



ISDH Hospital Service Report  
State Form 49476 (R /7-02)  
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: SELECT SPECIALTY HOSPITAL (FORT WAYNE)

Provider #: 15-2016

City: Fort Wayne

County: Allen

Year: 2016

Person Completing the Report: Dave Huffman

Email Address: djhuffman@selectmedical.com

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

State Licensure:  Acute License  LTC Certification

Private Accreditation:  JCAHO  HFAP

CMS Specialized Hosp:  CAH  TLC  Rehab

DRG Exempt:  Psych  Rehab  Swing Bed

Number of Total Hospital Full Time 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             | 32                    | 208                  | 5005                   | \$22,776,237         |
| 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        | 32 | 208 | 5005 | 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                    |

### 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 malformations, 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  | 0 | Total Encounters                                       | 0 |

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

### Comments

Select Specialty Hospital Fort Wayne closed for business December 31, 2016. This will serve as the final Hospital Service Report to be filed.

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