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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:	11000		
Facility Name:	Mayers Memorial Hospital		
Address:	43563 State Highway 299 E		
City:	Fall Rive	er Mills	
Hospital Owner/Lice	ensee:	230000021/Mayers Memorial Hospital District	
Year of Reporting:		2018	
Contact 1 e-mail Ad	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:	Ryan Harris	
Submission	Date:	12/17/2018 10:50:32 AM	

Report	Year: 2018	11000 Mayers	s Memorial Hospital		Fall River Mills	i.	Page:2 of 47
ebuild, 30060	retrofit or replace th or 130061.5,for reb	e building to SPC2 uild, retrofit or repla	for rebuild, retrofit or re 2, SPC3, SPC4, SPC4 acement of the building per Section 130061(c)	o or SPC5 per 130 that the hospital of	061(c)(1)(A). The de	adline, as desc	ribed in Section
ldg. lo.	Building Name	Alternate	Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
_D- 2327	Original Hospital	43563 Sta	ate Highway 299 E	Rebuild	SPC5	01/01/2020	07/19/2019
_D- 3566	Generator Buildin	g 43563 Sta	ate Highway 299 E	Rebuild	SPC5	01/01/2013	07/19/2019

oject numbers, per Section 130 er Section 130061(c)(1)(D) and Retrofit/Replacement Project: Plan Approved Projected Date Start Date Co 5/25/2018 04/27/2018 12:00:00 AM 8/20/2014 08/07/2019 12:00:00	
□         Project:           Plan Approved Date         Projected Start Date         Comparison           5/25/2018         04/27/2018           12:00:00 AM         08/07/2019	Projected CEQA ompletion Date Status Review 05/06/2019 FIEL No
Date Start Date Co 5/25/2018 04/27/2018 12:00:00 AM 8/20/2014 08/07/2019	ompletion Date <sub>Status</sub> Review
12:00:00 AM 8/20/2014 08/07/2019	
	10/30/2019 PEND No
AM	
oject numbers, per Section 130 er Section 130061(c)(1)(D) and Retrofit/Replacement Project:	
Plan Approved Projected Date Start Date Co	Projected CEQA ompletion Date Status Review
5/25/2018 04/27/2018 12:00:00	05/06/2019 FIEL No
AM	

Report Year:         2018         110	Mayers Memorial Hospital	Fall River Mills	Page:4 of 47			
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-0232	27 Building Name: Orig	ginal Hospital				
Type of Service Provided						
X Nursing Inpati Beds			tetrical overy			
IntensiveCare Inpati Beds			/born/ Baby			
Pediatric/Adol Inpati escent Beds		X Clinical Lab	ergency			
Psychiatric Inpati Nursing Beds		X Radiological/ Nuc Imaging	lear licine			
X Obstetrical Inpati Ante/Postprtum Beds		Pharmaceutical Dietetic Dietetic Dietetic	abilitation rapy			
Intermediate Inpati Care Beds			al Dialysis patient			
Skilled Nursing Inpati Beds		Services Surg				
	Total Beds this <b>22</b> Building	Obstetrical Cesarean/Deliv	tral Plant			
OSHPD FDD SB499 Report	Data Last Update: 12/17/2018 Sul	bmission Date: 12/17/2018 Printed:	12/19/2018 6:30 AM			

Report Year:         2018         1100	0 Mayers Memorial Hospital	Fall River Mills	Page:5 of 47			
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-0356	Building Name: Ge	enerator Building				
Type of Service Provided						
Nursing Inpatie Beds	nt 0 Inpatient 0 Days		ostetrical ecovery			
IntensiveCare Inpatie Beds	nt 0 Inpatient Days 0		ewborn/ ellBaby			
Pediatric/Adol Inpatie escent Beds	nt 0 Inpatient Days 0	Clinical Lab	nergency			
Psychiatric Inpatie Nursing Beds	nt 0 Inpatient Days 0		uclear edicine			
Obstetrical Inpatie Ante/Postprtum Beds	nt 0 Inpatient Days 0		ehabilitation lerapy			
Intermediate Inpatie Care Beds	nt 0 Inpatient Days 0		enal Dialysis			
Skilled Nursing Inpatie Beds	nt 0 Inpatient Days 0		itpatient irgery			
	Total Beds this <b>0</b> Building	Cesarean/Deliv —	entral Plant			
OSHPD FDD SB499 Report	Data Last Update: 12/17/2018 S	ubmission Date: 12/17/2018 Printe	d: 12/19/2018 6:30 AM			

Report Year: 20	018 11000 Mayers N	Iemorial Hospital		Fall River Mills	Page:6 of 47	
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number:	BLD-02327 Build	ding Name: Orig	inal Hospital			
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 20 Bed	Inpatient 2118 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing		
Inpatient 2 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent	
Inpatient 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	22	22	
OSHPD FDD SB499 I	Report Data Last U	pdate: 12/17/2018	Submission Date	e: 12/17/2018 Printe	ed: 12/19/2018 6:30 AM	

Report Year:         2018         11000	Mayers Memorial Hospital	Fall River Mills     Page:7 of sectors	47			
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)						
Building Number: BLD-03566	Building Name: 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 (excluse 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 Card				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days				
Intensive Care	Rehabilitation Center	Int. Care / development 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 this Total Beds this Building Per Building Per Unit Service				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0				

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
3LD-02327	Original Hospital	Rebuild	
3LD-02328	Long Term Beds Addition	Remain	
3LD-02329	Surgery/O.B. Addition	Remain	
3LD-02332	Pharmacy and 12 Bed Addition	Remain	
3LD-02333	Lobby/Business Addition	Remove	

Report Year:	2018 11000 Mayers Memorial Hospital	Fall River	Page:9 of 47		
List ALL proposed new buildings to be constructed at this or another site.					
Building Number	Building Name	New Site			
N_2	Hospital Expansion Project : ER/RAD/LAB				
N_3	1972 Addition				
N_4	New Generator Yard				

Report Year: 2018	11000 Mayers Memorial Hospital		Fall River Mills	Page:10 of 47		
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: BLD-0	02327 Original Hospita	al	Removal 07/19/2019			
Planned Uses for the building to be removed from acute care service:						
Planned use for building:	Other Juri	isdiction:				
Other Usage:	Building will be seismically seperated be other half which is the ORiginal Hospit		up to an SPC 2 Rating. The			
Inpatient services currently delivered in the building:						
X Nursing	Surgical	Obstetrical Cesarean/De	eliv Rehabilitat	ion		
IntensiveCare	Anesthesia		_			
Pediatric/Adol escent	X Clinical Lab	Obstetrical Recovery	Renal Dial	ysis		
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
X Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Pla	ant		
Intermediate Care	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	X Administration					
OSHPD FDD SB499 Report	Data Last Update: 12/17/201	18 Submission Date	e: 12/17/2018 Printed: 12/	19/2018 6:30 AM		

Report Year:         2018         110	00 Mayers Memorial Hospital		Fall River Mills	Page:11 of 47		
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: BLD-03560	6 Generator Buildi	ing	Removal 07/19/20 Date:	19		
Planned Uses for the building to	o be removed from acute care servi	ce:				
Planned use for building: Der	molished Juris	sdiction:				
Inpatient services currently deli	vered in the building:					
Nursing	Surgical	Obstetrical Cesarean/De	liv Rehabili Therapy			
IntensiveCare	Anesthesia					
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Renal D	ialysis		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatie Surgery			
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central	Plant		
Intermediate Care	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Administration					
OSHPD FDD SB499 Report	Data Last Update: 12/17/201	8 Submission Date	: 12/17/2018 Printed: 1	2/19/2018 6:30 AM		

Report Year:   2018   11000   Mayer	s Memorial Hospital	Fall River Mills	Page:12 of 47			
Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-02333 Building Name:	Lobby/Business Addition	Year of Information: 2015	5			
Unit Type	I	nformation 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			
	Dayo	Total Beds this Building per Service	0			
OSHPD FDD SB499 Report Data Las	t Update: 12/17/2018 Submission Date:	12/17/2018 Printed: 12/19/				

Report Year:   2018   11000   Mayers	Memorial Hospital	Fall River Mills	Page:13 of 47		
Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02333 Building Name:	Lobby/Business Addition	Year of Information: 2016	6		
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 Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit Total Beds this Building per Service	0		
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OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission Date	e: 12/17/2018 Printed: 12/19/	2018 6:30 AM		

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Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02333 Building Name:	Lobby/Business Addition	Year of Information: 2017	7		
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 Inpatient 0 Patient 0 Beds Days	Chemical DependencyInpatient0Patient0BedsDays	Total Beds this	0		
		Building per Service			
OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission Date	e: 12/17/2018 Printed: 12/19/	2018 6:30 AM		

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Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2015	5		
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 Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0		
Beds Days	Beds Days	Total Beds this Building per Service	0		
OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission Date	e: 12/17/2018 Printed: 12/19/	2018 6:30 AM		

Report Year:   2018   11000   Mayers	Memorial Hospital	Fall River Mills	Page:16 of 47			
Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-02334 Building Name:	Building Nbr: BLD-02334 Building Name: Emergency Addition Year of Information: 2016					
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 Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0			
Beds Days	Beds Days	01				
		Total Beds this Building per Service	0			
OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission Date	: 12/17/2018 Printed: 12/19/	2018 6:30 AM			

Report Year:   2018   11000   Mayers	Memorial Hospital	Fall River Mills	Page:17 of 47		
Provide the number of inpatient beds and patient days per unit for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2017	7		
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 Inpatient 0 Patient 0	Chemical Dependency Inpatient 0 Patient 0	Total Beds this Building per Unit	0		
Beds Days	Beds Days	Total Beds this			
		Building per Service	0		
OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission Date	e: 12/17/2018 Printed: 12/19/	2018 6:30 AM		

Report Year: 2018	11000 Mayers	Memorial Hospital		Fall River Mills	Page:18 of 47	
Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-023	333 Building Name:	Lobby/Business Addition		Year of Information	2015	
Type of Services Provided	Name.			Information Current As Of:	09/11/2018	
	npatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	npatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis	
	npatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery		
	npatient 0 Beds	Patient 0 Days	Radiological Imaging	/ Newborn/ WellBaby	Outpatient Surgery	
	npatient 0 Beds	Patient 0 Days	Pharmaceut	ical Emergency	Central Plant	
	npatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services	
	npatient 0 Beds	Patient 0 Days	X Administration	on		
Total Beds this Buil	lding per service	0				
OSHPD FDD SB499 Repo	ort Data Last	Update: 12/17/2018	Submission Date	e: 12/17/2018 Printed:	12/19/2018 6:30 AM	

Report Year:   2018   11000   Mayers Memorial H	ospital	Fall River Mills	Page:19 of 47		
Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02333 Building Nbr: Lobby/Busing Name:	ness Addition	Year of Information: 20	16		
<u>Type of Services</u> <u>Provided</u>		Information Current As 09 Of:	/11/2019		
Nursing Inpatient 0 Patient Days	0 Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare Inpatient 0 Patient Days	0 Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol Inpatient 0 Patient escent Beds Days	0 Clinical Lab	Recovery			
PsychiatricInpatient0PatientNursingBedsDays	0 Radiologica Imaging	/ Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Inpatient 0 Patient Ante/Postprtum Beds Days	0 Pharmaceut	ical Emergency	Central Plant		
Intermediate Inpatient 0 Patient Care Beds Days	0 Dietetic	Nuclear X Medicine	Support Services		
Skilled Nursing Inpatient 0 Patient Days	0 X Administrati	on			
Total Beds this Building per service 0					
OSHPD FDD SB499 Report Data Last Update: 1	2/17/2018 Submission Date	e: 12/17/2018 Printed: 12/1	19/2018 6:30 AM		

Report Year:   2018   11000   Mayers Memor	ial Hospital	Fall River Mills	Page:20 of 47		
Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02333 Building Lobby, Name:	Business Addition	Year of Information: 20	17		
<u>Type of Services</u> <u>Provided</u>		Information Current As 09/ Of:	/11/2018		
Nursing Inpatient 0 Patien Beds Days	t 0 Surgical		Rehabilitation Therapy		
IntensiveCare Inpatient 0 Patien Beds Days	t 0 Anesthesia	Obstetrical	Renal Dialysis		
Pediatric/Adol Inpatient 0 Patien escent Beds Days	t 0 Clinical Lab	Recovery			
PsychiatricInpatient0PatienNursingBedsDays	t 0 Radiological Imaging		Outpatient Surgery		
Obstetrical Inpatient 0 Patien Ante/Postprtum Beds Days	t 0 Pharmaceut	ical Emergency	Central Plant		
Intermediate Inpatient 0 Patien Care Beds Days	t 0 Dietetic		Support Services		
Skilled Nursing Inpatient 0 Patient Beds Days	t 0 X Administratio	on			
Total Beds this Building per service 0					
OSHPD FDD SB499 Report Data Last Update:	12/17/2018 Submission Date	: 12/17/2018 Printed: 12/1	9/2018 6:30 AM		

Report Year:   2018   11000   Mayers	s Memorial Hospital	Fall River Mills	Page:21 of 47		
Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).					
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2015	5		
<u>Type of Services</u> <u>Provided</u>		Information Current As 09/1 Of:	1/2018		
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		ehabilitation herapy		
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthesia		and Dialusia		
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Clinical Lal		enal Dialysis		
Psychiatric Inpatient 0 Nursing Beds	Patient 0 X Radiologic Days Imaging		Putpatient urgery		
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmaced	utical X Emergency C	entral Plant		
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic		upport ervices		
Skilled Nursing Inpatient 0 Beds	Patient 0 Days Administra	tion			
Total Beds this Building per service	0				
OSHPD FDD SB499 Report Data Las	t Update: 12/17/2018 Submission Da	te: 12/17/2018 Printed: 12/19/	2010.0.00.414		

Report Year:201811000Mayers	Memorial Hospital	Fall River Mills	Page:22 of 47			
Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).						
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2016	3			
<u>Type of Services</u> <u>Provided</u>		Information Current As 09/1 Of:	1/2018			
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		ehabilitation herapy			
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthesi Days		and Distants			
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Clinical La Days		enal Dialysis			
Psychiatric Inpatient 0 Nursing Beds	Patient 0 X Radiologi Days Imaging		utpatient urgery			
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmace	eutical X Emergency C	entral Plant			
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic		upport ervices			
Skilled Nursing Inpatient 0 Beds	Patient 0 Days Administra	ation				
Total Beds this Building per service	0					
OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission D	ate: 12/17/2018 Printed: 12/19/				

Report Year:201811000Mayers	Memorial Hospital	Fall River Mills	Page:23 of 47				
Provide the number of inpatient beds and patient days per type of service for the year of 2013, 2014, and 2015 for buildings to be removed from acute care services per Section 130061(c)(2)(D).							
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2017	7				
<u>Type of Services</u> <u>Provided</u>		Information Current As 09/1 Of:	1/2019				
Nursing Inpatient 0 Beds	Patient 0 Surgical Days		ehabilitation herapy				
IntensiveCare Inpatient 0 Beds	Patient 0 Anesthes						
Pediatric/Adol Inpatient 0 escent Beds	Patient 0 Clinical L Days		enal Dialysis				
Psychiatric Inpatient 0 Nursing Beds	Patient 0 X Radiolog Days Imaging		utpatient urgery				
Obstetrical Inpatient 0 Ante/Postprtum Beds	Patient 0 Days Pharmac	eutical X Emergency C	entral Plant				
Intermediate Inpatient 0 Care Beds	Patient 0 Days Dietetic		upport ervices				
Skilled Nursing Inpatient 0 Beds	Patient 0 Days Administr	ation					
Total Beds this Building per service	0						
OSHPD FDD SB499 Report Data Last	Update: 12/17/2018 Submission [	Date: 12/17/2018 Printed: 12/19/					

Report Year:   2018   11000   Mayers Memorial Hospin	tal	Fall River Mills		Page:24 of 47
Report whether the general acute care services and beds will l building sites or project numbers for buildings with a Building F				
Building BLD-02327 Building Name: Original He	ospital		]	
Will general acute care services and beds will be relocated to a	a new, Existing or retrofitted	building?		
Nursing Relocated to new & retrofitted Building				
Report whether the general acute care services and beds will I building sites or project numbers for buildings with a Building F				responding
Building BLD-02327 Building Name: Original He	·		]	
Will general acute care services and beds will be relocated to a	a new, Existing or retrotitted	building?		
Obstetrical Ante Postprtum				
Report whether the general acute care services and beds will building sites or project numbers for buildings with a Building F				
Building BLD-02327 Building Name: Original He	ospital		]	
Will general acute care services and beds will be relocated to a	a new, Existing or retrofitted	building?		
ClinicalLab Relocated to new building				
OSHPD FDD SB499 Report Data Last Update: 12/17/	2018 Submission Date	e· 12/17/2018	Printed: 12/19/	2018 6·30 AM

Report Year:   2018   11000   Mayers Memorial Hospital	Fall River Mills	Page:25 of 47
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		
Building BLD-02327 Building Name: Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Radiological/Imaging Relocated to new building		
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		
Building BLD-02327 Building Name: Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Administration Relocated to new & retrofitted Building	]	
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F		
Building BLD-02327 Building Name: Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	I building?	
Support Services Relocated to new building	]	
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Report wheth building sites	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:	BLD-03	3566 Bui	lding Name:	Generator Buildin	g			
Will general a	acute care se	ervices and	beds will be re	elocated to a new, E	Existing or retrofitted	building?		
CentralPlant	R	elocated to	new building					
				10/17/0010		10/17/00.10		

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	shall also report for each fac beds by type of unit and serv			ed from active care	service, any net ch	ange in the
Building BL Number:	D-02333 Building Name:	Lobby/Business Ad	dition			
Will general acute ca	re services and beds will be	relocated to a new, Ex	sisting or retrofitted	building?		
Administration	Removed from hospital s	ervices		]		
Each hospital owner number of inpatient b	shall also report for each fac beds by type of unit and serv	ility for which any build ice per Section 130061	lings will be remov I (c)(3)	ed from active care	service, any net ch	ange in the
Building BL Number:	D-02333 Building Name:	Lobby/Business Ad	dition			
Will general acute ca	re services and beds will be	relocated to a new, Ex	sisting or retrofitted	building?		
Support Services	Removed from hospital s	ervices		]		
	shall also report for each fac beds by type of unit and serv			ed from active care	service, any net ch	hange in the
Building BL Number:	D-02334 Building Name:	Emergency Addition	1			
Will general acute ca	re services and beds will be	relocated to a new, Ex	sisting or retrofitted	building?		
Radiological/Imaging	Removed from hospital s	ervices		]		
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Each hospital owner shall also report for each facility for which any buildings will be remove number of inpatient beds by type of unit and service per Section 130061(c)(3)	ed from active care service, any net	change in the
Building BLD-02334 Building Name: Emergency Addition		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Emergency         Removed from hospital services	]	

Report Year: 2018	11000 Mayer	s Memorial Hosp	ital		Fall River Mills		Page:29 of 47
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: B	LD-02327 Buildin	g Name: Origi	nal Hospital				
Type of Service P	rovided						
		s s	urgical		Dbstetrical Cesarean/Deliv		Rehabilitation Therapy
X N	lursing	A	nesthesia				Renal Dialysis
	ntensiveCare	X C	Clinical Lab		Dbstetrical Recovery		
· · · · · ·	Pediatric/Adol escent		Radiological/		lewborn/ VellBaby		Outpatient Surgery
	Psychiatric Nursing		maging Pharmaceutical		Emergency		Central Plant
	Dbstetrical Ante/Postprtum		Dietetic		luclear Iedicine	X	Support Services
	ntermediate Care	X A	Administration				
s	Skilled Nursing						
			//////		40/47/2212		
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Report Year: 20	18 11000 Mayer	s Memorial Hospital	Fall River Mills		Page:30 of 47		
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-03566 Buildin	g Name: Generator Building					
Type of Servic	e Provided						
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap			
	Nursing	Anesthesia	_		Dielusia		
	IntensiveCare		Obstetrical Recovery	Renai I	Dialysis		
	Pediatric/Adol escent	Clinical Lab	Newborn/ WellBaby	Outpat Surger	ient y		
	Psychiatric Nursing	Imaging	Emergency				
	Obstetrical	Pharmaceutical		X Central			
	Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service			
	Intermediate Care	Administration					
	Skilled Nursing						
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Report Year:         2018         11000	Mayers Memorial Hospital	Fall River	Mills	Page:31 of 47				
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-02327       Building Name:       Original Hospital         Configuration:       Retrofit Non-Conforming building to SPC 4D or SPC 5 and NPC 4 or NPC 5								
Type of Service Provided								
X Nursing	Surgical	Obstetrical Cesarean/Deliv	Reha Thera	bilitation apy				
IntensiveCare	Anesthesia	Obstetrical	Rena	I Dialysis				
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency		al Plant				
Intermediate	Dietetic							
Care Skilled Nursing	Administration	Nuclear Medicine	e Supp Serv					
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Report Year: 20	18 11000	Mayers Mem	orial Hospital			Fall River Mills		Page:32 of 47
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-02328 Building Name: Long Term Beds Addition								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5								
Type of Service	Provided							
Nu	rsing		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obste Recov			Renal Dialysis
	diatric/Adol cent		Clinical Lab		10000			
	ychiatric rsing		Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emerg	gency		Central Plant
Inte Ca	ermediate re		Dietetic		Nuclea	ar Medicine		Support
X Ski	illed Nursing		Administration					Services
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Report Year:         2018         11000	Mayers Memorial Hospital	Fall	River Mills	Page:33 of 47				
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-02329 Building Name: Surgery/O.B. Addition								
Configuration: Retrofit Non-C	Conforming building to SPC 4D or SPC 5	5 and NPC 4 or NPC 5	5					
Type of Service Provided								
Nursing	Surgical	Obstetrica Cesarean/		Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obstetrica Recovery	· 🗌	Renal Dialysis				
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	X	Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergenc	у 🗌	Central Plant				
Intermediate Care	Dietetic	Nuclear M	edicine	Support				
Skilled Nursing	Administration			Services				
OSHPD FDD SB499 Report	Data Last Update: 12/17/2018	Submission Date: 1	2/17/2018 Printed:	12/19/2018 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-02332 Building Name: Pharmacy and 12 Bed Addition								
Configuration: Retrofit Non-C	Conforming building to SPC 4D or SPC 4	5 and NPC 4 or NPC	5					
Type of Service Provided								
Nursing	Surgical	Obstetric Cesarear		Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obstetric Recovery		Renal Dialysis				
Pediatric/Adol escent	Clinical Lab	Recovery						
Psychiatric Nursing	Radiological/ Imaging	Newborn WellBaby		Outpatient Surgery				
Obstetrical Ante/Postprtum	Pharmaceutical	Emergen	су	Central Plant				
Intermediate Care	Dietetic	Nuclear N	Medicine	Support				
Skilled 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-02333 Building Name: Lobby/Business Addition								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service Pro	vided							
Nursing	]		Surgical		Obste Cesar	trical ean/Deliv		Rehabilitation Therapy
	veCare		Anesthesia		Obste Recov			Renal Dialysis
Pediatr escent	ic/Adol		Clinical Lab					
Psychia Nursing			Radiological/ Imaging		Newbo WellBa			Outpatient Surgery
Obstetr Ante/Po	ical ostprtum		Pharmaceutical		Emerg	gency		Central Plant
Interme Care	ediate		Dietetic		Nucles	ar Medicine		Support
Skilled	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-02334 Building Name: Emergency Addition								
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.								
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis	
	diatric/Adol cent		Clinical Lab		Receivery			
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant	
Inte Ca	ermediate re		Dietetic		Nuclear Medicine		Support	
Ski	illed Nursing		Administration				Services	
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Report Year: 20	11000	Mayers Mem	orial Hospital		Fall R	ver Mills		Page:37 of 47
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-03566	Building Na	me: Generator Building	g				
Configuration: Remove from GAC service by 1/1/2020								
Type of Service	Provided							
Nu	ırsing		Surgical		Obstetrical Cesarean/De	eliv		Rehabilitation Fherapy
	ensiveCare		Anesthesia		Obstetrical Recovery		F	Renal Dialysis
	diatric/Adol cent		Clinical Lab		<b>,</b>			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby			Dutpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency		X C	Central Plant
Inte Ca	ermediate Ire		Dietetic		Nuclear Med	icine		Support
Ski	illed Nursing		Administration					Services
			10/17/02 12	<u></u>		=/0010 =		
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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: BLI	D-02328	Building N	lame: Lo	ng Term Beds Addition	1		]	
Type of Service Prov	<u>/ided</u>							
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		tpatient rgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant	
Intermediate	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Su Se	pport rvices	
Skilled Nursing	Inpatient Beds	50	X	Administration				
Total Beds this Building		50						
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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-02329	Building N	lame: Su	rgery/O.B. Addition				
Type of Service Prov	vided							
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv		ehabilitation erapy	
IntensiveCare	Inpatient Beds	0	X	Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re Re	enal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	entral Plant	
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su St	ipport ervices	
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 Number: BLI	Building Number:       BLD-02332         Building Name:       Pharmacy and 12 Bed Addition								
Type of Service Provided									
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		tpatient rgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Ce	ntral Plant		
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	pport rvices		
Skilled Nursing	Inpatient Beds	0	X	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 Number: BLI	D-02333	Building N	ame: Lobby	//Business Additio	n		]
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0	<u> </u>	Surgical	Obstetrical Cesarean/Deliv		habilitation erapy
IntensiveCare	Inpatient Beds	0	A	nesthesia			
Pediatric/Adol escent	Inpatient Beds	0		linical Lab	Obstetrical Recovery	Re	nal Dialysis
Psychiatric Nursing	Inpatient Beds	0		adiological/ naging	Newborn/ WellBaby		tpatient rgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	P	harmaceutical	Emergency		ntral Plant
Intermediate	Inpatient Beds	0		ietetic	Nuclear Medicine	X Su Se	pport rvices
Skilled Nursing	Inpatient Beds	0	X A	dministration			
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 Number: BLI	Building Number:     BLD-02334     Building Name:     Emergency Addition								
Type of Service Prov	vided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		ehabilitation lerapy		
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	enal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Ce	entral Plant		
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Su St	ipport ervices		
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)								
Building Number:       BLD-02328       Building Name:       Long Term Beds 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 50 Inpatien Bed Days	t 11522					
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 Servi	50					
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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-02329         Building Name:         Surgery/O.B. 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 this Total Beds this Building Per Building 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, SPC-4D and SPC-5 per Section 130061(e)								
Building Number:         BLD-02332         Building Name:         Pharmacy and 12 Bed 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	ent 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	ent 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	ent 0					
Intensive Care	Rehabilitation Center	Int. Care / Developmental Disabled	ly					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	ent 0					
Coronary Care	Chemical Dependency	Building Per Bu	tal Beds this ilding Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Se	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-02333       Building Name:       Lobby/Business Addition								
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care						
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier 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 Inpatier Bed Days	nt O					
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding 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-02334 Building	ding Name: Emergency 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 this Total Beds this Building Per Building Per	
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit         Service           0         0	
OSHPD FDD SB499 Report Data Last U	Ipdate: 12/17/2018 Submission Date:	12/17/2018 Printed: 12/19/2018 6:30 AM	