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:	Northerr	Inyo Hospital					
Address:	150 Pior	ieer Ln					
City:	Bishop						
Hospital Owner/Lice	ensee:	Kevin Flanigan					
Year of Reporting:		2017					
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 Ad	ldress::	[Confidential data left blank intentionally.]					
Name of Sub	omitter:	Scott Hooker					
Submission	n Date:	1/3/2018 11:40:06 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, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-	Main Hosp Bldg/Existing	150 Pioneer 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).

-00

Building No: BLD	0-00775	Main Hosp Bldg/Existing Centra	al Plant	Retrofit/Re Project:	placement	No		
Facility Project Number Number	Sub Num Sc	cope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
10200 S143018-1	4 0		12/31/201	12/9/2016	03/01/2018		PEND	No

12:00:00 AM

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Provide the number of	f inpatient bed	ds and patient days per type of service p	per building per Section 13006	1(c)(1)(F)	
Building Number: BL	.D-00775	Building Name: M	lain Hosp Bldg/Existing Centra	ıl Plant	_
Type of Service Prov	<u>/ided</u>				
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency	,
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitati Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	rsis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	beas	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

Report Year: 2017 10200 Northern Inyo Hospital Bishop Page:5 of 30 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-00775 **Building Number: Building Name:** Main Hosp Bldg/Existing Central Plant Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Days Bed Days Bed **Intensive Care** Rehabilitation Int. Care / development Center **Disabled** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Days Days Bed Davs Bed Bed **Total Beds this** Total Beds this **Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Days Bed

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

Building 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	New Replacement Hospital Building							
N_2	New Central Plant								

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For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) and provide said date or dates for replaced or rebuild buildings as well. The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) and provide said uses for replaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)									
Building Numb	Building Number: BLD-00775 Main Hosp Bldg/Existing Central Plant Removal Date:								
Planned Uses	for the building to	be remov	red from acute care service:						
Planned use	for building:								
Inpatient servi	ices currently deliv	ered in the	e building:						
	rsing ensiveCare		Surgical Anesthesia		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	on		
	diatric/Adol cent		Clinical Lab		Obstetrical Recovery	Renal Dialy	sis		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery			
	stetrical e/Postprtum	X	Pharmaceutical		Emergency	Central Plar	nt		
☐ Inte	ermediate re	X	Dietetic		Nuclear Medicine	X Support Services			
Ski	lled Nursing	X	Administration						

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

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

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Report whether the general acute care services and beds will be relocated to a new, existin building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		esponding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted by Pharmaceutical N/A	building?	
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		esponding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted by Dietetic N/A	building?	
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		esponding
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted by Administration N/A Main Hosp Bldg/Existing Central Plant Main Hosp Bldg/Existing Central Plant Main Hosp Bldg/Existing Central Plant Main Hosp Bldg/Existing Central Plant	building?	

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Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)								
Building Number: Building Name: Main Hosp Bldg/Existing Central Plant Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Support Serv								

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

uilding Number: BLD-00775 Building Name: Main Hosp Bldg/Existing Central Plant											
Type of Service	e Provided		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing		Anesthesia		Obstetrical		Renal Dialysis				
	IntensiveCare		Clinical Lab	Ш	Recovery		Nonai Bialyolo				
	Pediatric/Adol escent		Radiological/		Newborn/ WellBaby		Outpatient Surgery				
	Psychiatric Nursing	X	Imaging Pharmaceutical		Emergency		Central Plant				
	Obstetrical Ante/Postprtum	X	Dietetic		Nuclear Medicine	X	Support Services				
	Intermediate Care	X	Administration								
	Skilled Nursing										

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requirements whether	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 Nar	ne: Main Hosp Bldg/E	xisting C	entral Plant							
Configuration:	Remove from GAC	service by 1	/1/2020									
Type of Service	Provided											
Nur	sing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
Ped esc	liatric/Adol ent		Clinical Lab		Recovery							
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	stetrical e/Postprtum		Pharmaceutical		Emergency		Central Plant					
	rmediate		Dietetic		Linergency	ш	Contrar Flank					
Car	e led Nursing		Administration		Nuclear Medicine		Support Services					
	-											

Report Year: 2017	Northern Inv	o Hospital		Bishop		Page:16 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-00	0776 Building Na	me: ICU Addition									
Configuration: Remove from GAC service by 1/1/2020											
Type of Service Provide	ed										
Nursing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation nerapy					
IntensiveC	care	Anesthesia		Obstetrical Recovery	Re	enal Dialysis					
Pediatric/A escent	Adol	Clinical Lab		Recovery							
Psychiatric Nursing	,	Radiological/ Imaging		Newborn/ WellBaby		utpatient irgery					
Obstetrical Ante/Postp		Pharmaceutical		F		District District					
,		Dietetic	Ш	Emergency		entral Plant					
Intermedia Care	ite			Nuclear Medicine		upport ervices					
Skilled Nu	rsing	Administration			J						

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	al configuration of all but whether by retrofit or by 30061(c)(5)										
Building Numb	ber: BLD-00777	Building Name: Cen	tral Plant Addition								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Se	rvice Provided										
	Nursing	Surgical		Obstetrical Cesarean/Deliv		nabilitation erapy					
	IntensiveCare	Anesthes	sia	Obstetrical	Rer	nal Dialysis					
	Pediatric/Adol escent	Clinical L	_ab	Recovery							
	Psychiatric Nursing	Radiolog Imaging	gical/	Newborn/ WellBaby		patient gery					
	Obstetrical Ante/Postprtum	Pharmac	ceutical	F		tool Disco.					
	·	Dietetic		Emergency	X Cer	itral Plant					
	Intermediate Care			Nuclear Medicine		pport rvices					
	Skilled Nursing	Administ	tration		Se	VICES					

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requirements wheth	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 Name	e: Emergency Genera	ator Buil	ding							
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Into	ensiveCare		Anesthesia		Obstetrical Recovery	F	Renal Dialysis					
	diatric/Adol cent		Clinical Lab		recovery							
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
Ob	ostetrical		Pharmaceutical									
☐ An	te/Postprtum				Emergency	X	Central Plant					
Into Ca	ermediate ire		Dietetic	П	Nuclear Medicine		Support					
Sk	illed Nursing		Administration				Services					

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whether by retrofit or by											
er: BLD-02922	Building Na	me: New Hospital B	uilding								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
vice Provided											
Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis					
Pediatric/Adol escent	X	Clinical Lab		Recovery							
Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery					
Obstetrical Ante/Postprtum		Pharmaceutical	abla	Emergency	abla	Central Plant					
Intermediate		Dietetic		Emergency		Central Flant					
Care Skilled Nursing		Administration		Nuclear Medicine		Support Services					
	whether by retrofit or by 0061(c)(5) Per: BLD-02922 The Retrofit Conformit Provice Provided Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum	whether by retrofit or by replacement 0061(c)(5) Per: BLD-02922 Building Nath In: Retrofit Conforming building to rvice Provided Nursing X IntensiveCare X Pediatric/Adol escent X Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate	whether by retrofit or by replacement and the type of service 0061(c)(5) Per: BLD-02922 Building Name: New Hospital Building to NPC 4 or NPC 5 Provice Provided X Surgical IntensiveCare X Anesthesia Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging Obstetrical Ante/Postprtum Intermediate Care Dietetic	whether by retrofit or by replacement and the type of service that will by the content of the co	whether by retrofit or by replacement and the type of service that will be provided in each generation (061(c)(5) BLD-02922 Building Name: New Hospital Building Retrofit Conforming building to NPC 4 or NPC 5 Provice Provided Nursing X Surgical X Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia X Obstetrical Recovery Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging X Newborn/ WellBaby Obstetrical Ante/Postprtum X Emergency Dietetic Nuclear Medicine	rer: BLD-02922 Building Name: New Hospital Building Retrofit Conforming building to NPC 4 or NPC 5 Provided Nursing X Surgical X Obstetrical Cesarean/Deliv IntensiveCare X Anesthesia X Obstetrical Recovery Pediatric/Adol escent X Clinical Lab Psychiatric Nursing X Radiological/ Imaging X Newborn/ WellBaby Obstetrical Ante/Postprtum X Emergency X Intermediate Care Dietetic Nuclear Medicine					

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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:	Building Number: BLD-05321 Building Name: New Central Plant Building											
Configuration:	Configuration: Retrofit Conforming building to NPC 4 or NPC 5											
Type of Service	Provided											
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
Int	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis					
	ediatric/Adol cent		Clinical Lab		recovery							
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery					
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant					
	ermediate are		Dietetic		Nuclear Medicine		Support					
Sk	illed Nursing		Administration		Nacional Modifile	Ш	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-4D and SPC-5 per Section 130061(e)									
Building Number: BLI	D-00776	Building N	ame: ICI	J Addition]		
Type of Service Prov	<u>⁄ided</u>								
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		tpatient gery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Cer	ntral Plant		
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine		oport vices		
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

port Year: 2017	10200	Northern Inyo Hos	pital	Bishop	Page:22 of 30
Include information on 4D and SPC-5 per Sec	the number o	f inpatient beds by	type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00777	Building Nar	me: Central Plant Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

port Year: 2017	10200	Northern Inyo Hos	pital	Bishop	Page:23 of 30
Include information on 4D and SPC-5 per Sec			type of Service provided by	/ buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-00778	Building Nar	me: Emergency Generato	or Building	
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

ort Year	: 2017	10200	Northern Inyo Hos	spital			Bishop		Page:24 of 30
	nformation on the SPC-5 per Section			y type of S	Service provided by b	uildi	ngs that are classified	as SPC-2,	SPC-3, SPC-4, SPC-
Building	Number: BLD	-02922	Building Na	ame: Ne	w Hospital Building				
Type of	f Service Provi	ded							
X Nu	ursing	Inpatient Beds	16	X	Surgical		X Obstetrical Cesarean/Deliv		ehabilitation herapy
X Int	tensiveCare	Inpatient Beds	4	X	Anesthesia				
	ediatric/Adol scent	Inpatient Beds	0	X	Clinical Lab		X Obstetrical Recovery	R	enal Dialysis
	sychiatric ursing	Inpatient Beds	0	X	Radiological/ Imaging		X Newborn/ WellBaby		utpatient urgery
	bstetrical nte/Postprtum	Inpatient Beds	5		Pharmaceutical		X Emergency	X C	entral Plant
	termediate are	Inpatient Beds	0		Dietetic		Nuclear Medicine	□ s s	upport ervices
Sk	killed Nursing	Inpatient Beds	0		Administration				
	otal Beds this uilding		25						

port Year: 2017	10200	Northern Inyo Hos	pital	Bishop	Page:25 of 30
Include information or 4D and SPC-5 per Se			y type of Service provided by	buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: Bl	_D-05321	Building Na	me: New Central Plant Bu	ilding	
Type of Service Pro	ovided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

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	Buildi	ing Name:	U Addition					
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric				
Inpatient 0 Inpatient Days	0	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days				
Perinatal (Exclude Newborn / GYN	I)	Burn		Skilled Nursing				
Inpatient 0 Inpatient Days	0	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days				
Pediatric		Intensive Care Newborn Nursery		Intermediate Care				
Inpatient 0 Inpatient Days	0	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient Days	0	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Building Per				
Inpatient 0 Inpatient Days	0	Inpatient Bed	Days 0	Unit Service 0				

Report Year: 2017 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, SPC-4D 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 Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 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, SPC-4D 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 Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Bed Days Bed Days ol 0

Report Year:

2017

10200

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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)

4D and SPC-5 per Section 130061(e)							
Building Number:	LD-02922 Build	ing Name:	New Hospital Building				
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric			
Inpatient 16 Bed	Inpatient 2419 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing			
Inpatient 5 Bed	Inpatient 377 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Pediatric		Intensive Care Newborn Nursery		Intermediate Care			
Inpatient 0 Bed	Inpatient 164 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled			
Inpatient 4 Bed	Inpatient 234 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days			
Coronary Care Chemical Depende			ndency	Total Beds this Total Beds this Building Per Building Per			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 25			

Report Year: 2017 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, SPC-4D 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 Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Bed Days Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient 0 Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 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 Inpatient 0 0 Bed Days Bed Days ol 0