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 Hospita	al 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/Lic	icensee: Victoria Alexander-Lane
Year of Re	eporting: 2014
Contact 1 e-mail A	Address:
Contact 2 e-mail A	Address:
Contact 3 e-mail Ad	Address::
Name of Su	ubmitter: Scott Hooker
Submissio	on Date: 12/12/2014 11:30:40 AM
City: Hospital Owner/Lic Year of Re Contact 1 e-mail A Contact 2 e-mail A Contact 3 e-mail A Name of Su	Bishop icensee: Victoria Alexander-Lane eporting: 2014 Address: Address: Address: Scott Hooker

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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-	Main Hosp Bldg/Existing	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 Project:					
Facility Number	/ Project er Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
10200	HS060053-0	0	PARTIAL HOSPITAL REPLACEMENT AND RENOVATION	1/10/2006 12:00:00 AM	8/17/2009 12:00:00 AM	08/25/2009	10/15/2012	CLOS	No

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Provide the number of	f inpatient bed	ds and patient days per type of service p	per building per Section 13006	1(c)(1)(F)	
Building Number: BL	.D-00775	Building Name: M	lain Hosp Bldg/Existing Centra	ıl 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	rsis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	beas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

Report Year: 2014 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 Name	Building to be Removed / Replaced / Rebuilt		
Main Hosp Bldg/Existing Central Plant	Rebuild		
ICU Addition	Remain		
Central Plant Addition	Remain		
Emergency Generator Building	Remain		
New Hospital Building	Remain		
New Central Plant Building	Remain		
	Main Hosp Bldg/Existing Central Plant ICU Addition Central Plant Addition Emergency Generator Building New Hospital Building		

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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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The project replaced The plant replaced	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 I	Number: BLD-00775	Main Hosp Bldg/Exi	sting Central Plant	Removal 10/15/2012 Date:					
Planned	Uses for the building to	be removed from acute care service:							
Planned	use for building:								
<u>Inpatient</u>	services currently deliv	vered in the building:	Obstetrical	Rehabilitati	on				
	Nursing	Surgical	Cesarean/De		511				
	IntensiveCare Pediatric/Adol escent	Anesthesia Clinical Lab	Obstetrical Recovery	Renal Dialy	sis				
	Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery					
	Obstetrical Ante/Postprtum	X Pharmaceutical	Emergency	Central Pla	nt				
	Intermediate Care	X Dietetic		<u> </u>					
	Skilled Nursing	X Administration	Nuclear Medicine	X Support Services					

No data reported for Section 130061(c)(2)(D).	Report Year:	2014	10200	Northern Inyo Hospital	Bishop	Page:9 of 30		
	No data reported for Section 130061(c)(2)(D).							

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No data reporte	d for Section	n 130061(c)	(2)(D.		

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Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution of "Resolution of "Rebuild" or "Resolution of "Resolution o		esponding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Pharmaceutical N/A	building?	
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution or "Resoluti		esponding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted Dietetic N/A		
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Resolution or "Rebuild" or "Resolution or "Rebuild" or "Resolution or "Rebuild" or "Resolution of "Rebuild" or "Resolution or "Rebuild" or	ng or retrofitted building and any correplace" per Section 130061(c)(2)(E)	esponding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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: Will general a	BLD-00		ding Name: beds will be re	Main Hosp Bldg/Existing				
Support Servi	ices	/A						

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

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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)												
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									
	IntensiveCare		Autouroda		Obstetrical Recovery		Renal Dialysis					
	Pediatric/Adol escent		Clinical Lab				Outpatient Surgery					
			Radiological/ Imaging		Newborn/ WellBaby		Surgery					
	Psychiatric Nursing	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 actue care hospital building per Section 130061(c)(5)											
Building Number	: BLD-00775	Building Na	me: Main Hosp Bldg/E	Existing C	Central Plant						
Configuration:	Remove from GAC	service by	1/1/2015								
Type of Servi	ice Provided										
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Adol escent	X	Clinical Lab		Recovery						
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant				
	Intermediate Care	X	Dietetic		Nuclear Medicine	X	Support				
	Skilled Nursing	X	Administration				Services				

Report Year: 20	10200	Northern Inyo	Hospital		Bishop		Page:16 of 30
Report the final cor requirements wheth per Section 130061	ner by retrofit or by	ldings on the replacement	hospital campus showi and the type of service	ng how e that will b	ach building will comply voe provided in each gene	with the SPC ral actue ca	C-5/NPC-4 or 5 re hospital building
Building Number:	BLD-00776	Building Na	me: ICU Addition				
Configuration:	N/A						
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X Inte	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
Into Ca	ermediate ire		Dietetic		Nuclear Medicine		Support
Sk	illed Nursing		Administration				Services

Report Year: 2014	0200 Northern Inv	o Hospital		Bishop		Page:17 of 30
Report the final configuration requirements whether by respection 130061(c)(5)	n of all buildings on the trofit or by replacement	hospital campus showin and the type of service t	g how ea hat will be	ch building will comply wit e provided in each genera	th the SPC-5/ Il actue care I	NPC-4 or 5 nospital building
Building Number: BLD-00	D777 Building Na	me: Central Plant Addi	tion			
Configuration: N/A						
Type of Service Provide	ed					
Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCa	are	Anesthesia		Obstetrical Recovery	Re	enal Dialysis
Pediatric/Adescent	dol	Clinical Lab		Recovery		
Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		rtpatient rgery
Obstetrical		Pharmaceutical				
Ante/Postpi	rtum			Emergency	X Ce	ntral Plant
Intermediat Care	re L	Dietetic		Nuclear Medicine		upport
Skilled Nurs	sing	Administration			Se	ervices

Report Year: 2014 1	0200 Northern Inyo	Hospital		Bishop		Page:18 of 30
Report the final configuratio requirements whether by reper Section 130061(c)(5)	n of all buildings on the h trofit or by replacement a	nospital campus showing and the type of service th	how each at will be p	building will comply with rovided in each general a	the SPC-5/N actue care ho	PC-4 or 5 spital building
Building Number: BLD-00	9778 Building Nam	ne: Emergency Genera	tor Building	ļ		
Configuration: N/A						
Type of Service Provide	ed					
Nursing		Surgical		estetrical sarean/Deliv	Reha Ther	abilitation apy
IntensiveCa	are	Anesthesia		estetrical covery	Rena	al Dialysis
Pediatric/Adescent	dol	Clinical Lab	ive	covery		
Psychiatric Nursing		Radiological/ Imaging		wborn/ ellBaby	Outp Surg	atient ery
Obstetrical		Pharmaceutical				
Ante/Postp	rtum		En	nergency	X Cent	ral Plant
Intermediat Care	te L	Dietetic	☐ Nu	clear Medicine		port
Skilled Nurs	sing	Administration			Ser	vices

Report Year: 2014 10200	Northern Inyo Hospital	Bishop	Page:19 of 30
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 actue care hospital building
Building Number: BLD-02922	Building Name: New Hospital Bu	uilding	
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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Report the final confirequirements whether per Section 130061(er by retrofit or by	dings on the l replacement a	hospital campus showin and the type of service t	g how ea	ach building will comply wit e provided in each genera	th the SPC- I actue care	5/NPC-4 or 5 hospital building
Building Number:	BLD-05321	Building Nar	ne: New Central Plant	Building			
Configuration:	N/A						
Type of Service F	Provided						
Nurs	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis
Ped esce	liatric/Adol ent		Clinical Lab		Recovery		
Psyc Nurs	chiatric sing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Gurgery
	stetrical e/Postprtum		Pharmaceutical		F		Assistant Plant
	rmediate		Dietetic		Emergency		Central Plant
Care					Nuclear Medicine		Support Services
Skill	led Nursing		Administration				

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Include and S	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: BLC	D-00776	Building Na	ime: ICI	J Addition					
Туре	e 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							

Report Year:	2014	10200	Northern Inyo Ho	spital			Bishop		Page:22 of 30
Include inforn and SPC-5 po	nation on e er Section	the number of in 130061(e)	npatient beds by	type of S	Service provided by bui	lding	s that are classified as	SPC-	2, SPC-3, SPC-4,
Building Num	ber: BLE	D-00777	Building Nan	ne: Ce	ntral Plant Addition				
Type of Ser	vice Prov	rided							
Nursin	g	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensi	veCare	Inpatient Beds	0		Anesthesia				
Pediati escent	ric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychi Nursin		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obstet Ante/P	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
Intermo	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled	Nursing	Inpatient Beds	0		Administration				
Total B Buildin	Beds this g		0						

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Include information of and SPC-5 per Section		inpatient beds b	y type of Ser	rvice provided by b	ouilding	gs that are classified a	s SPC-2,	SPC-3, SPC-4,
Building Number:	BLD-00778	Building Na	ame: Emer	gency Generator E	Buildin	9		
Type of Service Pr	ovided							
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	A	nesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	R	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery
Obstetrical Ante/Postprtu	Inpatient m Beds	0	P	Pharmaceutical		Emergency	X C	Central Plant
Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skilled Nursin	g Inpatient Beds	0	A	Administration				
Total Beds thi Building	s	0						

Report Y	'ear: 2014	10200 N	Northern Inyo Hosp	ital			Bishop		Page:24 of 30
Include and SP	information on t C-5 per Section	he number of in 130061(e)	npatient beds by ty	pe of S	Service provided by buil	ding	s that are classified as	SPC-	2, SPC-3, SPC-4,
Building	g Number: BLD	0-02922	Building Name:	Ne	w Hospital Building				
Type o	of Service Prov	ided							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	ntensiveCare	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
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Fotal Beds this Building		0						

Report '	Year: 2014	10200	Northern Inyo Hosp	ital			Bishop		Page:25 of 30
Include and SI	e information on t PC-5 per Section	the number of i 130061(e)	npatient beds by ty	pe of S	Service provided by buil	ding	s that are classified as	SPC-2	2, SPC-3, SPC-4,
Buildir	ng Number: BLD)-05321	Building Name	: Ne	ew Central Plant Building	9			
<u>Type</u>	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		Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Year: 2014 10200 Northern Inyo Hospital Bishop Page:26 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, and SPC-5 per Section 130061(e) **ICU** Addition **Building Name: Building Number:** BLD-00776 Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient 0 Davs Bed Bed Days 0 0

Report Year: 2014 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, 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 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 0 0

Report Year: 2014 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, 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 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 0 0

Report Year: 2014 10200 Northern Inyo Hospital Bishop Page:29 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, and SPC-5 per Section 130061(e) BLD-02922 **New Hospital Building Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 2030 Days Days Bed Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient 399 Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient 126 Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient 407 Inpatient Inpatient Inpatient Inpatient 0 0 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 25 0

Report Year: 2014 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, 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 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 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 0 0