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 (Provide the Hospital Owner and Year of Report per Section 130061(e)						
Facility Number:	11000						
Facility Name:	Mayers	Memorial Hospital					
Address:	43563 S	State Highway 299 E					
City:	Fall Rive	er Mills					
Hospital Owner/Lice	ensee:	230000021/Mayers Memorial Hospital District					
Year of Rep	oorting:	2019					
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]					
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]					
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]					
Name of Sub	mitter:	Ryan Harris					
Submission	Date:	10/7/2019 1:58:14 PM					

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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- 02327	Original Hospital	43563 State Highway 299 E	Retrofit	SPC5	01/05/2021	07/19/2019
BLD- 03566	Generator Building	43563 State Highway 299 E	Replace	SPC5	01/01/2013	12/24/2019

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For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building	No: BLD-0	3566	Generator Building		Retrofit/Re	eplacement	Yes-Subr	nitted	
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11000	H163250-45 -00	0	Hospital expansion - new building	12/16/201 6	5/25/2018 12:00:00 AM	05/31/2018	12/24/2019	FIEL	No

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Provide the number of	f inpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
Building Number: BL	_D-02327	Building Name: Or	riginal Hospital		_
Type of Service Prov	<u>/ided</u>				
X Nursing	Inpatient Beds	16 Inpatient 1880 Days	Surgical	Obstetrical Recovery	
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby	
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency	1
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitati Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	<i>y</i> sis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	beus	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Pla	nt

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Provi	ide the number of	finpatient bed	ds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)	
	ling Number: BL		Building Name: Ge	enerator Building		
	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	Pharmaceutical Dietetic	Rehabilitat Therapy	ion
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dial	ysis
	Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery	
		Deus	Total Beds this Building	Obstetrical Cesarean/Deliv	X Central Pla	ant

Fall River Mills Report Year: 2019 11000 Mayers Memorial Hospital Page:6 of 44 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-02327 **Building Number: Building Name:** Original Hospital Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient 16 Inpatient 1880 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 16 Inpatient Inpatient Inpatient 16 Bed Days Days Bed

Fall River Mills Report Year: 2019 11000 Mayers Memorial Hospital Page:7 of 44 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03566 Generator Building **Building Number: Building Name:** 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 Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card Nursery** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed 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-02327	Original Hospital	Retrofit
BLD-02328	Long Term Beds Addition	Remain
BLD-02329	Surgery/O.B. Addition	Remain
BLD-02332	Pharmacy and 12 Bed Addition	Remain
BLD-02333	Lobby/Business Addition	Remove
BLD-02334	Emergency Addition	Remove
BLD-03566	Generator Building	Replace

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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						

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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 Nu	umber: BLD-035	566	Generator	Building		Removal Date:	12/24/2019]
Planned Us	ses for the building	to be remov	ed from acute care	e service:				
Planned u	se for building:	emolished		Jurisdiction:				
Inpatient se	ervices currently de	elivered in th	e building:					
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare Pediatric/Adol		Anesthesia Clinical Lab		Obstetrical	П	Renal Dialysis	3
	escent		Radiological/		Recovery			
	Psychiatric Nursing		Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	'	Administration					

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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: 2016				
<u>Unit Type</u>		Information Current As Of:				
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0			
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient 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			
23,5	24,0	Total Beds this Building per Service	0			

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Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D).	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					
<u>Unit Type</u>	Ir	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 Disa	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	0				
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	0				
·	ŕ	Total Beds this Building per Service	0				

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Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-02333 Building Name:	Lobby/Business Addition	Year of Information: 2018	3
Unit Type	lı	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 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 Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Dis	abled
Inpatient 0 Patient 0 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	0
		Total Beds this Building per Service	0

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Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D).	ient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2016	<u> </u>
Unit Type	Ir	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 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 Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 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 Days	Building per Unit	0
	2000	Total Beds this Building per Service	0

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Provide the number of inpatient beds and pat care services per Section 130061(c)(2)(D).	ient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2017	
<u>Unit Type</u>	Ir	nformation Current As Of:	
Medical/Surgical (include GYN)	Acute Respiratory Care	Acute Psychiatric	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Perinatal (exclude Neborn/GYN)	Burn	Skilled Nursing	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Pediatric	Intensive Care Newborn Nursery	Intermediate Care	
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Intensive Care	Rehabilitation Center	Int. Care/Developmentally Disa	abled
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Inpatient 0 Patient Beds Days	0
Coronary Care	Chemical Dependency	Total Beds this	0
Inpatient 0 Patient 0 Beds Days	Inpatient 0 Patient 0 Days	Building per Unit	0
·	ŕ	Total Beds this Building per Service	0

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Provide the number of inpatient beds and pa care services per Section 130061(c)(2)(D).	tient days per unit for the year of 2013, 2014, ar	nd 2015 for buildings to be remo	ved from acute
Building Nbr: BLD-02334 Building Name:	Emergency Addition	Year of Information: 2018	
Unit Type	Ir	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 Inpatient 0 Patient 0 Beds Days	Chemical Dependency Inpatient 0 Patient 0 Beds Days	Total Beds this Building per Unit	0
.,,	.,,	Total Beds this Building per Service	0

Report Year: 201	9 11000 Mayers	Memorial Hospital	Fa	III River Mills	Page:17 of 44
	of inpatient beds and pat care services per Section		ce for the year of 201	3, 2014, and 2015 for build	ings to be
Building Nbr: BLD-0	D2333 Building Name:	Lobby/Business Addition		Year of Information:	2016
Type of Services Provided	name:			Information Current As Of:	10/07/2019
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	_
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear () Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administration		
Total Beds this B	Building per service	0			

Report Year: 201	9 11000 Mayers	Memorial Hospital		Fall River Mills	Page:18 of 44
	of inpatient beds and parcare services per Section		ce for the year of 20	013, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D2333 Building Name:	Lobby/Business Addition		Year of Information:	2017
Type of Services Provided				Information Current As Of:	10/07/2019
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceution	cal Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administration	า	
Total Beds this B	uilding per service	0			

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	of inpatient beds and pa care services per Section		ce for the year of 20	013, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D2333 Building Name:	Lobby/Business Addition		Year of Information:	2018
Type of Services Provided				Information Current As Of:	10/07/2019
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutic	cal Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	X Administration	า	
Total Beds this B	uilding per service	0			

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	of inpatient beds and pa care services per Section		ce for the year of 20	13, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D2334 Building Name:	Emergency Addition		Year of Information:	2016
Type of Services Provided			•	Information Current As Of:	10/07/2019
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	al X Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration	ı	
Total Beds this B	uilding per service	0			

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	of inpatient beds and parcare services per Section		ce for the year of 20	13, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D2334 Building Name:	Emergency Addition		Year of Information:	2017
Type of Services Provided			•	Information Current As Of:	10/07/2019
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	al X Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			

Report Year: 201	9 11000 Mayers	Memorial Hospital	F	fall River Mills	Page:22 of 44
	of inpatient beds and parcare services per Section		ce for the year of 20	13, 2014, and 2015 for buil	dings to be
Building Nbr: BLD-0	D2334 Building Name:	Emergency Addition		Year of Information:	2018
Type of Services Provided				Information Current As Of:	10/07/2019
Nursing	Inpatient 0 Beds	Patient 0 Days	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient 0 Beds	Patient 0 Days	Anesthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Inpatient 0 Beds	Patient 0 Days	Clinical Lab	Recovery	
Psychiatric Nursing	Inpatient 0 Beds	Patient 0 Days	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient 0 Beds	Patient 0 Days	Pharmaceutica	al X Emergency	Central Plant
Intermediate Care	Inpatient 0 Beds	Patient 0 Days	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient 0 Beds	Patient 0 Days	Administration		
Total Beds this B	uilding per service	0			

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		d beds will be relocated to a new, existi a Building Resolution of "Rebuild" or "R		
Number:	LD-03566 Building Name:	Generator Building	building?	
CentralPlant	N/A]	

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		lity for which any buildings will be remove ce per Section 130061(c)(3)	ved from active care service, any net	change in the
Number:	D-02334 Building Name:	Emergency Addition relocated to a new, Existing or retrofitted	A building?	
Radiological/Imaging	N/A	elocated to a new, Existing of Tetronitied		
	shall also report for each faci eds by type of unit and servi	lity for which any buildings will be remove per Section 130061(c)(3)	ved from active care service, any net	change in the
Building BL Number:	D-02334 Building Name:	Emergency Addition		
Will general acute car	e services and beds will be	relocated to a new, Existing or retrofitted	d building?	
Emergency	N/A]	

Section 130061		ng Name: O	riginal Hospital				
Type of Service	e Provided	. —					
			Surgical	Ш	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare				Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X	Clinical Lab				Outpatient
	escent	X	Radiological/		Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Imaging		Emorgonov		Control Diont
			Pharmaceutical	Ш	Emergency	Ш	Central Plant
	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

Iding Number:	BLD-03566 Buildi	ng Name: G	enerator Building				
Type of Service	e Provided		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing		Anesthesia			.,	
	IntensiveCare		Clinical Lab	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent			Newborn/ WellBaby		Outpatient Surgery	
	Psychiatric Nursing		Radiological/ Imaging	·			
	Obstetrical		Pharmaceutical	Emergency	X	Central Plant	
	Ante/Postprtum		Dietetic	Nuclear Medicine		Support Services	
	Intermediate Care		Administration				
	Skilled Nursing						

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Report the final configuration of all buil requirements whether by retrofit or by per Section 130061(c)(5)	Idings on the hospital campus show replacement and the type of service	ving how each building will comply verthat will be provided in each gener	vith the SPC-5/NPC-4 or 5 ral acute care hospital building
Building Number: BLD-02327	Building Name: Original Hospital	I	
Configuration: N/A			
Type of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Central Plant
Intermediate	Dietetic	Emergency	Central Flant
Care	Administration	Nuclear Medicine	Support Services
Skilled Nursing			

port the final co quirements whe r Section 13006	ther by retrofit or by r	dings on the eplacement	hospital campus show and the type of service	ving how e e that will l	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building				
ilding Number:	BLD-02328	Building Na	me: Long Term Bed	s Addition							
Configuration: N/A											
Type of Servic	e Provided						_				
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis				
	ediatric/Adol scent		Clinical Lab		Recovery						
	'sychiatric lursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency		Central Plant				
	ntermediate		Dietetic				Somar ian				
	care skilled Nursing		Administration		Nuclear Medicine		Support Services				

Report Year: 20	11000	Mayers Memo	orial Hospital		Fall River Mills		Page:30 of 44					
Report the final cor requirements wheth per Section 130061	her by retrofit or by	dings on the replacement	hospital campus showir and the type of service	ng how e that will l	ach building will comply voe provided in each gene	vith the SPC-tral acute care	5/NPC-4 or 5 hospital building					
Building Number:	BLD-02329	Building Nar	me: Surgery/O.B. Add	ition								
Configuration:	Configuration: N/A											
Type of Service	Provided											
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy					
Int	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis					
	ediatric/Adol cent		Clinical Lab		Receivery							
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery					
	ostetrical te/Postprtum		Pharmaceutical		Emergency	c	entral Plant					
Int Ca	ermediate ire		Dietetic		Nuclear Medicine		Support					
Sk	illed Nursing		Administration			—	Services					

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	ner by retrofit or by re				ach building will comply w be provided in each gener		
Building Number:	BLD-02332	Building Nar	me: Pharmacy and 12	Bed Add	lition		
Configuration:	N/A						
Type of Service	Provided						
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	R	enal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		utpatient urgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	Пс	entral Plant
	ermediate		Dietetic				
Car Ski	re illed Nursing		Administration		Nuclear Medicine		Support Services

uirements whe	ether by retrofit or by				ach building will comply be provided in each gen					
Section 13006	61(C)(5)									
ilding Number:	: BLD-02333	Building Na	me: Lobby/Business	Addition						
Configuration: N/A										
Type of Service	ce Provided									
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
Ir	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	Obstetrical Ante/Postprtum		Pharmaceutical							
_	Ante/F Ostpitum				Emergency		Central Plant			
	ntermediate Care		Dietetic		Nuclear Medicine		Support			
	Skilled Nursing		Administration				Services			

	nfiguration of all buil	dings on the			Fall River Mills ach building will comply					
quirements whet r Section 13006		replacement	and the type of service	e that will	pe provided in each gen	eral acute c	are hospital building			
uilding Number:	BLD-02334	Building Na	me: Emergency Add	ition						
Configuration: N/A										
Type of Service	e Provided									
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
In	tensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis			
	ediatric/Adol scent		Clinical Lab		Recovery					
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	bstetrical		Pharmaceutical							
— Ar	nte/Postprtum				Emergency		Central Plant			
	termediate are		Dietetic		Nuclear Medicine		Support			
□ s⊦	killed Nursing		Administration				Services			

)19 11000 N	Mayers Mem	orial Hospital		Fall River Mills	Page:34 of 44
	her by retrofit or by r				ach building will comply be provided in each gene	
uilding Number:	BLD-03566	Building Na	me: Generator Buildin	g		
Configuration:	N/A					
Type of Service	Provided					
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery	
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic		Emergency	Contrar Flam
— Ca	are illed Nursing		Administration		Nuclear Medicine	Support Services

Report Y			Mayers Memoria	•		Fall River Mills		Page:35 of 44
Inclu 4D a	de information on t nd SPC-5 per <mark>Sec</mark>	the number of tion 130061(e	inpatient beds)	by type of S	Service provided by bu	uildings that are classified	as SPC-2, SI	PC-3, SPC-4, SPC-
Build	ing Number: BLD	D-02328	Building N	lame: Lor	ng Term Beds Addition	n]
<u>Typ</u>	e of Service Prov	ided						
	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	Cei	ntral Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Sup Ser	oport vices
X	Skilled Nursing	Inpatient Beds	38	X	Administration			
	Total Beds this Building		38					

port Year: 2019	11000	Mayers Memorial I	Hospital	Fall River Mills	Page:36 of 44
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-02329	Building Nar	me: Surgery/O.B. Addition		
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2019	11000	Mayers Memorial I	Hospital	Fall River Mills	Page:37 of 44
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02332	Building Nar	me: Pharmacy and 12 Bed	d 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	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X Administration		
Total Beds this Building		0			

port Year:	2019	11000	Mayers Memorial	Hospital			Fall River Mills		Page:38 of 44
Include info 4D and SP0				y type of S	Service provided by b	uildi	ngs that are classified a	s SPC-2,	SPC-3, SPC-4, SPC-
Building Nu	mber: BLD	D-02333	Building Na	me: Lo	bby/Business Addition	n			
Type of Se	ervice Prov	<u>ided</u>							
Nurs	ing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inten	siveCare	Inpatient Beds	0		Anesthesia				
Pedia esce	atric/Adol nt	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	F	Renal Dialysis
Psyc Nursi	hiatric ing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Interi Care	mediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services
Skille	ed Nursing	Inpatient Beds	0	X	Administration				
Total Build	Beds this ing		0						

port Year: 2019	11000	Mayers Memorial I	Hospital	Fall River Mills	Page:39 of 44
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02334	Building Nar	me: Emergency Addition		
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	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	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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2019

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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 Buil	ding Name:	ong Term Beds Addition					
Medical / Surgical (Inc	clude GYN)	Acute Respirato	ry Care	Acute Psychiatric				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Perinatal (Exclude Ne	wborn / GYN)	Burn		Skilled Nursing				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 38 Inpatient 11140 Bed Days				
Pediatric		Intensive Care Newborn Nursery		Intermediate Care				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days				
Coronary Care		Chemical Dependency		Total Beds this Building Per Building Per				
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Unit Service 38				

Report Year: 2019 11000 Mayers Memorial Hospital Fall River Mills Page:41 of 44 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-02329 Surgery/O.B. 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 Inpatient 0 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: 2019 11000 Mayers Memorial Hospital Fall River Mills Page:42 of 44

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 in 4D and SPC-5 per Section 130061(e)	patient beds by type of u	unit provided by buildings that	are classified as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BLD-02332	Building Name:	Pharmacy and 12 Bed Additi	ion
Medical / Surgical (Include GYN)	Acute Respi	ratory Care	Acute Psychiatric
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Newborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Pediatric	Intensive Ca Nursery	re Newborn	Intermediate Care
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care	Rehabilitatio Center	n	Int. Care / Developmentally Disabled
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care	Chemical De	pendency	Total Beds this Building Per Building Per
Inpatient 0 Inpatient Days	0 Inpatient Bed	0 Inpatient 0 Days	Unit Service 0

Report Year: 2019 11000 Mayers Memorial Hospital Fall River Mills Page:43 of 44 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-02333 Lobby/Business 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 Inpatient 0 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: 2019 11000 Mayers Memorial Hospital Fall River Mills Page:44 of 44 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-02334 **Emergency 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 Inpatient Inpatient 0 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