## 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 Hospital Owner and Year of Report per Section 130061(e)						
Facility Number:	10200					
Facility Name:	Northern	n Inyo Hospital				
Address:	150 Pior	neer Ln				
City:	Bishop					
Hospital Owner/Lice	ensee:	Kevin Flanigan				
Year of Reporting:		2015				
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]				
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]				
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]				
Name of Submitter:		Scott Hooker				
Submission Date:		12/9/2015 9:12:30 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	5		Anticipated Completion Date
BLD-	Main Hosp Bldg/Existing	150 Pioneer Ln	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 Project Plan Approved Projected Projected CEQA Sub Completion Date Status Start Date Number Number Num Scope Date Review Date In

Number Number Num Scope

Date In

Date Start Date Completion Date Status Review

10200 HS060053-0

0 PARTIAL HOSPITAL REPLACEMENT AND 1/10/2006 8/17/2009 08/25/2009 10/15/2012 CLOS No
RENOVATION

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Report Year: 2015	10200	Northern Inyo Hospital	Bishop		Page:4 of 30			
Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)							
Building Number: BL	Building Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central 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	sis			
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: 2015 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

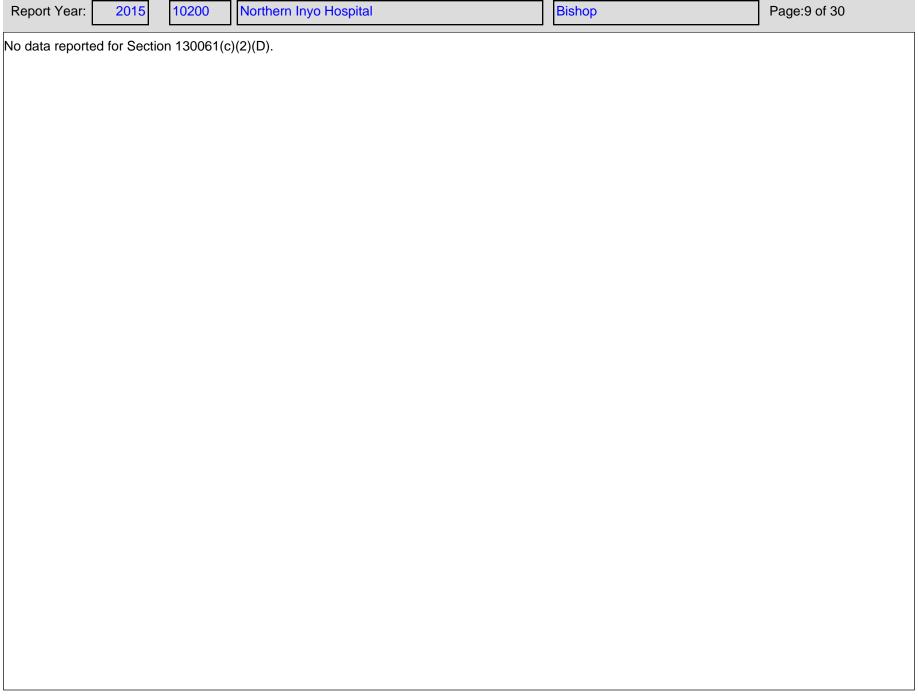
Report Year: 2015 10200 Northern Inyo Hospital Bishop Page:6 of 30

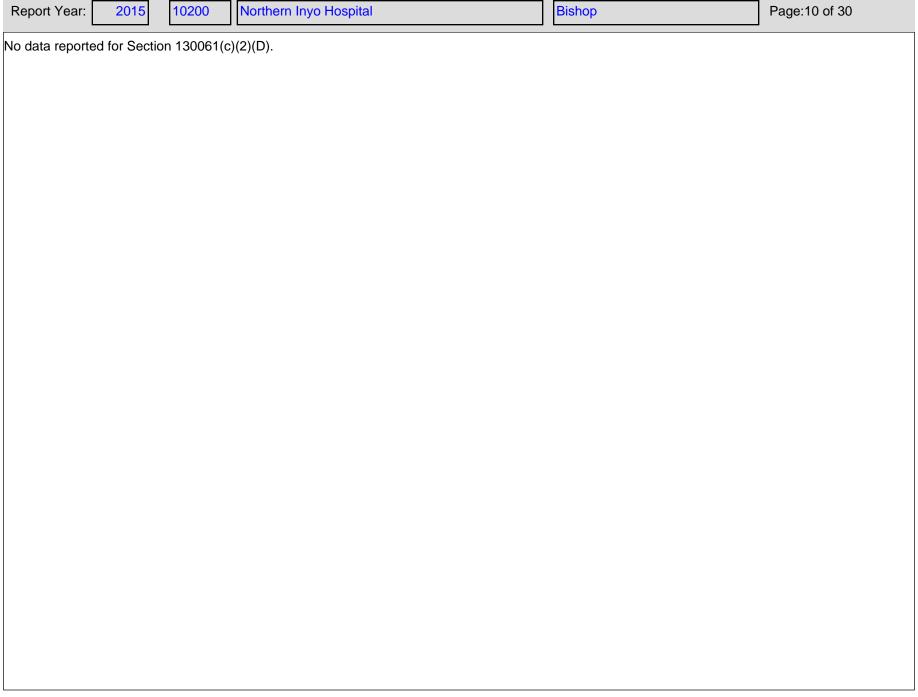
For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

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
BLD-02922	New Hospital Building	Remain
BLD-05321	New Central Plant Building	Remain

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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							

Report Y	ear: 2015 1020	Northern Inyo Hospital		Bishop	Page:8 of 30			
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)(2)(C)							
Building I	Building Number: BLD-00775 Main Hosp Bldg/Existing Central Plant Removal Date:							
Planned	Uses for the building to	be removed from acute care service:						
Planned	use for building:							
Inpatient	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	ered in the building:  Surgical Anesthesia Clinical Lab Radiological/Imaging X Pharmaceutical X Dietetic	Obstetrical Cesarean/Description Obstetrical Recovery Newborn/WellBaby Emergency	Rehabilitati Therapy  Renal Dialy  Outpatient Surgery  Central Pla	rsis			
	Care Skilled Nursing	X Administration	Nuclear Medicine	X Support Services				





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Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted Pharmaceutical  N/A		
Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
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, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number:  Will general acute care services and beds will be relocated to a new, Existing or retrofitted I  Administration  N/A		

Report Year: 2018	Northern Iny	o Hospital	Bishop	Page:12 of 30		
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)						
Number:						
Support Services	Relocated to new building					
	·		·			

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

Report Year: 201	15 10200 North	ern Inyo Hospi	tal		Bishop		Page:14 of 30
Report any general per Section 130061	acute care hospital inpa	itient service tl	nat is provided in any	general	acute care hospital	building t	hat is rated SPC-1
Building Number:	BLD-00775 Buildin	g Name: M	ain Hosp Bldg/Existin	ng Centra	ıl Plant		
Type of Service	e Provided	. —					
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing		Anesthesia				
	IntensiveCare		Automodia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab				Outpatient
			Radiological/ Imaging	Ш	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 acute care hospital building per Section 130061(c)(5)							
Building Number: BLD-00775	Building Name: Main Hosp Bldg	/Existing Central Plant					
Configuration: Remove from G	GAC service by 1/1/2020						
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 Ante/Postprtum	Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Dietetic						
Skilled Nursing	Administration	Nuclear Medicine	Support Services				

Report Year: 2	10200	Northern Inyo	Hospital		Bishop		Page:16 of 30		
requirements whe	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 acute care hospital building per Section 130061(c)(5)								
Building Number:	Building Number: BLD-00776 Building Name: ICU Addition								
Configuration:	Remove from GA	C service by	1/1/2020						
Type of Servic	e Provided								
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		recovery				
	sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate care		Dietetic		Nuclear Medicine	П	Support		
s	killed Nursing		Administration				Services		

Report Year: 2015 1020	Northern Inyo Hospital	Bishop	Page:17 of 30											
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 acute care hospital building per Section 130061(c)(5)														
Building Number: BLD-0077	Building Name: Central Plant A	ddition												
Configuration: N/A	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	Necovery												
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery											
Obstetrical Ante/Postprtur	Pharmaceutical													
	Dietetic	Emergency	Central Plant											
Intermediate Care		Nuclear Medicine	Support Services											
Skilled Nursing	Administration													

Report Year: 20	10200	Northern Inyo	Hospital		Bishop		Page:18 of 30						
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 acute care hospital building per Section 130061(c)(5)													
Building Number:	BLD-00778	Building Nan	ne: Emergency Gener	ator Buil	ding								
Configuration: N/A													
Type of Service Provided													
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis						
	ediatric/Adol scent		Clinical Lab		Recovery								
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant						
	termediate are		Dietetic		Nuclear Medicine		Support						
Sk	xilled Nursing		Administration				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 acute care hospital building per Section 130061(c)(5)													
Building Number: BLD-0	D2922 Building Na	me: New Hospital Build	ing										
Configuration: N/A													
Type of Service Provide	led												
Nursing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy							
IntensiveC	Care	Anesthesia		Obstetrical Recovery	Re	enal Dialysis							
Pediatric// escent	Adol	Clinical Lab	'	recovery									
Psychiatric Nursing	с	Radiological/ Imaging		Newborn/ WellBaby		rtpatient rgery							
Obstetrica Ante/Post		Pharmaceutical		_									
Alton ost		Dietetic	□ '	Emergency	Ce	ntral Plant							
Intermedia Care	ate	Dietetic		Nuclear Medicine		upport ervices							
Skilled Nu	ırsing	Administration			J.	SI VICES							

Report Year: 20	10200	Northern Inyo	Hospital		Bishop		Page:20 of 30						
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 acute care hospital building per Section 130061(c)(5)													
Building Number:	BLD-05321	Building Nar	ne: New Central Plant	: Building	]								
Configuration: N/A													
Type of Service Provided													
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy						
Int	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis						
	ediatric/Adol cent		Clinical Lab		recovery								
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery						
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant						
	termediate are		Dietetic		Nuclear Medicine		Support						
Sk	cilled Nursing		Administration				Services						

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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	Building Number: BLD-00776 Building Name: ICU Addition												
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		Central Plant				
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services				
	Skilled Nursing	Inpatient Beds	0		Administration								
	Total Beds this Building		0										

Report Yo	ear: 2015	10200 N	Northern Inyo Hosp	ital			Bishop		Page:22 of 30		
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	y Number: BLD	)-00777	Building Name:	Се	ntral Plant Addition						
Type o	of Service Prov	ided									
_ N	lursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
Ir	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	X	Central Plant		
	ntermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services		
s	Skilled Nursing	Inpatient Beds	0		Administration						
	otal Beds this Building		0								

Report Year: 201	10200	Northern Inyo H	ospital	Bishop	Page:23 of 30							
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	Anesthesi	ia								
Pediatric/Adol	Inpatient Beds	0	Clinical La	Obstetrical Recovery	Renal Dialysis							
Psychiatric Nursing	Inpatient Beds	0	Radiologion Imaging	cal/ Newborn/ WellBaby	Outpatient Surgery							
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmace	eutical Emergency	X Central Plant							
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services							
Skilled Nursin	g Inpatient Beds	0	Administra	ation								
Total Beds thi Building	s	0										

Report Year:	2015	10200	Northern Inyo	Hospital			Bishop		Page:24 of 30			
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 Nur	mber: BLD	-02922	Building N	lame: Ne	ew Hospital Building							
Type of Se	rvice Provi	ded										
X Nursii	ng	Inpatient Beds	11	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X Intens	siveCare	Inpatient Beds	4	X	Anesthesia							
Pedia X escer	tric/Adol nt	Inpatient Beds	4	X	Clinical Lab	X	Obstetrical Recovery		Renal Dialysis			
Psych Nursii		Inpatient Beds	0	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery			
Obste	etrical Postprtum	Inpatient Beds	6		Pharmaceutical	X	Emergency	X	Central Plant			
Intern Care	nediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services			
Skille	d Nursing	Inpatient Beds	0		Administration							
Total Buildi	Beds this ng		25									

Report	Year: 2015	10200	Northern Inyo Hos	pital			Bishop		Page:25 of 30					
	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-05321 Building Name: New Central Plant Building													
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		Clinical Lab		Obstetrical Recovery	R	enal Dialysis					
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		outpatient urgery					
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	С	entral Plant					
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	□ s s	upport ervices					
	Skilled Nursing	Inpatient Beds	0		Administration									
	Total Beds this Building		0											

Report Year: 2015 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: 2015 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 Days Bed 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: 2015 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 Bed Days 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: 2015 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 Inpatient 0 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 25

Report Year: 2015 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 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