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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10200
Facility Name:	Northern Inyo Hospital
Address:	150 Pioneer Lane
City:	Bishop
Hospital Owner/Lice	ensee: John Halfen
Year of Rep	porting: 2011
Contact 1 e-mail Ac	ddress:
Contact 2 e-mail Ac	ddress:
Contact 3 e-mail Ad	dress::
Name of Sub	omitter: Scott Hooker
Submission	n Date: 1/30/2012 8:59:36 AM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding 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.	<b>Building Name</b>	e Alternate Building Address		Final SPC Rating If Required	Extension Date	Anticipated Completion Date
02	Main Hosp Bldg/Existing Central Pla	150 Pioneer Lane	Remove	N/A [	01/01/2013	03/01/2012

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02 Building Name: Main Hosp Bldg/Existing Central Pla						
Type of Service Prov	<u>vided</u>					
X Nursing	Inpatient Beds	13 Inpatient 2060 Days	X Surgical	X Obstetrical Recovery		
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	X Newborn/ WellBaby		
X Pediatric/Adol escent	Inpatient Beds	2 Inpatient Days 126	X Clinical Lab	X Emergency		
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine		
X Obstetrical Ante/Postprtum	Inpatient Beds	6 Inpatient Days 399	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  X Obstetrical	X Outpatient Surgery		
		Total Beds this Building 21	Cesarean/Deliv	X Central Plant		

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## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name:	ain Hosp Bldg/Existing C	entral Pla	
Medical / Surgical (	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 11 Bed	Inpatient 2060 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 6 Bed	Inpatient 399 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 4 Bed	Inpatient 126 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21

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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
02	Main Hosp Bldg/Existing Central Pla	x
03	ICU Addition	X
04	Central Plant Addition	
05	Emergency Generator Building	

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## List ALL proposed new buildings to be constructd 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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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	Main Hosp	Bldg/Existing Central Pla		Year of Information:	20	800
				In: Ot	formation Current As	06	5/30/2010
Type of Services Provided							
X Nursing	Inpatient Beds	13	X Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia				
X Pediatric/Adol escent	Inpatient Beds	2	X Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X Obstetrical Ante/Postprtum	Inpatient Beds	6	X Pharmaceutical	X	Emergency	X	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds Total Beds this Building	21	X Administration				

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Provide the number of innaient hads and nationt days per type of service for the year of 2008, 2009 and 2010, for buildings to be removed						

Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	Main Hosp	Bldg/Existing Central Pla		Year of Information:	20	009
				In Ot	formation Current As	06	6/30/2010
Type of Services Provided							
X Nursing	Inpatient Beds	13	X Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia				
X Pediatric/Adol escent	Inpatient Beds	2	X Clinical Lab	X	Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X Obstetrical Ante/Postprtum	Inpatient Beds	6	X Pharmaceutical	X	Emergency	X	Central Plant
Intermediate Care	Inpatient Beds	0	X Dietetic		Nuclear Medicine	X	Support Services
Skilled Nursing	Inpatient Beds Total Beds this Building	21	X Administration				

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)								
Building 02 Number:	Building Name:	Main Hosp	Bldg/Existing Central Pla		Year of Information:	2	010	
Type of Services Provided		ı		Of:				
X Nursing	Inpatient Beds	11	X Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	X Anesthesia					
X Pediatric/Adol escent	Inpatient Beds	4	X Clinical Lab	X	Obstetrical Recovery		Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
X Obstetrical Ante/Postprtum	Inpatient Beds	6	X Pharmaceutical	X	Emergency	X	Central Plant	
Intermediate Care	Inpatient Beds	0	X Dietetic		Nuclear Medicine	X	Support Services	
Skilled Nursing	Inpatient Beds	0	X Administration					
	Total Beds this Building	s 21						

Report Year: 2011 10200 Northern Inyo Hospital Bishop Page:11 of 36 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Main Hosp Bldg/Existing Central Pla 2011 02 Year of **Building** Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation 13 Nursing Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery |x| Clinical Lab 2 Х Pediatric/Adol Inpatient escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby Imaging Nursing Beds Central Plant Pharmaceutical 6 Obstetrical Inpatient **Emergency** Ante/Postprtum **Beds** |x|Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 21 Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building 03 Number:	Building Name:	ICU Additio	on	Year of Information:	2008				
				Information Current As Of:	06/30/2010				
Type of Services Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	4	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	s 4							

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building 03 Number:	Building Name:	ICU Addition	on	Year of Information:	2009				
				Information Current As Of:	06/30/2010				
Type of Services Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	4	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 thi	is 4	I						

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building 03 Number:	Building Name:	ICU Addition	on	Year of Information:	2010				
				Information Current As Of:	6				
Type of Services Provided									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	4	Anesthesia						
Pediatric/Adol	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services				
Skilled Nursin	g Inpatient Beds	0	Administration						
	Total Beds th Building	is 4							

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)									
Building 03 Number:	Building Name:	ICU Additio	on	Year of Information:	2011				
				Information Current As Of:					
<u>Type of Services</u> <u>Provided</u>									
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	4	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

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For the building or buildings to be 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) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building	Number: 02	Main Hos	o Bldg/Existing Ce	entral Pla		Removal Date:	[	03/01/2012	
Planned	Uses for the building t	to be remov	ed from acute car	e service:					
Planned	Planned use for building: Medical Office Building Jurisdiction: Local Authority								
Inpatient	services currently del	ivered in th	e building:						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv			Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia						
X	Pediatric/Adol escent	X	Clinical Lab	X	Obstetrical Recovery			Renal Dialysis	
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		X	Outpatient Surgery	
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emorgonov		X	Central Plant	
	Intermediate Care	X	Dietetic		Emergency				
	Skilled Nursing	X	Administration		Nuclear Medicine		X	Support Services	

Report Status: Data Last Update: 10/07/2011 **Print Date:** 1/30/2012 12:45 PM Submission Date: 01/30/2012

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For the building or buildings to be 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)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 03	ICU Additi	on			Removal Date:		03/01/2012		
Planned	Uses for the building t	o be remov	ed from acute car	e service:						
Planned	Planned use for building: Medical Office Building  Jurisdiction: Local Authority									
<u>Inpatient</u>	services currently del	ivered in the	e building:		Obstetrical			Rehabilitation		
	Nursing		Surgical		Cesarean/Deliv		Ш	Therapy		
X	IntensiveCare		Anesthesia							
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical	П	_			Central Plant		
	Intermediate Care		Dietetic		Emergency			OSHI A FIGHT		
	Skilled Nursing		Administration		Nuclear Medicine			Support Services		

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number:  Main Hosp Bldg/Existing Central Pla  Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Nursing Relocated to new building
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building Bed Count
N_1-New Replacement Hospital 16 Building
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla  Number:
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Pediatric Adolescent Relocated to new building
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building Bed Count
N_1-New Replacement Hospital 4 Building
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla
Will general acutr care services and beds will be relocated to a new or retrofittrd building?
Obstetrical Ante Postprtum  Relocated to new building

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Building Name: Main Hosp Bldg/Existing Central Pla Number:	
Will general acutr care services and beds will be relocated to a new or retrofittrd building?	
Surgical Relocated to new building	
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building	ng Bed Count
N_1-New Replacement Hospital Building	
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla	
Will general acutr care services and beds will be relocated to a new or retrofittrd building?	
Anesthesia Relocated to new building	
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building	ng Bed Count
N_1-New Replacement Hospital Building	
Building Dame: Main Hosp Bldg/Existing Central Pla Number:	
Will general acutr care services and beds will be relocated to a new or retrofittrd building?	
ClinicalLab Relocated to new building	
New Building Bed Count RetroFitted Building Bed Count Other SPC2-SPC5 Building	ng Bed Count
N_1-New Replacement Hospital Building	

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Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla								
Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Radiological/Imaging Relocated to new building								
New Building Bed Count RetroFitted Building Bed Count Otl	ther SPC2-SPC5 Building Bed	Count						
N_1-New Replacement Hospital Building								
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla								
Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Pharmaceutical Relocated to new building								
New Building Bed Count RetroFitted Building Bed Count Ott	ther SPC2-SPC5 Building Bed	Count						
N_1-New Replacement Hospital Building								
Building Name: Main Hosp Bldg/Existing Central Pla Number:								
Will general acutr care services and beds will be relocated to a new or retrofittrd building?								
Dietetic Relocated to new building								
New Building Bed Count RetroFitted Building Bed Count Otl	ther SPC2-SPC5 Building Bed	<u>Count</u>						
N_1-New Replacement Hospital Building								

Northern Inyo Hospital Report Year: 2011 10200 Bishop Page:21 of 36 Main Hosp Bldg/Existing Central Pla 02 **Building Name:** Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Administration Relocated to new building **RetroFitted Building New Building Bed Count Bed Count** Other SPC2-SPC5 Building **Bed Count** N\_1-New Replacement Hospital Building 02 **Building Name:** Main Hosp Bldg/Existing Central Pla Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Support Services Relocated to new building **RetroFitted Building Bed Count New Building Bed Count** Other SPC2-SPC5 Building **Bed Count** N\_1-New Replacement Hospital Building N\_1-New Replacement Hospital Building

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Building Number:    Main Hosp Bldg/Existing Central Pla		
Obstetrical Relocated to new building	٦	
Cesarean/Deliv	_	
New Building Bed Count RetroFitted Building Bed Count	Other SPC2-SPC5 Building Bed	Count
N_1-New Replacement Hospital Building		
N_1-New Replacement Hospital Building		
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla		
Will general acutr care services and beds will be relocated to a new or retrofittrd building?		
Obstetrical Recovery Relocated to new building	7	
New Building Bed Count RetroFitted Building Bed Count	Other SPC2-SPC5 Building Bed	Count
N_1-New Replacement Hospital Building		
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla		
Will general acutr care services and beds will be relocated to a new or retrofittrd building?		
Newborn/Well Baby Relocated to new building		
New Building Bed Count RetroFitted Building Bed Count	Other SPC2-SPC5 Building Bed	Count
N_1-New Replacement Hospital Building		

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Building Name: Main Hosp Bldg/Existing Central Pla Number:										
Will general acutr care services and beds will be relocated to a new or retrofittrd building?										
Emergency Relocated to new building	]									
New Building Bed Count RetroFitted Building Bed Count C	Other SPC2-SPC5 Building Bed	Count								
N_1-New Replacement Hospital Building										
Building Number:  Building Name: Main Hosp Bldg/Existing Central Pla										
Will general acutr care services and beds will be relocated to a new or retrofittrd building?										
OutpatientSurgery Relocated to new building	]									
New Building Bed Count RetroFitted Building Bed Count C	Other SPC2-SPC5 Building Bed	Count								
N_1-New Replacement Hospital Building										
Building Name: Main Hosp Bldg/Existing Central Pla Number:										
Will general acutr care services and beds will be relocated to a new or retrofittrd building?										
CentralPlant Relocated to new building	]									
New Building Bed Count RetroFitted Building Bed Count C	Other SPC2-SPC5 Building Bed	Count								
N_1-New Replacement Hospital Building										

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Building 02 Number:	Building Na	me: Main Hosp Bldg/Exis	sting Central Pla			
Will general acutr care	e services and beds wil	l be relocated to a new or re	etrofittrd building?	)		
Medical/Surgical (Include GYN)	Relocated to new bu	ilding				
New Building	Bed Count	RetroFitted Building	Bed Count	Other SPC2-SPC5 E	Building Bed	Count
N_1-New Replacement Building	Hospital 21					
Building 02 Number:	Building Na	me: Main Hosp Bldg/Exis	sting Central Pla			
Will general acutr care	e services and beds wil	l be relocated to a new or re	etrofittrd building?	)		
Perinatal (exclude Newborn / GYN))	Relocated to new bu	ilding				
New Building	Bed Count	RetroFitted Building	Bed Count	Other SPC2-SPC5 E	Building Bed	Count
N_1-New Replacement Building	Hospital 6					
Building 02 Number:	Building Na	me: Main Hosp Bldg/Exi	sting Central Pla			
Will general acutr care	e services and beds wil	l be relocated to a new or re	etrofittrd building?	)		
Pediatric	Relocated to new bu	ilding				
New Building	Bed Count	RetroFitted Building	Bed Count	Other SPC2-SPC5 E	Building Bed	Count
N_1-New Replacement Building	Hospital 4					

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Building Number: Will general ac Intensive Care		ICU Addition relocated to a new or retrofittrd building	· 	
Building Number: Will general ac Intensive Care		ICU Addition relocated to a new or retrofittrd building	· ·	

Report Year:
Report Year:

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02 Buildir	ng Name: Ma	ain Hosp Bldg/Existii	ng Centra	al Pla						
Type of Service Provided											
		X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	Nursing	X	Anesthesia								
	IntensiveCare		,	X	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol	X	Clinical Lab		,		Outpatient				
X	escent	X	Radiological/	X	Newborn/ WellBaby	X	Surgery				
	Psychiatric Nursing		Imaging		·						
	Nursing	X	Pharmaceutical	X	Emergency	X	Central Plant				
X	Obstetrical Ante/Postprtum				Nuclear Medicine	X	Support Services				
		X	Dietetic		WOODING		OCI VIOC3				
	Intermediate Care	X	Administration								
_			Autililistration								
	Skilled Nursing	1									

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Building Numbe	er: 02	02 Building Name: Main Hosp Bldg/Existing Central Pla								
Configuration N/A										
Type of Serv	rice Provided									
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis			
X	Pediatric/Adol escent	Х	Clinical Lab		Recovery					
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery			
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant			
	Intermediate	X	Dietetic		e.geney		Contract			
	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Building Number:	03	Building Na	me: ICU Addition				
Configuration:	N/A						
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
ΧI	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
<b></b>	ntermediate		Dietetic	_		_	Communication Co
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Number:	04	Building Na	me: Central Plant Ad	ddition			
Configuration:	N/A						
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				ontain tank
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numb	Building Number: 05 Building Name: Emergency Generator Building						
Configuratior	n N/A						
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		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		Dietetic	_	Linergency		Contrain
	Care Skilled Nursing		Administration		Nuclear Medicine		Support 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, and SPC-5 per Section 130061(e)

Build	ing Number: 03					
Тур	e of Service Prov	<u>rided</u>				
	Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	4	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		4			

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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, and SPC-5 per Section 130061(e)

Building Number: 04					
Type of Service Prov					
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 Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 05	Buildi	ng Name: Em	nergency Generator Building		
Type of Service Pro					
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			

Report Status: **Data Last Update**: 10/07/2011 **Submission Date**: 01/30/2012 **Print Date**: 1/30/2012 12:45 PM

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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, and SPC-5 per Section 130061(e)

Building Number:	03 Build	ding Name:	Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 4 Bed	Inpatient 407 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	4	4

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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, and SPC-5 per Section 130061(e)

Building Number:	04	Building Name: Cent	ral Plant Addition	
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 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, and SPC-5 per Section 130061(e)

Building Number:	95 Build	ing Name: Emer	gency Generator Building		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory (	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care New Nursery	born	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Per Service	_
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0		0