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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:	10202
Facility Name:	Southern Inyo Hospital
Address:	501 East Locust Street
City:	Lone Pine
Hospital Owner/Licer	see: Southern Inyo Healthcare District
Year of Repo	rting: 2014
Contact 1 e-mail Add	ress:
Contact 2 e-mail Add	ress:
Contact 3 e-mail Add	ess::
Name of Subm	itter: Lee Barron
Submission I	Date: 12/16/2014 2:48:58 PM

Report `	Year: 2014 10202	Southern Inyo Hospital		Lone Pine		Page:2 of 45	
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- 00779	Main Hospital Building	501 East Locust Street	Retrofit	SPC2	01/01/2019	01/01/2020	
BLD- 00782	East Wing Addition	501 East Locust Street	Retrofit	SPC2	01/01/2020	01/01/2020	
BLD- 00789	Laundry Building	501 East Locust Street	Remove	N/A	01/01/2013	01/01/2013	
BLD- 00790	Storage Building	501 East Locust Street	Retrofit	SPC2	01/01/2020	01/01/2020	

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lo data reported for Section 130061(c)(1)(C).						

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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-00779 Building Name: Main Hospital Building							
Type of Service	e Provided						
X Nursing	Inpatient Beds	4 Inpatient 173 Days	Surgical	Obstetrical Recovery			
IntensiveC	are Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/A escent	dol Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	: Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postp		0 Inpatient Days 0	Pharmaceutical X Dietetic	Rehabilitation Therapy			
Intermedia Care	te Inpatient Beds	0 Inpatient Days 0		Renal Dialysis			
X Skilled Nur	rsing Inpatient Beds	11 Inpatient Days 3545	Support Services	Outpatient Surgery			
	2000	Total Beds this 15 Building	Obstetrical Cesarean/Deliv	Central Plant			
OSHPD FDD SB499	Report	Data Last Update: 12/16/2014	Submission Date: 12/16/2014	Printed: 12/18/2014 6:25 AM			

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Provide the number of in	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-		ng Name: East Wing	Addition			
Type of Service Provide	<u>ed</u>					
	npatient 0 Inpatient beds Days	<u> </u>	Surgical	Obstetrical Recovery		
	npatient 0 Inpatient l eds	Days 0	Anesthesia	Newborn/ WellBaby		
	npatient 0 Inpatient eds	Days 0	Clinical Lab	Emergency		
	npatient 0 Inpatient		Radiological/	Nuclear Medicine		
	npatient 0 Inpatient eds		Pharmaceutical Dietetic	Rehabilitatio Therapy	n	
	npatient 0 Inpatient leds			Renal Dialys	is	
	npatient 16 Inpatient eds Total Beds this	Days 5157	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery		
	Building		L	Central Plan	τ	
OSHPD FDD SB499 Report	Data Last Update:	12/16/2014 Submission	Date: 12/16/2014	Printed: 12/18/20	014 6:25 AM	

Report Year: 2014 102	202 Southern Inyo Hospital	Lone Pine	Page:6 of 45				
Provide the number of inpati	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-00789 Building Name: Laundry Building							
Type of Service Provided							
Nursing Inpat Beds			ostetrical ecovery				
IntensiveCare Inpat Beds			ewborn/ ellBaby				
Pediatric/Adol Inpat escent Beds		Clinical Lab	nergency				
Psychiatric Inpat Nursing Beds			uclear edicine				
Obstetrical Inpat Ante/Postprtum Beds			habilitation erapy				
Intermediate Inpat Care Beds			enal Dialysis				
Skilled Nursing Inpat		Services Su Obstetrical Cesarean/Deliv	rgery				
	Building		entral Plant				
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Report Year: 2014 10	0202 Southern Inyo Hospital	Lone Pine	Page:7 of 45		
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)					
Building Number: BLD-00		rage Building			
Type of Service Provided		·			
Nursing Inpa Bec	oatient 0 Inpatient 0 ods Days		stetrical sovery		
IntensiveCare Inpa Bec	patient 0 Inpatient Days 0		vborn/ IBaby		
Pediatric/Adol Inpa escent Bec	oatient 0 Inpatient Days 0	Clinical Lab	ergency		
Psychiatric Inpa Nursing Bec	patient 0 Inpatient Days 0		lear Jicine		
Obstetrical Inpa Ante/Postprtum Bec	oatient 0 Inpatient Days 0		abilitation rapy		
Intermediate Inpa Care Bec	oatient 0 Inpatient Days 0		al Dialysis		
Skilled Nursing Inpa Bec	oatient 0 Inpatient Days 0 ods Total Beds this 0	Services Surgent Surg			
	Building	L Cer	itral 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-00779 Build	ing Name: Main	Hospital Building		
Medical / Surgical (I	Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
	Inpatient 173 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 11 Bed	Inpatient 3545 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
	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 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 Days	Inpatient 0 Bed	Inpatient 0 Days	15	15
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Provide the number of Inpatient beds and patie	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-00782 Building Name: East Wing Addition						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 16 Inpatie Bed Days	nt 5157			
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0			
Coronary Care	Chemical Dependency	Total Beds this Total E Building Per Buildin Unit Servic				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	16	16			

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Provide the number of Inpatient beds and pat	Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)					
Building Number: BLD-00789 Building Name: Laundry Building						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0			
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0			
Pediatric	intensive Care Newborn Nursery	Intermediate Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ont 0			
Intensive Care	Rehabilitation Center	Int. Care / development Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0			
Coronary Care	Chemical Dependency		Beds this ng Per ce			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0			

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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-00790 Building Name: Storage Building							
Medical / Surgical (Include	e GYN)	Acute Respiratory	Care	Acute Psychiatric			
Inpatient 0 Inpatie Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse Newbo	rn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Inpatie Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Pediatric		intensive Care New Nursery	vborn	Intermediate Card			
Inpatient 0 Inpatie Bed Days		Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent		
Inpatient 0 Inpatie Bed 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 Inpatie Bed Days		Inpatient 0 Bed	Inpatient 0 Days	0	0		

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-00779	Main Hospital Building	Retrofit	
BLD-00780	Maintenance Building	Remain	
BLD-00782	East Wing Addition	Retrofit	
BLD-00784	Diagnostics & Treatment Addition	Remain	
BLD-00785	Patient Room Addition	Remain	
BLD-00786	Storage Room Addition	Remain	
BLD-00787	Boiler Room Addition	Remain	
BLD-00789	Laundry Building	Remove	
BLD-00790	Storage Building	Retrofit	

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No proposed new buildings to be constructed at this or another site.

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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-00	789 Laundry Building		Removal 01/01/2013 Date:				
Planned Uses for the buildin Planned use for building:	g to be removed from acute care service	:					
Inpatient services currently of Nursing	delivered in the building:	Obstetrical Cesarean/D	eliv Rehabilitation	on			
IntensiveCare Pediatric/Adol escent	Anesthesia	Obstetrical Recovery	Renal Dialy	sis			
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical Dietetic	Emergency	Central Pla	nt			
Care Skilled Nursing	Administration	Nuclear Medicine	X Support Services				
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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-00789 Building Name:	Laundry Building	Year of Information: 2011				
Unit Type		Information Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Coronary Care	Chemical Dependency	Total Beds this				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0			
		Total Beds this Building per Service	0			
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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-00789 Building Name:	Laundry Building	Year of Information: 2012	2			
Unit Type		Information Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled			
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0			
Coronary Care	Chemical Dependency	Total Beds this				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0			
Beds Days	Deus Days	Total Beds this Building per Service	0			
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Provide the number of inpatient beds and patient days per unit for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building Nbr: BLD-00789 Building Name: Laundry Building Year of Information: 2013							
Unit Type Information Current As Of:							
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient Beds Days	0				
Coronary Care	Chemical Dependency	Total Beds this					
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Beds Days	Building per Unit	0				
Deus Days	Deus Days	Total Beds this Building per Service	0				
	Undeter 12/16/2014 Submission Date	12/16/2011 Drintody 12/19/					

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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-00789 Building Name:	Laundry Building	Year of Information: 201	1			
<u>Type of Services</u> <u>Provided</u>		Information Current As				
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		ehabilitation herapy			
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthesia Days		enal Dialysis			
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Clinical Lal Days					
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Radiologic Days Imaging		Outpatient urgery			
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmace	utical Emergency C	entral Plant			
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic	Nuclear X S Medicine S	upport ervices			
Skilled Nursing Inpatient 0 Beds	Patient 0 Days Administra	tion				
Total Beds this Building per service 0						
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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building Nbr: BLD-00789 Building Name:	Year of Information: 2012	2				
Type of Services Provided		Information Current As				
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		ehabilitation herapy			
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthesia Days		enal Dialysis			
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Clinical Lab		enai Dialysis			
Psychiatric Inpatient 0 Nursing Beds	Patient 0 Radiologica Days Imaging		utpatient urgery			
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmaceu	tical Emergency C	entral Plant			
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic	Nuclear X S Medicine S	upport ervices			
Skilled Nursing Inpatient 0 Beds	Patient 0 Days Administrat	ion				
Total Beds this Building per service	0					
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Provide the number of inpatient beds and patient days per type of service for the year of 2010, 2011 and 2012 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building Nbr: BLD-	00789 Building Name:	Laundry Building		Year of Information:	2013		
<u>Type of Services</u> Provided				Information Current As Of:			
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery			
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	al Emergency	Central Plant		
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services		
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	ı			
Total Beds this E	Total Beds this Building per service 0						
 Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing 	Inpatient 0 Beds 0 Inpatient 0 Beds 0 Inpatient 0 Beds 0 Building per service	Patient0Patient0Days0Patient0Days0Patient000	Imaging Pharmaceutic	WellBaby	Surgery Central Plant X Support		

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No data reported corresponding b	d for whethe	er the gener s or project i	al acute care services and b numbers for buildings with a	eds will be relocated to a Building Resolution of "R	new, existing or retrofitted building a ebuild" or "Replace" per Section 130	nd any 061(c)(2)(E).
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Each hospital owner shall also report for each facility for which any buildings will be removed from active care service, any net change in the number of inpatient beds by type of unit and service per Section 130061(c)(3)						
Number: Will general acute care services ar		undry Building ated to a new, Exist	ing or retrofitted	building?		
Support Services N/A						
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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-00779 Buildir	ng Name: Main Hospital Building						
Type of Service	e Provided							
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap				
X	Nursing	Anesthesia	_	—				
	IntensiveCare		Obstetrical Recovery	Renal I	Dialysis			
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surger				
	Psychiatric	Radiological/ Imaging	WellBaby					
	Nursing	Pharmaceutical	Emergency	Central	Plant			
	Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	Suppor Service	t es			
	Intermediate Care	Administration						
X	Skilled Nursing							
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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-00782 Building Name: East Wing Addition									
Type of Service Provided									
Surgical Obstetrical Rehabilitation Cesarean/Deliv Therapy	on								
Nursing Anesthesia									
IntensiveCare Obstetrical Renal Dialys	SIS								
Pediatric/Adol escent Clinical Lab Outpatient Radiological/ WellBaby									
Psychiatric Nursing Pharmaceutical Emergency Central Plant	at								
Obstetrical Ante/Postprtum Obstetrical Dietetic Nuclear Medicine Support Services	in								
Intermediate Care Administration									
X Skilled Nursing									
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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-00789 Buildin	g Name: Laundry Building							
Type of Servic	e Provided								
		Surgical	Obstetrical Cesarean/Deliv	Rehabil Therap					
	Nursing	Anesthesia			Nichreig				
	IntensiveCare		Obstetrical Recovery	Renal D	naiysis				
	Pediatric/Adol escent		Newborn/ WellBaby	Outpation Surgery					
	Psychiatric Nursing	Radiological/ Imaging		_					
	C C	Pharmaceutical	Emergency	Central	Plant				
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Suppor Service					
	Intermediate Care	Administration							
	Skilled Nursing								
OSHPD FDD SB499 R	eport Data Las	t Update: 12/16/2014 Subm	nission Date: 12/16/2014	Printed: 12/18/					

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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-00790 Buildin	g Name: Storage Building								
Type of Service Provided									
	Surgical		ehabilitation herapy						
Nursing	Anesthesia								
IntensiveCare	Clinical Lab	Covery Recovery	enal Dialysis						
Pediatric/Adol escent	Radiological/	Newborn/ Ou WellBaby	utpatient urgery						
Psychiatric Nursing	Imaging								
Obstetrical	Pharmaceutical		entral Plant						
Ante/Postprtum	Dietetic		apport prvices						
Intermediate Care	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-00779 Configuration: N/A	Building Name: Main Hospital Bu	uilding							
Type of Service Provided									
X 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	Support						
X Skilled Nursing	Administration		Services						
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Report Year: 20	10202	Southern Iny	Southern Inyo Hospital			Lone Pine		
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-00780	Building Na	me: Maintenance Build	ling				
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Receivery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
Inte Ca	ermediate		Dietetic					
	illed 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:	BLD-00782	Building Na	me: East Wing Additior	า				
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	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	
	ermediate		Dietetic					
Ca X Sk	illed 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: BLD-00784	Building Name: Diagnostics & Tr	eatment Addition	1					
Configuration: N/A								
Type of Service Provided								
Nursing	Surgical		etrical X rean/Deliv	Rehabilitation Therapy				
	Anesthesia	Obste Reco	etrical	Renal Dialysis				
Pediatric/Adol escent	X Clinical Lab							
Psychiatric Nursing	X Radiological/ Imaging	Newb WellE		Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	X Emer	gency	Central Plant				
Intermediate Care	Dietetic			Quant				
Skilled Nursing	X Administration		ear 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 Number:	BLD-00785	Building Na	me: Patient Room Add	lition				
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
-	diatric/Adol cent		Clinical Lab		Necov	vel y		
	ychiatric Irsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emerg	aencv		Central Plant
	ermediate		Dietetic			,,		
Ca X Sk	illed Nursing		Administration		Nuclea	ar Medicine		Support Services
OSHPD FDD SB499 F	Report D	ata Last Updat	e: 12/16/2014	Submissi	ion Date	: 12/16/2014	Printed:	12/18/2014 6:25 AM

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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-00786	Building Na	me: Storage Room Ad	dition				
Configuration:	N/A							
Type of Service	Provided							
Nu Nu	ursing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obste Recov			Renal Dialysis
-	ediatric/Adol cent		Clinical Lab					
	sychiatric ursing		Radiological/ Imaging		Newb WellB			Outpatient Surgery
	ostetrical hte/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
	ermediate		Dietetic					
Ca	are		Administration		Nucle	ar 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 Number:	BLD-00787	Building Na	me: Boiler Room Ad	ldition				
Configuration:	N/A							
Type of Service	Provided							
Nu	irsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
-	diatric/Adol cent		Clinical Lab		Receivery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency	x	Central Plant	
Inte Ca	ermediate		Dietetic					
	illed Nursing		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 Number:	BLD-00789	Building Na	me: Laundry Building					
Configuration:	Remove from GA	C service by	1/1/2015					
Type of Service	e Provided							
Nu Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol scent		Clinical Lab		,			
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical hte/Postprtum		Pharmaceutical		Emergency		Central Plant	
	termediate		Dietetic					
	are killed 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:	BLD-00790	Building Na	me: Storage Building					
Configuration:	N/A							
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	ediatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate		Dietetic					
	illed Nursing		Administration		Nuclear Medicine	X	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)								
Building Number: BL	.D-00780	Building Na	ime: Ma	aintenance Building					
Type of Service Pro	vided								
Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		nabilitation rapy	
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rer	nal Dialysis	
Psychiatric	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		patient gery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X Cer	ntral Plant	
Intermediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		port vices	
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)									
Buildir	Building Number: BLD-00784 Building Name: Diagnostics & Treatment Addition									
Туре	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab		Obstetrical Recovery	R	enal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X	Emergency		entral Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X s s	upport ervices	
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		0							
OSHPD	FDD SB499 Repor	t [Data Last Update	12/16/20)14 Submis	sion Date	e: 12/16/2014	Printed: 12	/18/2014 6:25 AM	

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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 Nu	mber: BL	0-00785	Building N	Name: Pa	tient Room Addition]
Type of Se	ervice Prov	rided							
Nursi	ing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Inten	siveCare	Inpatient Beds	0		Anesthesia				
Pedia escel	atric/Adol nt	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	C Re	nal Dialysis
Psyc Nursi	hiatric ing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		ntral Plant
Interr Care	mediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	Su Su	pport rvices
Skille X	ed Nursing	Inpatient Beds	6		Administration				
Total Build	Beds this ling		6						
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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	g Number: BLD	0-00786	Building N	lame: Sto	prage Room Addition	1		
<u>Type o</u>	of Service Prov	ided						
۱ <u> </u>	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha	abilitation apy
	ntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	atient ery
	Dbstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cent	ral Plant
	ntermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Serv	port ices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Fotal 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-00787	Building N	lame: Bo	iler Room Addition				
Type of Service	Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reha Ther	abilitation apy	
IntensiveCa	re Inpatient Beds	0		Anesthesia				
Pediatric/Ad escent	ol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	al Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outp Surg	patient Jery	
Obstetrical Ante/Postpr	Inpatient tum Beds	0		Pharmaceutical	Emergency	X Cent	ral Plant	
Intermediate	e Inpatient Beds	0		Dietetic	Nuclear Medicine	X Supp Serv	oort ices	
Skilled Nurs	ing Inpatient Beds	0		Administration				
Total Beds t Building	his	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-00780 Building Name: Maintenance Building									
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric									
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	tO						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Coronary Care	Chemical Dependency		Beds this ling Per						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv							
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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-00784 Building Name: Diagnostics & Treatment Addition									
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Pediatric	Intensive Care Newborn Nursery	Intermediate Care							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days							
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 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-00785 Building Name: Patient Room Addition										
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric								
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0							
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing								
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 6 Inpatien Bed Days	nt 1920							
Pediatric	Intensive Care Newborn Nursery	Intermediate Care								
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0							
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	,							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0							
Coronary Care	Chemical Dependency	Building Per Build	ll Beds this ding Per							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	/ice 6							
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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-00786 Build	ding Name: Storage Room Addition		_					
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Bed Days						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days						
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 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-00787 Building Name: Boiler Room Addition									
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Pediatric	Intensive Care Newborn Nursery	Intermediate Care							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	t 0						
Coronary Care	Chemical Dependency	Building Per Build	Beds this ling Per						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	0						
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