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## 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	
Address:	1225 Wilshire Blvd	
City:	Los Angeles	
Hospital Owner/Lice Year of Rep Contact 1 e-mail Ad Contact 2 e-mail Ad Contact 3 e-mail Ad Name of Sub	porting:       2016         ddress:       [Confidential data left blank intentionally.]         ddress:       [Confidential data left blank intentionally.]         ddress::       [Confidential data left blank intentionally.]         bmitter:       Angel Rodriguez	

Report `	Year: 2016	11731	Good Samaritan Hospital		Los Angeles		Page:2 of 32
ebuild, i 30060	retrofit or replace or 130061.5,for re	the buildir ebuild, retr	e planned for rebuild, retrofit or rong to SPC2, SPC3, SPC4, SPC4 ofit or replacement of the building approved per Section 130061(c)	D or SPC5 per 130 g that the hospital	061(c)(1)(A). The de	adline, as desc	ribed in Section
ldg. lo.	Building Name	9	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
LD- 1997	1927 Building		1225 Wilshire Blvd	Replace	SPC4	01/01/2020	09/01/2019
LD- 1998	1953 Building		1225 Wilshire Blvd	Replace	SPC4	01/01/2020	09/01/2019

Report Year:         2016         11731         Good Samaritan Hospita	Los Angeles Page	3 of 32							
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-01997 1927 Building	Retrofit/Replacement Yes-Submitted Project:								
Facility Project Sub Number Num Scope	Plan Approved Projected Projected Date In Date Start Date Completion Date Statu	CEQA s Review							
11731 I140014-19- 00 SB 90 for Good Samaritan 11731: To Relocate Required Services to Seism Compliant Building (BL		CTI No							
For each building which is planned for rebuild, retrofit or replace projected construction start date or dates and projected Comple status and approvals per Section 130061(c)(1)(E). Building No: BLD-01998 1953 Building	nent, provide the project numbers, per Section 130061(c)(1)(C). The ion date or dates per Section 130061(c)(1)(D) and the most recent pro Retrofit/Replacement Project:	ject							
Facility Project Sub Number Number Num Scope	Plan Approved Projected Projected Date In Date Start Date Completion Date Statu	CEQA s Review							
11731 I140014-19- 00 SB 90 for Good Samaritan 11731: To Relocate Required Services to Seism Compliant Building (BL		CTI No							

Report Year: 2016	11731	Good Samaritan Hospital	Los Angeles		Page:4 of 32
Provide the number of	f inpatient b	eds and patient days per type of service p	per building per Section 130061	(c)(1)(F)	
Building Number: BL	D-01997	Building Name: 1	927 Building		
Type of Service Prov	<u>vided</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	Rehabilitati Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialy	vsis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	U Outpatient Surgery	
	Doub	Total Beds this <b>0</b> Building	Obstetrical Cesarean/Deliv	Central Pla	nt
OSHPD FDD SB499 Repo	rt	Data Last Update: 01/09/2017	Submission Date: 01/09/2017	Printed: 1/11/20	017 6:30 AM

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Provide the number of inpa	atient beds and patient days p	per type of service per building p	er Section 130061(c)(1)(F)	
Building Number: BLD-0		ng Name: 1953 Building		
Type of Service Provided				
Nursing Inp Be	ds 0 Inpatient ds Days	O Su	rgical Obstetri Recover	
IntensiveCare Inp Be	oatient 0 Inpatient I ds	Days 0 Ane	esthesia Newbor WellBab	
Pediatric/Adol Inp escent Be	oatient 0 Inpatient ds	Days 0 Clir	nical Lab Emerge	ncy
Psychiatric Inp Nursing Be	patient 0 Inpatient ds		diological/ Nuclear Aging Medicin	
Obstetrical Inp Ante/Postprtum Be	patient 0 Inpatient		armaceutical Rehabili tetic Therapy	
Intermediate Inp Care Be	patient 0 Inpatient ds		ministration Renal D	
Skilled Nursing Inp Be	patient 0 Inpatient ds	Days 0 Ser	oport Outpatie vices Surgery	int
	Total Beds this Building		sarean/Deliv Central	Plant
OSHPD FDD SB499 Report	Data Last Update: (	01/09/2017 Submission Da	ate: 01/09/2017 Printed: 1/1	1/2017 6:30 AM

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Provide the number	r of Inpatient beds and patien	t days per type of unit	per building per Secti	on 130061(c)(1)(F)	
Building Number:	BLD-01997 Build	ling Name: 1927	' 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 New 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 / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		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
OSHPD FDD SB499 I	Report Data Last U	odate: 01/09/2017	Submission Date	: 01/09/2017 Printed	i: 1/11/2017 6:30 AM

Report Year: 2016 11731 Good S	Samaritan Hospital	os 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)								
Building Number: BLD-01998 Bu	ilding Name: 1953 Building							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0					
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0					
Pediatric	intensive Care Newborn Nursery	Intermediate Card						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ont 0					
Intensive Care	Rehabilitation Center	Int. Care / development Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0					
Coronary Care	Chemical Dependency		Beds this ng Per ce					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0					

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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 new buildings to be constructed 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     1927 Building     Removal Date:     09/01/2019									
Planned Uses for the building t	o be removed from acute care service	:							
Planned use for building:									
Inpatient services currently del	ivered in the building:								
Nursing	Surgical	Obstetrical Cesarean/Do	eliv Rehabilitatio	n					
IntensiveCare	Anesthesia								
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal Dialy	sis					
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plan	nt					
Intermediate Care	X Dietetic	Nuclear Medicine	X Support Services						
Skilled Nursing	Administration		Gervices						
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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-0	1998 1953 Building		Removal 09/01/2019 Date:					
Planned Uses for the build	ing to be removed from acute care servi	ce:						
Planned use for building:								
Inpatient services currently	delivered in the building:							
Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabilitat Therapy	ion				
Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal Dial	ysis				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	ant				
Intermediate Care	Dietetic	Nuclear Medicine	X Support Services					
Skilled Nursing	X Administration							
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No data reported	for Sectio	n 130061(c	e)(2)(D).		

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No data report	ed for Sectio	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 B Number:	LD-01997 Building Name: 1927 Build	ling		]				
Will general acute ca	are services and beds will be relocated to	a new, Existing or retrofitted	building?					
Dietetic	N/A							
	general acute care services and beds will ect numbers for buildings with a Building F							
Building B Number:	LD-01997 Building Name: 1927 Build	ling		]				
Will general acute ca	are services and beds will be relocated to	a new, Existing or retrofitted	building?					
Support Services	N/A		]					
	general acute care services and beds will ect numbers for buildings with a Building F							
Building B Number:	LD-01998 Building Name: 1953 Build	ling						
Will general acute ca	are 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)							
Number:		53 Building					
Will general acute care services an     Support Services       N/A	na beas will be reloca	ated to a new, Existi	ing or retrotitted t	building?			
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No data reporte	d for Section	n 130061(c)	)(3).		

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	Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number:	Building Number: BLD-01997 Building Name: 1927 Building								
Type of Service Provided									
		Surgical	Obsteti Cesare	rical an/Deliv	Rehabilitation Therapy				
	Nursing	Anesthesia	Obsteti		Renal Dialysis				
	IntensiveCare	Clinical Lab	Recove						
	Pediatric/Adol escent	Radiological/	Newbo WellBa	rn/	Outpatient Surgery				
	Psychiatric Nursing	Imaging Pharmaceutical	Emerge	ency	Central Plant				
	Obstetrical Ante/Postprtum	X Dietetic	Nuclea Medicir	r X	Support Services				
	Intermediate Care	Administration							
	Skilled Nursing								
OSHPD FDD SB499 Re	eport Data La	st Update: 01/09/2017 Subm	ission Date: 01	/09/2017 Printed	I: 1/11/2017 6:30 AM				

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Report any general per Section 130061		tient service that is provided in any	general acute care hospital	building that is rat	ed SPC-1				
Building Number: BLD-01998 Building Name: 1953 Building									
Type of Service Provided									
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap					
	Nursing	Anesthesia		- Ropol (	Diolygia				
	IntensiveCare		Obstetrical Recovery	Renal I	Jaiysis				
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpati Surger	ent ⁄				
	Psychiatric Nursing	Radiological/ Imaging		_					
	0	Pharmaceutical	Emergency	Central	Plant				
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service					
	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-01993       Building Name:       Main Hospital									
Configuration: N/A									
Type of Serv	vice Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation herapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery	XR	Renal Dialysis		
	Pediatric/Adol escent	X	Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Dutpatient Surgery		
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant		
	Intermediate	X	Dietetic						
X	Care Skilled Nursing	X	Administration	X	Nuclear Medicine		Support Services		
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Report Year:   2016   11731   Good Samaritan Hospital						Los Angeles		Page:20 of 32
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-01994	Building Na	me: ICU / CCU Additio	n				
Configuration:	N/A							
Type of Service	e Provided							
	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
X Int	tensiveCare		Anesthesia		Obste Recov		X	Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recov	ery		
	sychiatric ursing		Radiological/ Imaging		Newbe WellB			Outpatient Surgery
	bstetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
	termediate are		Dietetic		-			
	killed Nursing		Administration		Nuclea	ar Medicine		Support Services
OSHPD FDD SB499 F	Report D	ata Last Updat	e: 01/09/2017	Submissi	ion Date	: 01/09/2017	Printed:	1/11/2017 6:30 AM

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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-01995	Building Na	me: Mechanical Plant					
Configuration:	N/A							
Type of Service	e Provided							
	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recov	, ei y		
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency	X	Central Plant
	termediate		Dietetic					
	are killed Nursing		Administration		Nuclea	ar 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 acute care hospital building per Section 130061(c)(5)								
Building Number:	BLD-01996	Building Na	me: MRI Addition					
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ermediate		Dietetic					
Ca	illed Nursing		Administration		Nuclear Medicine		Support Services	
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Report Year: 20	016 11731	Good Samari	tan Hospital			Los Angeles		Page:23 of 32
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-01997	Building Nar	me: 1927 Building					
Configuration:	N/A							
Type of Service	e Provided							
Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recov	ery		
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	jency		Central Plant
Int Ca	termediate		Dietetic					_
	killed Nursing		Administration		Nuclea	ar 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 acute care hospital building per Section 130061(c)(5)								
Building Number:	BLD-01998	Building Nan	ne: 1953 Building					
Configuration:	N/A							
Type of Service	e Provided							
Nu	ursing		Surgical		Obster Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Necov	ery		
	sychiatric ursing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
Int Ca	termediate		Dietetic					
	killed Nursing		Administration		Nuclea	ar 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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BL	D-01993	Building N	lame: Ma	ain Hospital			]	
Type of Service Pro	vided							
X Nursing	Inpatient Beds	258	X	Surgical	X Obstetrical Cesarean/Deliv		habilitation erapy	
X IntensiveCare	Inpatient Beds	33	X	Anesthesia				
Pediatric/Adol	Inpatient Beds	0	X	Clinical Lab	X Obstetrical Recovery	X Re	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	X Newborn/ WellBaby		tpatient rgery	
Obstetrical X Ante/Postprtum	Inpatient Beds	31	×	Pharmaceutical	X Emergency	Ce	ntral Plant	
Intermediate	Inpatient Beds	0	X	Dietetic	X Nuclear Medicine	X Su Se	pport rvices	
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, SPC-4, AD and SPC-5 per Section 130061(e)							
Building Number: BLI	D-01994	Building N	lame: ICU	/ CCU Addition			]	
Type of Service Prov	vided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
X IntensiveCare	Inpatient Beds	58		Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Re	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant	
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sul Sel	pport rvices	
Skilled Nursing	Inpatient Beds	0		Administration				
Total Beds this Building		58						
OSHPD FDD SB499 Report	Da	ata Last Update:	01/09/2017	Submission D	ate: 01/09/2017 P	rinted: 1/11/2	017 6:30 AM	

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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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BL	.D-01995	Building N	Name: Mechanical Plant			]		
Type of Service Pro	vided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy		
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rer	nal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		tpatient gery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Cer	ntral Plant		
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Ser	oport vices		
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						
			01/00/0017	D / 00/00/20				
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Include information on t 4D and SPC-5 per Sect			by type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD	0-01996	Building N	lame: MRI Addition		
Type of Service Prov	ided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol	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	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			
OSHPD FDD SB499 Report	Data	a Last Update:	01/09/2017 Submissio	n Date: 01/09/2017 Pr	rinted: 1/11/2017 6:30 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, SPC-4, AD and SPC-5 per Section 130061(e)							
Building Number: BLD-01993 Build	ding Name: Main Hospital						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 235 Inpatient 7549 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 31 Inpatient 9611 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 28 Inpatien Bed Days	t 0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 23 Inpatient 5973 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 23 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0				
Coronary Care	Chemical Dependency		Beds this ling Per				
Inpatient 10 Inpatient 2603 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi					
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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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-01994 Build	ding Name: ICU / CCU Addition						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 58 Inpatient 22990 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0				
Coronary Care	Chemical Dependency	Building Per Buildin					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic	<b>e</b> 58				
OSHPD FDD SB499 Report Data Last U	pdate: 01/09/2017 Submission Date	: 01/09/2017 Printed: 1/11/20	17 6:30 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, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLD-01995 Buil	ding Name: Mechanical Plant							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	ot 0					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Coronary Care	Chemical Dependency	Building Per Build	l Beds this Jing Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	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, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLD-01996 Building	ding Name: MRI Addition							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0					
OSHPD FDD SB499 Report Data Last U	pdate: 01/09/2017 Submission Date	e: 01/09/2017 Printed: 1/11/2	2017 6:30 AM					