	Other SPC2-SPC5 Building	<u></u>						
	BLD-01993-Main Hospital							
Report whether the general acute care services and beds will be relocated to a new, exis building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "l		responding						
Building Number: BLD-01997 Building Name: 1927 Building								
Will general acute care services and beds will be relocated to a new, Existing or retrofitte	d building?							
Support Services Relocated to other building								
New Building RetroFitted Building	Other SPC2-SPC5 Building							
	BLD-01993-Main Hospital							
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								
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Administration N/A								

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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: Will general a	Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Nev	w Building			RetroFitted Buildin	g	Other SPC2	2-SPC5 Building		
						BLD-01993-Main Hosp	pital		

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

ng Number:	BLD-01997 Buildi	ng Name:	927 Building			
pe of Service	e Provided		Surgical	Obstetrical		Rehabilitation
	Nursing		Anesthesia	Cesarean/Deliv		Therapy
	IntensiveCare		7.11.00.11.00.12	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	 WellBaby		
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	X	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursing					

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Report any general per Section 130061		tient service that is provided in a	ny general ad	cute care hospital	building tl	nat is rated SPC-1	
Building Number:	BLD-01998 Buildin	g Name: 1953 Building					
Type of Service	Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	Anesthesia				Daniel Diakasia	
	IntensiveCare			Obstetrical Recovery	Ш	Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery	
П	Psychiatric	Radiological/ Imaging		WellBaby			
	Nursing	Pharmaceutical	E	Emergency		Central Plant	
	Obstetrical Ante/Postprtum	Dietetic	1	Nuclear Medicine	X	Support Services	
	Intermediate Care	X Administration					
	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 acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-0199	Building Name: Main Hos	spital									
Configuration: N/A											
Type of Service Provided											
X Nursing	X Surgical	X Obstetrical Cesarean/Deli		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	patient Jery							
X Obstetrical Ante/Postprtu	X Pharmaceution	cal X Emergency	Cent	tral Plant							
Intermediate Care	X Dietetic	X Nuclear Medic	ine X Sup	port							
X Skilled Nursin	X Administration		Sen	vices							

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Report the fina equirements ver Section 13	whether by retrofit or by	ildings on the replacement	hospital campus sho and the type of servio	wing how e ce that will b	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
Building Numb	er: BLD-01994	Building Na	me: ICU / CCU Add	lition			
Configuration	n: Retrofit Conform	ing building to	NPC 4 or NPC 5				
Type of Sei	vice 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
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				Somari an
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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	ner by retrofit or by			ach building will comply voe provided in each gene		
Building Number:	BLD-01995	Building Na	me: Mechanical Plant			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Service	Provided					
Nu	ırsing		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab	Recovery		
	ychiatric ırsing		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical	Emergency	X	Central Plant
Inte	ermediate ire		Dietetic	Nuclear Medicine		Support
Sk	illed Nursing		Administration			Services

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	ner by retrofit or by			ach building will comply voe provided in each gene	
Building Number:	BLD-01996	Building Nar	me: MRI Addition		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5		
Type of Service	Provided				
Nu	rsing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia	Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab	recovery	
	ychiatric rsing	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical	Emergency	Central Plant
Inte	ermediate re		Dietetic	Nuclear Medicine	Support
Ski	lled Nursing		Administration		 Services

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	ther by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-01997	Building Na	me: 1927 Building				
Configuration:	Replace with exist	ing SPC3, SI	PC4 or SPC5 and NPC4	or NPC	5 building.		
Type of Service	e Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Reservery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate are	X	Dietetic		Nuclear Medicine		Support
Sk	killed Nursing		Administration				Services

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	her by retrofit or by				ach building will comply w be provided in each gener		
Building Number:	BLD-01998	Building Na	ne: 1953 Building				
Configuration:	Replace with exist	ing SPC3, SI	PC4 or SPC5 and NPC4	or NPC	5 building.		
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
Int Ca	ermediate are		Dietetic		Nuclear Medicine	X	Support
Sk	tilled Nursing	X	Administration	_		<u> </u>	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: BLD-01993 Building Name: Main Hospital											
Тур	e of Service Prov	<u>rided</u>										
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		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)										
Buildi	ng Number: BLE	D-01994	Building Nar	ne: IC	U / CCU Addition						
Туре	e of Service Prov	<u>rided</u>									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy		
X	IntensiveCare	Inpatient Beds	58		Anesthesia		_				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	X R	enal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	С	entral Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	□ s s	upport ervices		
	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)										
Building Number: BL	D-01995	Building Nam	ne: Mechanical Plant							
Type of Service Pro	vided									
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)									
Building Number: BLD-01996 Building Nam			ame: MRI Addition						
Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	Reh	abilitation rapy	
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Ren	al Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby	Outp	patient gery	
Obstetrical Ante/Postprtun	Inpatient n Beds	0		Pharmaceutical		Emergency	Cen	tral Plant	
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup	port vices	
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 unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-01993	Building Name: Main Hospital							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 235 Inpatient 85 Bed Days	775 Inpatient 0 Inpatient 0 Days	Inpatient 0 Days						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 31 Inpatient 11 Days	Inpatient 0 Inpatient 0 Days	Inpatient 28 Inpatient 0 Bed Days						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient Days	0 Inpatient 23 Inpatient 8395 Bed Days	Inpatient 0 Inpatient 0 Days						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient Days	0 Inpatient 23 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days						
Coronary Care	Chemical Dependency	Total Beds this Building Per Total Beds this Building Per						
Inpatient 10 Inpatient 3 Bed Days	650 Inpatient 0 Inpatient 0 Bed Days	Unit Service 350 350						

Los Angeles Report Year: 2015 11731 Good Samaritan Hospital 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: 2015 11731 Good Samaritan Hospital 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: 2015 11731 Good Samaritan Hospital 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