



## Capitol Project Reporting Form (CPR-1)

### Reporting Entity Identification and Contact

#### Facility

**Name:** Lake District Hospital  
**Federal Tax ID#:** 930577593  
**Address:** 700 South J Street  
**City:** Lakeview **State:** OR **Zip Code:** 97630

#### Individual completing form

**Name:** Natasha Start  
**Title:** Int. Accountant  
**Email:** nstart@Lakehealthdistrict.org  
**Phone:** 541.947.2114 ext. 156  
**Fax #:** 541.947.2433

*If address is different than facility listed above, please provide:*

**Address:**  
**City:** **State:** **Zip Code:**

### Capital Project Qualitative Information

**1. Provide a brief description of the project.**

MRI exam room addition to building and purchase of GE Healthcare Optima MRI

**2. Proposed start date:** 3/13/14

**3. Expected completion date:** 7/31/14

**4. What is the expected project cost?** 1,550,000

**5. Describe the expected benefits to the community that your facility serves. Include both direct financial benefits such as charity care as well as qualitative benefits such as access to care and quality improvements. Attach additional pages if needed.**

Currently the nearest MRI is over 100 miles away from our facility. This will alleviate time and travel expense for Lakeview patients. The permanent MRI provides faster diagnostic results.

**6. In what ways may this project negatively impact the community that your facility serves? Include direct cost such as bonds as well as indirect impacts such as service interruptions. Attach additional pages if needed.**

n/a

**7. How has your facility evaluated the need for this project within the community that you serve?**

Our providers indicated the need and shortage of availability of a MRI machine. We only had a mobil MRI accessible on a part time basis.

**8. Are the medical services created by this project already available in the community that your facility serves?**

no

## Public Notice and Comment

1. **Provide a link to the webpage where public notice of the capital project was posted. If your facility does not maintain a webpage provide the name of the newspaper where the public notice was made and date of publication. Attach additional pages if needed.**

www.lakehealthdistrict.org

2. Describe your facility's method of collecting and reviewing public comments on the capital project. Attach additional pages if needed.

Public meetings are held and comments can be made on our website.

<b>*Signature:</b>	Natasha Start
<b>Date:</b>	7/21/15

*\*Entry of name connotes signature*

Please **email** the completed form to: [OHPR.DataSubs@state.or.us](mailto:OHPR.DataSubs@state.or.us)

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