Status: Finalized

I. Hospital Information

Hospital Name: HEALTHSOUTH DEACONESS REHABILITATION HOSPITAL (EVANSVILLE)

Provider #: 153025

City: Evansville

County: Vanderburgh

Year: 2014

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 \square CAH \square TLC \square Rehab

DRG Exempt: ■ Psych ■ Rehab ■ Swing Bed

Number of Total Hospital Full Time Equivalents 218.1

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 | 85 | 1794 | 24747 | \$60,077,918 |
| 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 | 85 | 1794 | 24747 | 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 | 6395 | Total Encounters | 6395 |

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 | 6395 | Total Encounters | 6395 |

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

Comments

Charges for Outpatient services account for the difference between gross charges reported in the Hospital Service Report versus those reported in the Hospital Fiscal Report.