Office of Statewide Health Planning and Development Facilities Development Division

Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Facility Number:	10200		
Facility Name:	Norther	n Inyo Hospital	
Address:	150 Pio	neer Ln	
City:	Bishop		
Year of Re		[Confidential data left blank intentionally.]	
Contact 2 e-mail A	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail A	ddress::	[Confidential data left blank intentionally.]	
Name of Su	bmitter:	Scott Hooker	
Submissio	n Date:	12/13/2018 8:46:05 AM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	dg. Building Name Alternate Building Address		Building Resolution	J		extension Anticipated Date Completion Date	
BLD-	Main Hosp Bldg/Existing	150 Pioneer Ln	Rebuild	SPC5	01/01/2013	10/15/2012	

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: BLD-00775 Main Hosp Bldg/Existing Central Plant Retrofit/Replacement Project:

Facility Project Sub

Plan Approved Projected Projected CEQA

Number Number Number Start Date Completion Date Control Projected Review

Completion Date Status Date Start Date Number Number Num Scope Review Date In 0 FIEL No 10200 S143018-14 12/31/201 12/9/2016 03/01/2018 -00 4 12:00:00 AM

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Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BL	_D-00775	Building Name:	ain Hosp Bldg/Existing Centra	I Plant			
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

Report Year: 2018 10200 Northern Inyo Hospital Bishop Page:5 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00775 **Building Number: Building Name:** Main Hosp Bldg/Existing Central Plant Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

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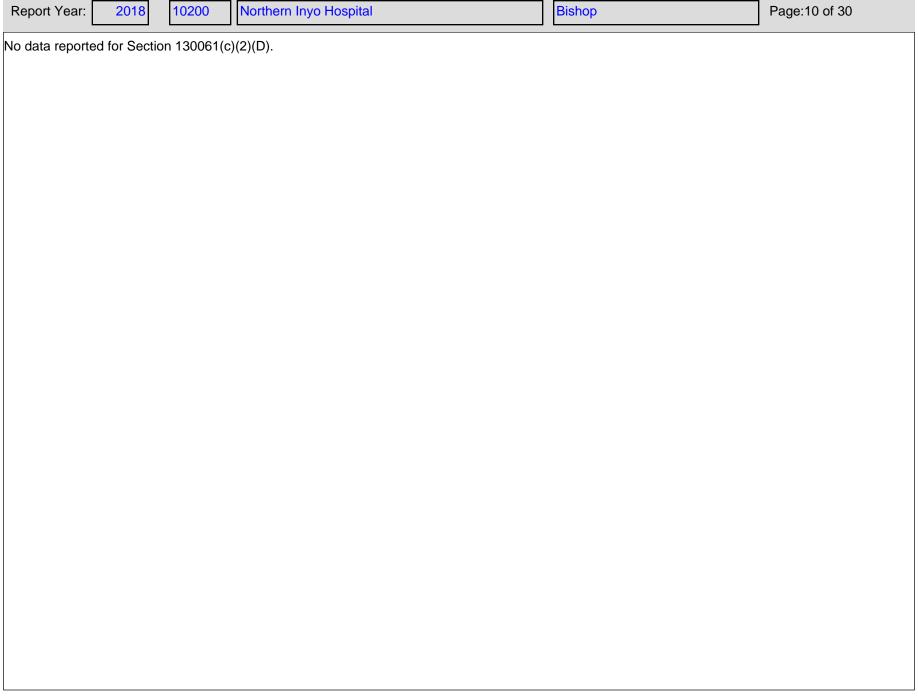
For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00775	Main Hosp Bldg/Existing Central Plant	Rebuild
BLD-00776	ICU Addition	Retrofit
BLD-00777	Central Plant Addition	Remain
BLD-00778	Emergency Generator Building	Remain
BLD-02922	New Hospital Building	Remain
BLD-05321	New Central Plant Building	Remain

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List ALL proposed new buildings to be constructed at this or another site.						
Building Number	Building Name	New Site				
N_1	New Replacement Hospital Building					
N_2	New Central Plant					

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building Number: BLD-00775 Main Hosp Bldg/Existing Central Plant Removal Date:							
Planned Uses for the building	to be removed from acute care service:						
Planned use for building: Ot	her Jurisdic	tion:					
Other Usage: Off	fices, and some outpatient services						
Inpatient services currently de	livered in the building:						
Nursing	Surgical	Obstetrical Cesarean/De	eliv	Rehabilitation Therapy	1		
IntensiveCare Pediatric/Adol	Anesthesia Clinical Lab	Obstetrical	П	Renal Dialysis	S		
□ escent		☐ Recovery	_				
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery			
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency		Central Plant			
Intermediate Care	X Dietetic	Nuclear Medicine	X	Support Services			
Skilled Nursing	X Administration						





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Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R		
Building Name: Main Hosp Bldg/Existing Central Plant Number:	t	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Pharmaceutical Relocated to retrofitted building]	
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebu		
Building Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central Plant	t	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Dietetic N/A		
Report whether the general acute care services and beds will be relocated to a new, existi building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "R	ing or retrofitted building and any conteplace" per Section 130061(c)(2)(E)	responding
Building Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central Plant	t	
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	l building?	
Administration N/A]	

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Report whether the general acute care services ar building sites or project numbers for buildings with			
Building Number: BLD-00775 Building Name:	Main Hosp Bldg/Existing Central Plant		
Will general acute care services and beds will be r	elocated to a new, Existing or retrofitted	building?	
Support Services N/A]	
· ·		_	

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No data reporte	ed for Section	n 130061(c))(3).		

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Report any general per Section 130061	acute care hospital inpa	tient service tl	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-00775 Buildin	g Name: M	ain Hosp Bldg/Existin	ig Centra	l Plant			
Type of Service Provided								
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol		Clinical Lab		·		Outpatient	
	escent		Radiological/		Newborn/ WellBaby	Ш	Surgery	
	Psychiatric Nursing		Imaging					
	, va. o.ig	X	Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X	Administration					
	Skilled Nursing							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)							
Building Number: BLD-00775	Building Name: Main Hosp Bldg/	Existing Central Plant					
Configuration: Remove from GA	C service by 1/1/2020						
Type of Service Provided							
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis				
Pediatric/Adol escent	Clinical Lab	Recovery					
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Plant				
Intermediate	X Dietetic						
Care Skilled Nursing	X Administration	Nuclear Medicine	X Support Services				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)							
Building Number:	BLD-00776	Building Na	me: ICU Addition				
Configuration:	Remove from GA	C service by	1/1/2020				
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	itermediate are		Dietetic		Nuclear Medicine		Support
S	killed Nursing		Administration				Services

Report Year:	2018 10200	Northern Inyo	Hospital		Bishop		Page:17 of 30				
Report the final c requirements who per Section 1300	ether by retrofit or by	ldings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply be provided in each gene	with the SP0 eral acute ca	C-5/NPC-4 or 5 are hospital building				
Building Number:	: BLD-00777	Building Na	me: Central Plant Add	dition							
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Servi	ce Provided										
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant				
	ntermediate Care		Dietetic		Nuclear Medicine		Support				
	Skilled Nursing		Administration				Services				

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Report the final corequirements who per Section 1300	ether by retrofit or by	dings on the hore	ospital campus showing and the type of service the	g how ea	ach building will comply w e provided in each gener	ith the SPo al acute ca	C-5/NPC-4 or 5 are hospital building			
Building Number:	BLD-00778	Building Name	e: Emergency Genera	ator Buil	ding					
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	ce Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine	П	Support			
	Skilled Nursing		Administration	<u> </u>			Services			

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whether by retrofit or by										
er: BLD-02922	Building Na	me: New Hospital B	uilding							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
vice Provided										
Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
IntensiveCare	X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis				
Pediatric/Adol escent	X	Clinical Lab		Recovery						
Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery				
Obstetrical Ante/Postprtum		Pharmaceutical	abla	Emorgonov	☑	Central Plant				
Intermediate		Dietetic	^_	Emergency		Central Flant				
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services				
1	al configuration of all but whether by retrofit or by 80061(c)(5) Der: BLD-02922 In: Retrofit Conformit rvice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum	al configuration of all buildings on the whether by retrofit or by replacement 30061(c)(5) Der: BLD-02922 Building Name of the second Building to the second Bu	al configuration of all buildings on the hospital campus show whether by retrofit or by replacement and the type of services 30061(c)(5) Der: BLD-02922 Building Name: New Hospital Building to NPC 4 or NPC 5 Tryice Provided Nursing X Surgical IntensiveCare X Anesthesia Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic	al configuration of all buildings on the hospital campus showing how ewhether by retrofit or by replacement and the type of service that will be soon of the content of the	al configuration of all buildings on the hospital campus showing how each building will comply whether by retrofit or by replacement and the type of service that will be provided in each gen 10061(c)(5) Per: BLD-02922 Building Name: New Hospital Building Retrofit Conforming building to NPC 4 or NPC 5 Prvice Provided Nursing X Surgical X Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia X Obstetrical Recovery Pediatric/Adol escent X Radiological/ Imaging X Newborn/ WellBaby Obstetrical Ante/Postprtum X Emergency Dietetic Intermediate Care Nuclear Medicine	al configuration of all buildings on the hospital campus showing how each building will comply with the SF whether by retrofit or by replacement and the type of service that will be provided in each general acute of 10061(c)(5) Der: BLD-02922 Building Name: New Hospital Building Retrofit Conforming building to NPC 4 or NPC 5 Provided Nursing X Surgical X Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia X Obstetrical Recovery Pediatric/Adol escent X Radiological/ Imaging X Newborn/ WellBaby Obstetrical Ante/Postprtum X Emergency X Emergency Intermediate Care Dietetic Nuclear Medicine				

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Report the final c requirements who per Section 1300	ether by retrofit or by	ldings on the replacement	hospital campus showi and the type of service	ng how e that will l	ach building will comply on provided in each gene	with the SP0 eral acute ca	C-5/NPC-4 or 5 are hospital building			
Building Number:	: BLD-05321	Building Na	me: New Central Plar	ıt Buildinç)					
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Servi	ce Provided									
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	Intermediate Care		Dietetic		Nuclear Medicine		Support			
	Skilled Nursing		Administration		Nuclear Medicine		Services			

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)								
Building Number: BLI	D-00776	Building N	lame: ICU Addition						
Type of Service Prov	<u>rided</u>								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	Inpatient Beds	0	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		0							

port Year: 20°	10200	Northern Inyo Hos	spital	Bishop	Page:22 of 30
	on on the number of Section 130061(6		y type of Service provided by	ouildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-00777	Building Na	me: Central Plant Addition		
Type of Service	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	are Inpatient Beds	0	Anesthesia		_
Pediatric/A escent	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postp		0	Pharmaceutical	Emergency	X Central Plant
Intermedia	te Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nur	sing Inpatient Beds	0	Administration		
Total Beds Building	this	0			

port Year: 2018	10200	Northern Inyo Hos	pital	Bishop	Page:23 of 30
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00778	Building Nar	me: Emergency Generator	Building	
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	_
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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	e information on t d SPC-5 per <mark>Sec</mark>			by type of S	Service provided by b	uildi	ngs that are classified a	s SPC-2	, SPC-3, SPC-4, SPC-
Buildir	ng Number: BLC	0-02922	Building N	ame: Ne	w Hospital Building				
<u>Type</u>	of Service Prov	ided							
X	Nursing	Inpatient Beds	16	X	Surgical		X Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	4	X	Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		X Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		X Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	5		Pharmaceutical		X Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0	Ц	Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		25						

eport Year: 2018	10200	Northern Inyo Hos	pital	Bishop	Page:25 of 30
Include information on 4D and SPC-5 per Sec	the number o	f inpatient beds by	type of Service provided b	y buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-05321	Building Nar	me: New Central Plant B	uilding	
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia	_	
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

Ruilding Number: PLD 00776 Puilding Name: ICU Addition

4D and SPC-5 per Section 130061(e)	patient beae by type of	and provided by bandings the	
Building Number: BLD-00776	Building Name:	ICU Addition	
Medical / Surgical (Include GYN)	Acute Respi	iratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Ca Nursery	are Newborn	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitatio Center	on	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical De	ependency	Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service

Report Year: 2018 10200 Northern Inyo Hospital Bishop Page:27 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-00777 Central Plant Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

Report Year: 2018 10200 Northern Inyo Hospital Bishop Page:28 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-00778 **Emergency Generator Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-

4D and SPC-5 per Se	ection 130061(e)	, ,,	
Building Number:	BLD-02922 Build	New Hospital Building	
Medical / Surgical (I	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 16 Bed	Inpatient 2395 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn	Skilled Nursing
Inpatient 5 Bed	Inpatient 403 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 4 Bed	Inpatient 232 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this Building Per Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 25

Report Year: 2018 10200 Northern Inyo Hospital Bishop Page:30 of 30 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-05321 New Central Plant Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days ol 0