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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 Pion	eer Lane
City:	Bishop	
Hospital Owner/Lice	ensee:	John Halfen
Year of Rep	orting:	2012
Contact 1 e-mail Ad	ldress:	
Contact 2 e-mail Ad	ldress:	
Contact 3 e-mail Ado	dress::	
Name of Sub	omitter:	Scott Hooker
Submission	n Date:	10/25/2012 11:51:58 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 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- 00775	Main Hosp Bldg/Existing Central Plant	150 Pioneer Lane	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 Yes-Submitted
Facility Project Sub Scope Number Number Num	Date     Plan     Approved     Proj.     Start     Proj.     Completed     Status     CEQA       in     Date     Date     Review
10200 HS060053-0 0 PARTIAL HOSPITAL REPLACEMENT AND RENOVATION	1/10/2006 8/17/2009 08/25/2009 10/15/2012 FIEL No 12:00:00 12:00:00 AM AM

2012

Provide the number of	f inpaient bed	ds and patient days per type o	f service per building per Section 1	30061(c)(1)(F)
Building Number: BL	.D-00775	Building Name:	Main Hosp Bldg/Existing Cent	tral Plant
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	13 Inpatient 200 Days	60 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 1	26 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 3	99 X Pharmaceutical IX 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:	BLD-00775	Building Name: Mai	in Hosp Bldg/Existing Ce	ntral Plant	
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	;
Inpatient 11 Bed	Inpatient 2060 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	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 Ne Nursery	ewborn	Intermediate Card	I
Inpatient 4 Bed	Inpatient 126 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	oment
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 / 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

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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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The proje dates for The plan said uses	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)(20(C)									
Building Number:   BLD-00775   Main Hosp Bldg/Existing Central Plant   Removal Date:   10/15/2012										
Planned	Uses for the buildir	g to be removed f	rom acute care se	ervice:						
Planned	use for building:	Medical Office Bui	lding Ju	urisdiction:	ocal Authority					
Inpatient	services currently	delivered in the bu	<u>ilding:</u>							
X	Nursing	X Su	rgical	X	Obstetrical Cesarean/Deliv		Rehabilita	ation		
	IntensiveCare	X And	esthesia							
X	Pediatric/Adol escent	X Clin	nical Lab	X	Obstetrical Recovery		] Renal Dia	alysis		
	Psychiatric Nursing		diological/ aging	x	Newborn/ WellBaby	X	Outpatier Surgery	nt		
X	Obstetrical Ante/Postprtum	X Ph	armaceutical	x	Emergency	X	Central F	Plant		
	Intermediate	X Die	etetic		Linergency		J			
	Care Skilled Nursing	X Adı	ministration		Nuclear Medicine	X	Support Services			
Report Statu	Report Status: Data Last Update: 10/25/2012 Submission Date: 10/25/2012 Print Date: 11/5/2012 1:25 PM									
Nepon Sialu	Data Last Upd	ale: 10/25/2012	Submissio	on Date: 10/	25/2012	Print Date:	11/5/2012 1	25 PM		

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: Subreport could not	t be shown.							
		ospital inpatient s	service	that is provided i	in any ge	enaral acute care l	hospital b	ouilding that is rate
SPC-1 per Sectio	on 130061(C)(4)							
Building Number:	BLD-00775	Building Name:	Main	Hosp Bldg/Existir	ng Centra	l Plant		
True of Comi		-						
Type of Servio	ce Provided	[	x s	urgical	x	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		X _	nesthesia				
	IntensiveCar			nestresia	X	Obstetrical		Renal Dialysis
		.   [	x c	linical Lab		Recovery		
X	Pediatric/Adol escent				x	Newborn/	X	Outpatient Surgery
	Psychiatric			adiological/ naging		WellBaby		
	Nursing	[	X P	harmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtu	um _				Nuclear	X	Support
			X D	ietetic		Medicine		Services
	Intermediate							
	Care		X A	dministration				
	Skilled Nursir	ng						
oort Status: Data La	st Undate: 404	25/2012 <b>C</b> i	Ihmisei	on Date: 10/25/	2012	Print Date:	11/5/201	2 1:25 PM

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Rehabilitation Therapy
Renal Dialysis
Outpatient Surgery
Central Plant
Support
Services
T R O S C C

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Building Numbe	r: BLD-00776	Building Na	me: ICU Addition					
Configuration:	Rebuild (Per SB90	Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.						
Type of Serv	ice Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical		Pharmaceutical					
	Ante/Postprtum				Emergency		Central Plant	
	Intermediate		Dietetic					
	Care	Nuclear Medicin		Nuclear Medicine		Support Services		
	Skilled Nursing		Administration					

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Building Numbe	er: BLD-00777	Building Na	me: Central Plant Ac	ldition			
Configuration	N/A						
Type of Serv	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		Pharmaceutical				
	Ante/Postprtum				Emergency	Х	Central Plant
	Intermediate Care		Dietetic		NI stars Marchatta		0
	Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Building Numbe	er: BLD-00778	Building Na	me: Emergency Gener	rator Bui	lding		
Configuration	: N/A						
Type of Serv	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		Pharmaceutical				
	Ante/Postprtum				Emergency	X	Central Plant
	Intermediate		Dietetic	_		_	
	Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				

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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)

Buildi	Building Number: BLD-00776 Building Name: ICU Addition									
Туре	e of Service Prov	ided								
	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)

Buildi	ng Number: BLI	0-00777	Building I	Name: C	entral Plant Addition		
Туре	e of Service Prov	ided					
	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)

Buildi	ng Number: BL	D-00778	Building Name:	En	nergency Generator E	Building		
Туре	e of Service Prov	vided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehat Thera	oilitation py
	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	Outpa Surge	itient ry
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centra	al Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Suppo Servic	ort xes
	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, and SPC-5 per Section 130061(e)							
Building Number:	BLD-00776 Build	ing Name: ICU Additio	n				
Medical / Surgical (Inc	lude GYN)	Acute Respiratory Care		Acute Psychiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days			Inpatient 0 Days		
Perinatal (excluse Nev	vborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days			Inpatient 0 Days		
Pediatric		intensive Care Newborn Nursery		Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days			Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent		
Inpatient 4 Bed	Inpatient 407 Days	Inpatient 0 Inpat Bed Days			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 Inpat Bed 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: BLD-00777 Building Name: Central Plant Addition								
Medical / Surgical (Incl	ude GYN)	Acute Respiratory	Care	Acute Psy	/chiatric			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Days	tient 0 s		
Perinatal (excluse New	born / GYN)	Burn		Skilled Nu	ursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Days	tient 0 S		
Pediatric		intensive Care Nev Nursery	vborn	Intermedi	ate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Days	tient 0 S		
Intensive Care		Rehabilitation Center		Int. Care / Disabled	development			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpa Days	tient 0		
Coronary Care		Chemical Dependency		Total Bed Building Unit	Per B	otal Beds this uilding Per ervice		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient Days	0	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:   BLD-00778   Building Name:   Emergency Generator Building								
Medical / Surgical (Inclu	de GYN)	Acute Respiratory	Care	Acute Psychiatric				
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days			
Perinatal (excluse Newb	orn / GYN)	Burn		Skilled Nursing				
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days			
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card				
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / developme Disabled	ent			
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		npatient 0 Days			
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service			
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0			

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