Status: Finalized

I. Hospital Information

Hospital Name: SOUTHERN INDIANA REHABILITATION HOSPITAL

Provider #: 15-3037

City: New Albany

County: Floyd

Year: 2014

Person Completing the Report: John Gottbrath

Email Address: johngottbrath@kentuckyonehealth.org

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 189

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	34	605	7384	\$42,759,109
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	34	605	7384	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	26	683	7742

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	90299	Total Encounters	90299

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

Comments

Part IV - Other/Known encounters data reported are Rehab Procedures