Status: Finalized

I. Hospital Information

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

Provider #: 153025

City: Evansville

County: Vanderburgh

Year: 2015

Person Completing the Report: Rhonda Ramsey

Email Address: rhonda.ramsey@healthsouth.com

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ✓ Acute License □ LTC Certification

Private Accreditation: JCAHO HFAP

CMS Specialized □ CAH □ TLC ■ Rehab

DRG Exempt: ■ Psych ■ Rehab ■ Swing Bed

Number of Total Hospital Full Time Equivalents 224.1

II. Hospital Service Utilization

| Hospital Service Description | Number of Set- up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|---------------------------------|---------------------------|----------------------|------------------------|----------------------|
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Medical/Surgical | 0 | 0 | 0 | \$0 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |
| Medical/Surgical | 0 | 0 | 0 | \$0 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$0 |
| Pediatric | 0 | 0 | 0 | \$0 |
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 103 | 1849 | 24887 | \$52,784,444 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 0 | 0 | \$0 |
| Extended Care | 0 | 0 | 0 | \$0 |

| Observation Beds | 0 | 0 | 0 | \$0 |
|--------------------|-----|------|-------|-----|
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 103 | 1849 | 24887 | NA |

III. Nursing Facility Utilization

| | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|----------------------------|----------------------|---------------------------|
| Nursing Facility | 0 | 0 | 0 |

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine | 0 |
| Diseases of Blood | 0 | Mental Disorders | 0 |
| Nervous | 0 | Circulatory | 0 |
| Respiratory | 0 | Digestive Diseases | 0 |
| Genitourinary | 0 | Pregnancy | 0 |
| Skin | 0 | Musculoskeletal | 0 |
| Congenital | 0 | Perinatal | 0 |
| All Injuries | 0 | | |
| Other/Known | 6562 | Total Encounters | 6562 |

V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|---|----------------------|--|----------------------|
| Certain infectious and parasitic diseases | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine, nutritional and metabolic diseases | 0 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 0 | Mental, Behavioral and Neurodevelopmental disorders | 0 |
| Diseases of the nervous system | 0 | Diseases of the circulatory system | 0 |
| Diseases of the respiratory system | 0 | Diseases of the digestive Diseases | 0 |
| Diseases of the genitourinary system | 0 | Pregnancy, childbirth and teh puerperium | 0 |
| Diseases of the skin and subcutaneous tissue | 0 | Diseases of the musculoskeletal system and connective tissue | 0 |
| | | | |

| Congenital malfomations, deformations and chromosomal abnormalities | 0 | Certain conditions originating in the perinatal period | 0 |
|---|------|--|------|
| Injury, poisoning and certain other consequences of external causes | 0 | | |
| Other/Known | 6562 | Total Encounters | 6562 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 0 | 0 | 0 |

Comments

Charges for Outpatient Services account for the difference between gross charges report in Hospital Service Report versus those reported in the Hospital Fiscal Report. Also, The number of beds in 2015 were at 85 until 12/15/2015 when we opened a satellite unit with 18 beds for a total of 103 beds at the end of the year.

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