## 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.

Provide the Hospital Owner and Year of Report per Section 130061(e)								
Facility Number:	ity Number: 10200							
Facility Name:	Northern	Inyo Hospital						
Address:	150 Pion	eer Ln						
City:	Bishop							
Hospital Owner/Licensee:		Kevin Flanigan						
Year of Reporting:		2019						
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]						
Contact 2 e-mail Address:		[Confidential data left blank intentionally.]						
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]						
Name of Submitter:		Scott Hooker						
Submission	n Date:	10/15/2019 1:51:44 PM						

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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. Building Name		Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-	Main Hosp Bldg/Existing	150 Pioneer Ln	Rebuild	SPC5	01/01/2013	10/15/2012

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projected cor	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	N	Main Hosp Bldg/Existing Central F	Plant Ret Pro	trofit/Replacement ject:	No		

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Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
Building Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central 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	Rehabilitati Therapy	on			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	sis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery				
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt			

Report Year: 2019 10200 Northern Inyo Hospital Bishop Page:5 of 39 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

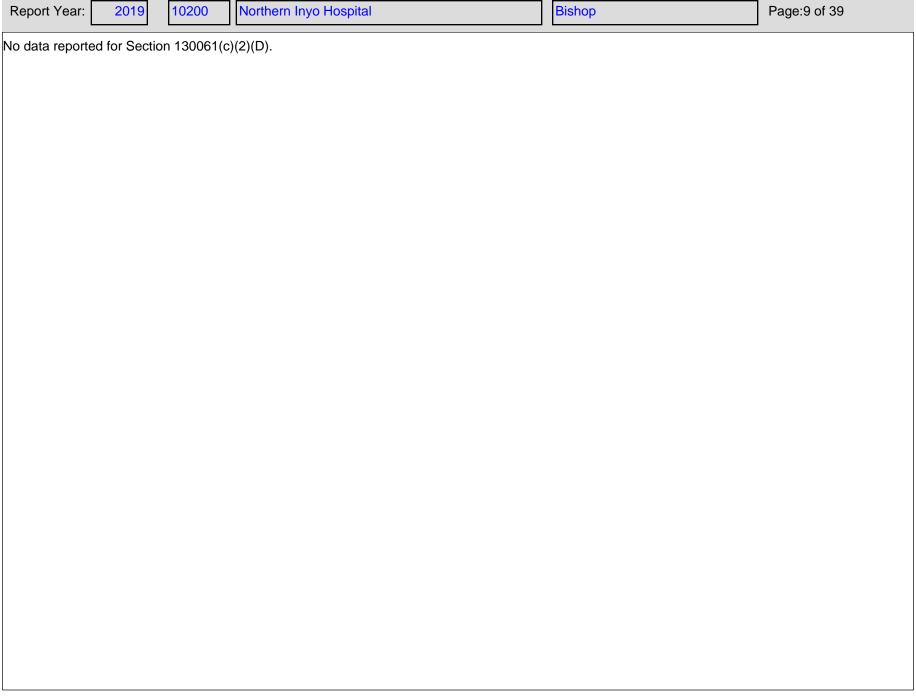
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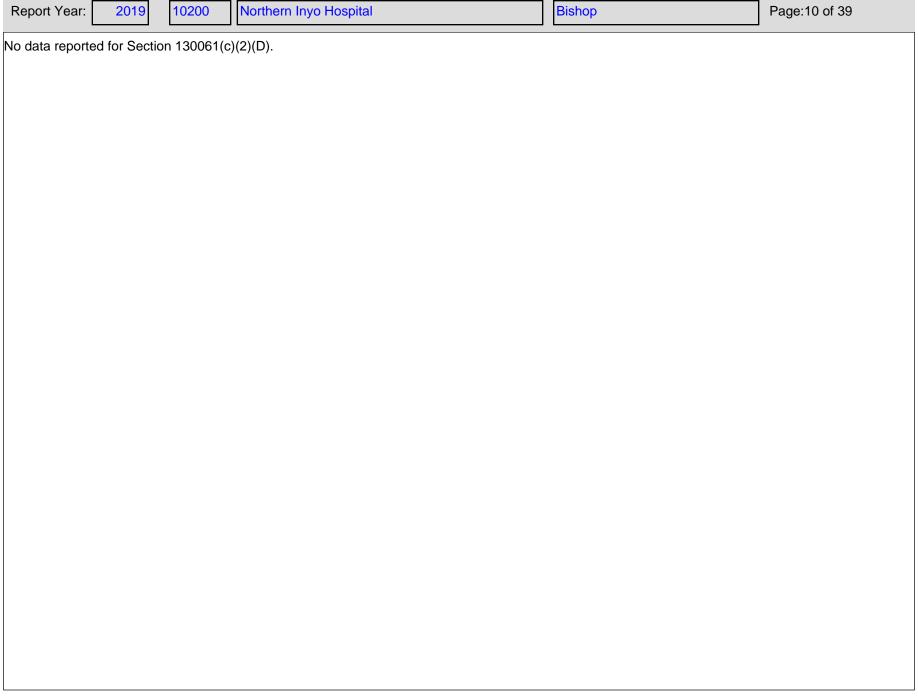
For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-00775	Main Hosp Bldg/Existing Central Plant	Rebuild
BLD-00776	ICU Addition	Remain
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
BLD-06524	Covered Walkway - West	Remain
BLD-06525	Covered Walkway - North	Remain
BLD-06526	Corridor Connection	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	e remov	ed from acute care se	ervice:				
Planned use f	for building: Medica	l Office	Building J	urisdiction:	OSHPD	]		
Inpatient servi	ces currently delivere	ed in the	e building:					
	sing		Surgical		Obstetrical Cesarean/De	liv	Rehabilitation Therapy	on
Ш	nsiveCare liatric/Adol		Anesthesia Clinical Lab	П	Obstetrical Recovery		Renal Dialy	sis
☐ Psy	rchiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical e/Postprtum	X	Pharmaceutical		Emergency		Central Plan	nt
Inte Car	rmediate e	X	Dietetic		Nuclear Medicine		X Support Services	
Skil	led Nursing	X	Administration					





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		nd beds will be relocated to a new, existi a a Building Resolution of "Rebuild" or "R		
Building BL Number:	D-00775 Building Name:	Main Hosp Bldg/Existing Central Plant		
		relocated to a new, Existing or retrofitted	building? 1	
Pharmaceutical	Relocated to retrofitted bu	lliding		
Report whether the good building sites or proje	eneral acute care services a ct numbers for buildings with	nd beds will be relocated to a new, existi a a Building Resolution of "Rebuild" or "R	ng or retrofitted building and any c eplace" per Section 130061(c)(2)(	orresponding E)
Building BL Number:	D-00775 Building Name:	Main Hosp Bldg/Existing Central Plant		
Will general acute car	re services and beds will be	relocated to a new, Existing or retrofitted	building?	
Dietetic	N/A		]	
		nd beds will be relocated to a new, existi a a Building Resolution of "Rebuild" or "R		
Building BL Number:	D-00775 Building Name:	Main Hosp Bldg/Existing Central Plant		
Will general acute car	re services and beds will be	relocated to a new, Existing or retrofitted	building?	
Administration	N/A			

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)							
Building Number:  BLD-00775 Building Name: Main Hosp Bldg/Existing Central Plant							
Will general acute care services and	d beds will be relocated to a new, Existing	g or retrofitted building?					
Support Services N/A							

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No data reporte	d for Section	130061(c)	(3).		

Building Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central Plant								
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia				Renal Dialysis	
	IntensiveCare		Clinical Lab	Ш	Obstetrical Recovery		Reliai Dialysis	
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Imaging Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtum		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: N/A								
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	Pharmaceutical		Central Plant					
Intermediate	Dietetic	Emergency	Central Plant					
Care	Administration	Nuclear Medicine	Support Services					
Skilled Nursing								

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Report the final or 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 re hospital building
Building Number	: BLD-00776	Building Nar	ne: ICU Addition				
Configuration:	N/A						
Type of Servi	ice 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		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	П	Support
	Skilled Nursing		Administration				Services

		hospital campus showir and the type of service t		ach building will comply w		
				be provided in each gener	ral acute c	are hospital building
BLD-00777 E	Building Na	me: Central Plant Add	ition			
N/A						
Provided						
rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
diatric/Adol cent		Clinical Lab		Recovery		
ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
ermediate		Dietetic		Emergency		ochira i lant
re illed Nursing		Administration	Ш	Nuclear Medicine		Support Services
	N/A  Provided  rsing  ensiveCare  diatric/Adol cent  ychiatric rsing  stetrical te/Postprtum  ermediate re	N/A  Provided  rsing  ensiveCare  diatric/Adol cent  ychiatric rsing  stetrical te/Postprtum  ermediate re  Indiatric continuation in the continua	N/A  Provided  rsing  Surgical  Anesthesia  Clinical Lab  Clinical Lab  Radiological/ Imaging  Stetrical te/Postprtum  Administration	N/A  Provided  rsing  Surgical  Anesthesia  Clinical Lab  cent  Radiological/ Imaging  Stetrical te/Postprtum  Dietetic  Administration	N/A  Provided  rsing	N/A  Provided  rsing

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	ner by retrofit or by re				ach building will comply wit be provided in each genera							
Building Number:	BLD-00778	Building Nan	ne: Emergency Gener	ator Buil	ding							
Configuration:	Configuration: N/A											
Type of Service	Provided											
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		recovery							
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	estetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant					
Inte	ermediate		Dietetic									
	illed Nursing		Administration		Nuclear Medicine		Support Services					
	•											

Report Year: 20	10200 N	orthern Inyo	Hospital		Bishop	Page:19 of 39
	her by retrofit or by re				ach building will comply wit be provided in each genera	
Building Number:	BLD-02922	Building Nar	ne: New Hospital Buil	ding		
Configuration:	N/A					
Type of Service	Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Ca	are tilled Nursing		Administration	Ш	Nuclear Medicine	Support Services
	'					

Report Year:	2019 10200	Northern Inyo	Hospital		Bishop		Page:20 of 39
Report the final c requirements who per Section 1300	ether by retrofit or by	dings 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 Plan	nt Building	9		
Configuration:	N/A						
Type of Service	ce Provided						
1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
I	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Receivery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care		Dietetic		Nuclear Medicine	П	Support
	Skilled Nursing		Administration			_	Services

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	ner by retrofit or by re				ach building will comply wi be provided in each genera		
Building Number:	BLD-06524	Building Nar	me: Covered Walkway	· - West			
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant
	ermediate		Dietetic		Lineigency		Contrar Flank
Ca	ire illed Nursing		Administration	Ш	Nuclear Medicine	Ш	Support Services
	ı						

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Report the final configuration of all bu requirements whether by retrofit or by per Section 130061(c)(5)	ildings on the hospital campus show replacement and the type of service	ving how each building will comply verthat will be provided in each gene	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-06525	Building Name: Covered Walkwa	ay - North	
Configuration: N/A			
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	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	Dietetic	Nuclear Medicine	Support
Skilled Nursing	Administration		Services

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	ner by retrofit or by re				ach building will comply w be provided in each gener	
Building Number:	BLD-06526	Building Nar	me: Corridor Connect	ion		
Configuration:	N/A					
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Into	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
Into Ca	ermediate		Dietetic			
	illed Nursing		Administration		Nuclear Medicine	Support Services
	•					

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Include information on 4D and SPC-5 per Sec	the number of ir tion 130061(e)	npatient beds	by type of S	Service provided by buil	ldings that are classified as	SPC-2, S	PC-3, SPC-4, SPC-
Building Number: BLI	D-00776	Building N	lame: ICI	J Addition			]
Type of Service Prov	<u>/ided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient gery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine		pport vices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					

eport Year: 2019	10200	Northern Inyo Hos	pital	Bishop	Page:25 of 39
Include information on 4D and SPC-5 per Sec	the number o	f inpatient beds by	type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00777	Building Na	me: Central Plant Addition		
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			

port Year: 2019	10200	Northern Inyo Hos	pital	Bishop	Page:26 of 39
Include information on 4D and SPC-5 per Se			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			

ort Year	r: 2019	10200	Northern Inyo Hos	spital			Bishop		Page:27 of 39
	information on t SPC-5 per Sect			y type of S	Service provided by b	uildi	ngs that are class	sified as SPC-2	2, SPC-3, SPC-4, SPC-
Building	Number: BLD	-02922	Building Na	ame: Ne	w Hospital Building				
Type of	f Service Provi	ded							
X N	ursing	Inpatient Beds	16	X	Surgical		X Obstetrical Cesarean/De	eliv	Rehabilitation Therapy
X In	tensiveCare	Inpatient Beds	4	X	Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0	X	Clinical Lab		X Obstetrical Recovery		Renal Dialysis
	sychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging		X Newborn/ WellBaby	X	Outpatient Surgery
	bstetrical nte/Postprtum	Inpatient Beds	5		Pharmaceutical		X Emergency	X	Central Plant
	itermediate are	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
SI	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		25						

eport Year: 2019	10200	Northern Inyo Hos	pital	Bishop	Page:28 of 39
Include information on 4D and SPC-5 per Sec	the number of the the number of the	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 Na	me: New Central Plant B	uilding	
Type of Service Prov	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			

oort Year:	2019 10200	Northern Inyo Hos	pital	Bishop	Page:29 of 39
	nation on the number of per Section 130061		y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Num	ber: BLD-06524	Building Na	me: Covered Walkway - W	/est	
Type of Serv	vice Provided				
Nursing	g Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Intensi	veCare Inpatient Beds	0	Anesthesia	_	_
Pediatr escent	ic/Adol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychia Nursing	atric Inpatient g Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obsteti Ante/Po	rical Inpatient ostprtum Beds	0	Pharmaceutical	Emergency	Central Plant
Interme Care	ediate Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled	Nursing Inpatient Beds	0	Administration		
Total B Buildin	eds this	0			

eport Year: 2019	10200	Northern Inyo Hos	pital	Bishop	Page:30 of 39
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 a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-06525	Building Na	me: Covered Walkway - I	North	
Type of Service Prov	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	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: 2019	10200	Northern Inyo Hos	spital	Bishop	Page:31 of 39
Include information 4D and SPC-5 per			y type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number:	BLD-06526	Building Na	me: Corridor Connection		
Type of Service F	Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCar	re Inpatient Beds	0	Anesthesia	_	
Pediatric/Add	ol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprt	Inpatient um Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursi	ng Inpatient Beds	0	Administration		
Total Beds th Building	nis	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) **ICU** Addition BLD-00776 **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Psychiatric Acute Respiratory Care** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Days Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 0 Inpatient Inpatient 0 Inpatient Inpatient Inpatient Bed Davs Bed Days Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 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 Days Bed Bed Days 0 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)

4D and SPC-5 per Section 130061(e)					
Building Number:	BLD-02922 Building Name:		New Hospital Building		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 16 Bed	Inpatient 2396 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (Exclude Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 5 Bed	Inpatient 405 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient 124 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 4 Bed	Inpatient 225 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient 0 Days	
Coronary Care Chemical Dependency			ency	Total Beds this Building Per Total Beds this Building Per	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Unit Service 25	

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