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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:	Norther	n Inyo Hospital	
Address:	150 Pio	neer Ln	
City:	Bishop		
Hospital Owner/Lice	ensee:	Kevin Flanigan	
Year of Reporting:		2016	
Contact 1 e-mail Ado	dress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	dress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Subr	mitter:	Scott Hooker	
Submission	Date:	1/17/2017 3:14:22 PM	

eport Y	'ear: 2016 10200	Northern Inyo Hospital		Bishop		Page:2 of 30	
or buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to abuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 30060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for hich the hospital owner has been approved per Section 130061(c)(1)(B)							
dg.).	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date	
D- 775	Main Hosp Bldg/Existing Central Plant	150 Pioneer Ln	Rebuild	SPC5	01/01/2013	10/15/2012	
	DD SB499 Report	Data Last Update: 01/17/2017	Submissior	n Date: 01/17/2017	Printed: 1	/19/2017 6:30 AM	

eport Year: 20	16 1	0200 Northern Inyo Hospital		Bisho	p		Page:3 of	30
rojected construction	on start o	lanned for rebuild, retrofit or replacement, p date or dates and projected Completion da ection 130061(c)(1)(E).	provide the p te or dates p	project numbers per Section 1300	, per Section 061(c)(1)(D) a	130061(c)(1)(C). and the most rece	The nt project	
uilding No: BLD-(00775	Main Hosp Bldg/Existing Central Plan	nt	Retrofit/Re Project:	eplacement	Yes-Subr	nitted]
acility Project Iumber Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
0200 HS060053-0	0	PARTIAL HOSPITAL REPLACEMENT AND RENOVATION	1/10/2006	8/17/2009 12:00:00 AM	08/25/2009	10/15/2012	CLOS	No
SHPD FDD SB499 R	eport	Data Last Update: 01/17/2017	Submi	ssion Date: 01/1	7/2017	Printed: 1/19/201	7 6:30 AM	

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Provide the number of	f inpatient be	eds and patient days per type of service	e per building per Section 130061(c)	(1)(F)
Building Number: BL	D-00775	Building Name:	Main Hosp Bldg/Existing Central Pla	ant
Type of Service Prov	<u>vided</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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Surgery
	Deus	Total Beds this 0 Building	Obstetrical Cesarean/Deliv	Central Plant
OSHPD FDD SB499 Repo	rt	Data Last Update: 01/17/2017	Submission Date: 01/17/2017	Printed: 1/19/2017 6:30 AM

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Provide the number of Inpatient beds and patien	it days per type of unit per building per Sectio	n 130061(c)(1)(F)	
Building Number: BLD-00775 Build	ling Name: Main Hosp Bldg/Existing Ce	ntral Plant	
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 0 Inpatie Bed Days	nt 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	nt 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 e
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0	0
OSHPD FDD SB499 Report Data Last Up	odate: 01/17/2017 Submission Date:	01/17/2017 Printed: 1/19/2	

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or all buildings at	t the facility, indicate which ones are scheduled for gener	al 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

BLD-05321

New Hospital Building

New Central Plant Building

Remain

Remain

t ALL propos	sed new buildings to be constructed at this or another		
uilding umber	Building Name	New Site	
J_1	New Replacement Hospital Building		
N_2	New Central Plant		

Report Year:	2016	10200 No	orthern Inyo Hospi	ital		Bishop		Page:8 of 30
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 Number	r: BLD-0	0775	Main Ho	sp Bldg/Existing	Central Plant	Removal Date:	10/15/2012	
Planned Uses fo	or the buildi	ing to be remov	ved from acute ca	ire service:				
Planned use for	building:	Medical Office	Building	Jurisdiction:	Local Authorit	у		
Inpatient service	es currently	delivered in th	<u>e building:</u>					
Nursir	ng		Surgical		Obstetrical Cesarean/De	eliv	Rehabilitatio	n
	siveCare		Anesthesia					
Pedia escen	ntric/Adol		Clinical Lab		Obstetrical Recovery		Renal Dialys	is
Psych Nursir			Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obste Ante/F	etrical Postprtum	X	Pharmaceutical	Г	Emergency		Central Plan	t
Interm Care	nediate	X	Dietetic] Nuclear Medicine		X Support Services	
Skilled	d Nursing	X	Administration					
OSHPD FDD SB4	99 Report	Data	Last Update: 07	1/17/2017	Submission Date	e: 01/17/2017	Printed: 1/19/2	2017 6:30 AM

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No data reported for Section 130	0061(c)(2)(D).		

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

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		d beds will be relocated to a new, a Building Resolution of "Rebuild"			
Building BLD Number:	0-00775 Building Name:	Main Hosp Bldg/Existing Central	Plant		
Will general acute care	services and beds will be r	elocated to a new, Existing or retro	ofitted bu	uilding?	
Pharmaceutical	N/A				
		d beds will be relocated to a new, a Building Resolution of "Rebuild"			
Building BLD Number:	0-00775 Building Name:	Main Hosp Bldg/Existing Central	Plant		
Will general acute care	services and beds will be r	elocated to a new, Existing or retro	ofitted bu	uilding?	
Dietetic	N/A				
		nd beds will be relocated to a new, a Building Resolution of "Rebuild"			
Building BLD Number:	0-00775 Building Name:	Main Hosp Bldg/Existing Central	Plant		
Will general acute care	services and beds will be r	elocated to a new, Existing or retro	ofitted bu	uilding?	
Administration	N/A				
OSHPD FDD SB499 Repo	ort Data Last Upda	ate: 01/17/2017 Submission	on Date:	01/17/2017	Printed: 1/19/2017 6:30 AM

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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)										
Number:		in Hosp Bldg/Existi								
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services N/A										
OSHPD FDD SB499 Report	Data Last Update:	01/17/2017	Submission Date	e: 01/17/2017	Printed: 1/19/2	2017 6:30 AM				

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No data reported for Section 130061(c)(3).			

	tient service that is provided in any										
	Report any general acute care hospital inpatient service that is provided in any general 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 Provided											
	Surgical	Obstetrical Cesarean/Deliv	Rehabil Therapy								
Nursing	Anesthesia	_									
IntensiveCare		Obstetrical Recovery	Renal D	Jialysis							
Pediatric/Adol escent	Clinical Lab	Newborn/	Outpation Surgery								
Psychiatric	Radiological/ Imaging	WellBaby									
Nursing	X Pharmaceutical	Emergency	Central	Plant							
Obstetrical Ante/Postprtum	X Dietetic	Nuclear Medicine	X Support Service	t s							
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: N/A											
Type of Service Provided											
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehal Thera	bilitation IPy							
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal	l Dialysis							
Pediatric/Adol escent	Clinical Lab	Recovery									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge								
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr:	al Plant							
Intermediate	Dietetic										
Care Skilled Nursing	Administration	Nuclear Medicine	Supp Servi								
OSHPD FDD SB499 Report	Data Last Update: 01/17/2017	Submission Date: 01/17/2017	Printed: 1/19/20	017 6:30 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 acute care hospital building per Section 130061(c)(5)												
Building Number: BLD-00776 Building Name: ICU Addition												
Configuration:	N/A	√/A										
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis					
	diatric/Adol cent		Clinical Lab		Recovery							
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical ite/Postprtum		Pharmaceutical		Emergency		Central Plant					
Int Ca	ermediate are		Dietetic		Nuclear Medicine		Support					
	illed Nursing		Administration				Services					
OSHPD FDD SB499 F	Report	Data Last Upda	te: 01/17/2017	Submiss	sion Date: 01/17/2017	Printed:	1/19/2017 6:30 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 acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-00777 Building Name: Central Plant Addition											
Configuration:	Configuration: N/A										
Type of Service	Provided										
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis				
Peo esc	diatric/Adol ent		Clinical Lab		Receivery						
	vchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ermediate		Dietetic								
Car	e lled Nursing		Administration		Nuclear Medicine		Support Services				
OSHPD FDD SB499 R	enort	Data Last Upda	te: 01/17/2017	Submiss	ion Date: 01/17/2017	Printed	1/19/2017 6:30 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 acute care hospital building per Section 130061(c)(5)											
Building Number:	BLD-00778	Building Na	me: Emergency Gen	erator Bui	ding						
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								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support				
	illed Nursing		Administration				Services				
OSHPD FDD SB499 R	Report	Data Last Updat	te: 01/17/2017	Submiss	ion Date: 01/17/2017	Printed:	1/19/2017 6:30 AM				

Report Year: 20	10200	Northern Inyo	Bishop		Page:19 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-02922 Building Name: New Hospital Building											
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								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support				
	illed Nursing		Administration				Services				
OSHPD FDD SB499 R	Report	Data Last Updat	e: 01/17/2017	Submiss	ion Date: 01/17/2017	Printed:	1/19/2017 6:30 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 acute care hospital building per Section 130061(c)(5)											
Building Number: BLD-05321 Building Name: New Central Plant Building											
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								
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant				
Inte Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support				
	illed Nursing		Administration				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, SPC-4, AD and SPC-5 per Section 130061(e)										
Building Number: BLD-00776 Building Name: ICU Addition										
Type of Service Provided										
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy			
IntensiveCare	Inpatient Beds	0		Anesthesia						
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	nal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		tpatient rgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant			
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su Se	pport rvices			
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, SPC-4D and SPC-5 per Section 130061(e)										
Building Num	ber: BLD-	00777	Building N	Name: Ce	ntral Plant Addition]		
Type of Ser	vice Provic	ded								
Nursing		Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy		
Intensi		Inpatient Beds	0		Anesthesia					
Pediati escent		Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	enal Dialysis		
Psychi Nursing		Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery		
Obstet		Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	entral Plant		
Interme Care		Inpatient Beds	0		Dietetic	Nuclear Medicine	Su Su	ipport rvices		
Skilled		Inpatient Beds	0		Administration					
Total B Buildin	Beds this		0							
OSHPD FDD SB4	99 Report		ata Last Update:	01/17/2017	2 Submission F	Date: 01/17/2017 P	rinted: 1/19/2	2017 6:30 AM		
		D		01/11/2011	Gubinission			-017 0.00710		

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Incluc 4D ar	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, SPC-4D and SPC-5 per Section 130061(e)							
Buildi	Building Number: BLD-00778 Building Name: Emergency Generator Building							
Тур	e of Service Prov	rided						
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Ce	ntral Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su Su Se	pport rvices
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					
	OSHPD FDD SB499 Report Data Last Update: 01/17/2017 Submission Date: 01/17/2017 Printed: 1/19/2017 6:30 AM							
OSHPD F	Ante/Postprtum Intermediate Care Skilled Nursing Total Beds this Building	Beds Inpatient Beds Inpatient Beds		01/17/2017	Dietetic Administration	Nuclear Medicine	∟ Su Se	pport rvices

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Include 4D and	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, SPC-4D and SPC-5 per Section 130061(e)								
Building	Building Number: BLD-02922 Building Name: New Hospital Building								
<u>Type c</u>	of Service Prov	ided							
XN	lursing	Inpatient Beds	16	X	Surgical		etrical [arean/Deliv		habilitation erapy
X Ir	ntensiveCare	Inpatient Beds	4	X	Anesthesia				
	Pediatric/Adol scent	Inpatient Beds	0	X	Clinical Lab	X Obst Reco	etrical [Re	enal Dialysis
	Psychiatric Iursing	Inpatient Beds	0	X	Radiological/ Imaging	X New Well	porn/ ; Baby		itpatient irgery
	Dbstetrical Inte/Postprtum	Inpatient Beds	5		Pharmaceutical	X Eme	rgency	X Ce	entral Plant
	ntermediate Care	Inpatient Beds	0		Dietetic	Nucle Medi			pport rvices
□ s	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this Building		25						
OSHPD FDD	D SB499 Report	Dat	a Last Update:	01/17/20	17 Submission D	ate: 01/17/2	2017 Printed:	1/19/2	2017 6:30 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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-05321 Building Name: New Central Plant Building							
Type of Service Pro	vided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv		nabilitation erapy	
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Rei	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby		patient gery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutic:	al Emergency	Cei	ntral Plant	
Intermediate	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Ser	oport vices	
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					
OSHPD FDD SB499 Report Data Last Update: 01/17/2017 Submission Date: 01/17/2017 Printed: 1/19/2017 6:30 AM							
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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, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-00776 Building Name: ICU 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 O			
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		Beds this ling Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-00777 Building Name: Central Plant Addition							
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric							
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	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 to 4D and SPC-5 per Section 130061(e)	peds by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, SPC-				
Building Number: BLD-00778 Building Name: Emergency Generator Building						
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				
OSHPD FDD SB499 Report Data Last Update: 01/17/2017 Submission Date: 01/17/2017 Printed: 1/19/2017 6:30 AM						

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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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-02922 Build	ling Name: New Hospital Building						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 16 Inpatient 3012 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 5 Inpatient 392 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 103 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 4 Inpatient 269 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service					
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-05321 Build	ling Name: New Central Plant Building					
Medical / Surgical (Include GYN) Acute Respiratory Care Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency	Building Per Build	Beds this ing Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servi	0			
OSHPD FDD SB499 Report Data Last Up	odate: 01/17/2017 Submission Date:	01/17/2017 Printed: 1/19/2	017 6:30 AM			