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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	orting: 2013
Contact 1 e-mail Ad	ldress:
Contact 2 e-mail Ad	ldress:
Contact 3 e-mail Add	dress::
Name of Sub	mitter: Scott Hooker
Submission	Date: 10/29/2013 2:39:23 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 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		Retrof Project	it/Replacement:	ent Y	es-Submitte	d
Facility Number	Project Sub Number Num		Scope	Date Plan in	Approved Date	Proj. Start Date	Proj. Complete Date	d Status	CEQA Review
10200	HS060053-0	0	PARTIAL HOSPITAL REPLACEMENT AND RENOVATION	1/10/2006 12:00:00 AM	12:00:	09 08/25/200 00 AM	9 10/15/2012	PEND	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: BL	_D-00775	Building Name:	Main Hosp Bldg/Existing Central	Plant
Type of Service Prov	<u>/ided</u>			_
X Nursing	Inpatient Beds	13 Inpatient 2060 Days	X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 407	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 X Support	Renal Dialysis  X Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services  X Obstetrical	Surgery
		Total Beds this Building	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: Main	Hosp Bldg/Existing Cen	tral Plant	
Medical / Surgical	(Include GYN)	Acute Respiratory	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 Nev Nursery	vborn	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 / developr Disabled	ment
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	25	25

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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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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-0077	5	Main Hos	p Bldg/Existing C	entral Plant	Removal Date:	[	10/15/2012
Planned	Uses for the building to	o be remov	ed from acute car	e service:				
Planned	use for building: Med	dical Office	Building	Jurisdiction:	Local Authority			
Inpatient	services currently deli	vered in th	e building:					
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia					
X	Pediatric/Adol escent	X	Clinical Lab	X	Obstetrical Recovery		Ш	Renal Dialysis
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	Х	_		$\overline{\mathbf{x}}$	Central Plant
	Intermediate Care	X	Dietetic		Emergency			OSHIGIT IGHT
	Skilled Nursing	X	Administration		Nuclear Medicine		X	Support Services

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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)

SPC-1 per Section	1 100001(0)(4)						
Building Number:	BLD-00775 Buildi	ng Name:	ain Hosp Bldg/Existii	ng Centra	al Plant		
Type of Servic	e Provided						
		X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare		Anestnesia	X	Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol	X	Clinical Lab			Х	Outpatient
	escent	X	Radiological/ Imaging	X	Newborn/ WellBaby		Surgery
	Psychiatric Nursing	x	Pharmaceutical	X	Emergency	X	Central Plant
X	Obstetrical Ante/Postprtum				Nuclear Medicine	X	Support Services
		X	Dietetic		Medicine		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 actue care hospital building per Section 130061(c)(5)

Building Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central Plant									
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	NPC4 or NPC5 building.				
Type of Serv	ice Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis		
X	Pediatric/Adol escent	X	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		5.951.09		ooman an		
	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 actue care hospital building per Section 130061(c)(5)

Building Numbe	er: BLD-00776	Building Na	me: ICU Addition			
Configuration	: Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	IPC4 or NPC5 building.	
Type of Serv	vice 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 Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic			Contract land
	Care Skilled Nursing		Administration		Nuclear Medicine	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 actue care hospital building per Section 130061(c)(5)

Building Number	r: BLD-00777	Building Na	me: Central Plant A	Addition			
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new	SPC5 and N	IPC4 or NPC5 building.		
Type of Serv	ice 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		Contract
	Care Skilled Nursing		Administration		Nuclear Medicine		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 actue care hospital building per Section 130061(c)(5)

Building Numbe	r: BLD-00778	Building Na	me: Emergency G	enerator Buil	ding		
Configuration:	N/A						
Type of Serv	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	X	Central Plant
	Intermediate		Dietetic	_	Lineigoney	<u></u>	Contrar Flam
	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)

Buildir	ng Number: BLI	D-00776	Building N	Name: IC	U Addition			
Type	of Service Prov	<u>ided</u>						
	Nursing	Inpatient Beds	0		Surgical		ostetrical esarean/Deliv	Rehabilitation Therapy
X	IntensiveCare	Inpatient Beds	4		Anesthesia			
П	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		ostetrical ecovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		ewborn/ ellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Er	nergency	Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		uclear edicine	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: BLI	D-00777	Building N	lame: Ce	entral Plant 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	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: BLD-00778 Building Name: Emergency Generator Building							
Type of Service Provided							
	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:** 10/29/2013 **Submission Date:** 10/29/2013 **Print Date:** 10/31/2013 1:50 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:	BLD-00776	Building Name:	ICU Addition			
Medical / Surgical (I	nclude GYN)	Acute Res	piratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days	· · · · · · · · · · · · · · · · · · ·	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (Exclude N	lewborn / GYN)	Burn		:	Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		Inpatient 0	Inpatient 0 Days
Pediatric		Intensive ( Nursery	Care Newborn	ı	Intermediate Care	
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitat Center	tion		Int. Care / Developmentally Disabled	
Inpatient 4 Bed	Inpatient Days	407 Inpatient Bed	0 Inpatient Days	· • • •	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical I	Dependency		Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatient Days		Unit 4	Service 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: Ce	ntral Plant Addition			
Medical / Surgical (I	nclude GYN)	Acute Respirator	y Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Perinatal (Exclude N	lewborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Pediatric		Intensive Care No Nursery	ewborn	Intermediate Care		
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled		
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days		
Coronary Care		Chemical Depend	dency	Total Beds this Building Per Building Per		
Inpatient 0 Bed	Inpatient Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service		

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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 Bu	ilding Name: Emer	gency Generator Building	g	
Medical / Surgical (I	nclude 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 (Exclude I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days
Pediatric		Intensive Care New Nursery	<b>/born</b>	Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Depende	ncy	Total Beds this Building Per	Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Unit 0	Service 0