

Status: Finalized

I. Hospital Information

Hospital Name: SETON SPECIAL	LTY HOSPITAL - LAFAYETTE
Provider #: 15	52021
City: La	afayette
County: Ti	ppecanoe
Year: 20	014
Person Completing the Report:	len Gilbert
Email Address: en	ngilber@stvincent.org
LICENSURE, ACCREDITATION	N, OR DESIGNATED UNITS (check all that apply)
State Licensure: Acute	License LTC Certification
Private Accreditation: ☑ JCAH(O □HFAP
CMS Specialized Hosp: \square CAH [□TLC □Rehab
DRG Exempt: ☐ Psych	
Number of Total Hospital Full Tit	me Equivalents 0

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	29	188	6100	\$30,240,021
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	0	0	0	\$0
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	29	188	6100	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	0	Total Encounters	0

Total ED Visits	ED Injury Visits	ED Injury Admissions	
0	0	0	

Comments