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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 Hwy 299 East			
City:	Fall River Mills			
Hospital Owner/Lice	nsee: 230000021/Mayers Memorial Hospital District			
Year of Reporting: 2014				
Contact 1 e-mail Ado	dress:			
Contact 2 e-mail Add	dress:			
Contact 3 e-mail Add	lress::			
Name of Subr	nitter: Louis Ward			
Submission	Date: 10/31/2014 11:19:53 AM			

Report `	Year: 2014 11000	Mayers Memorial Hospital		Fall River Mills	i	Page:2 of 38		
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 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 Hwy 299 East	Rebuild	SPC5	01/01/2020	06/30/2019		
BLD- 03566	Generator Building	43563 Hwy 299 East	Retrofit	SPC2	01/01/2013	01/01/2016		

		on start c	anned for rebuild, retrofit or replacement, date or dates and projected Completion d ction 130061(c)(1)(E).						t
Building	g No: BLD-	02327	Original Hospital		Retrofit/Re Project:	placement	Yes-Sub	omitted]
Facility Numbe	Project r Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	CEQA Review
11000	P-2012- 00133	0	GEOTECH ONLY- MMH Expansion	1/23/2012 12:00:00 AM	3/6/2013 12:00:00 AM	01/23/2012	03/06/2013	ACTI	No
11000	P-2012- 02774	0	Mayers Memorial Hospital Expansion	12/28/2012 12:00:00 AM	5/27/2014 12:00:00 AM	04/01/2014	04/01/2017	OPEN	Yes
11000	P-2013- 00005	0	Seismic Separation of Existing buildings	1/2/2013 12:00:00 AM	8/20/2014 12:00:00 AM	04/01/2017	04/01/2018	PEND	No

Report Year: 2014	11000	Mayers Memorial Hospital	Fall River Mills		Page:4 of 38
Provide the number of	inpatient b	eds and patient days per type of service	per building per Section 130061(c)(1)(F)	
Building Number: BL	D-02327	Building Name:	Driginal Hospital		
Type of Service Prov	ided				
X Nursing	Inpatient Beds	20 Inpatient 1851 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	
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	2 Inpatient Days 100	Pharmaceutical Dietetic	Rehabilitati Therapy	on
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialy	rsis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Deus	Total Beds this 22 Building	Obstetrical Cesarean/Deliv	X Central Pla	nt
OSHPD FDD SB499 Repor	t	Data Last Update: 10/31/2014	Submission Date: 10/31/2014	Printed: 11/2/20	014 6:25 AM

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F) Building Number: BLD-03566 Building Name: Generator Building Type of Service Provided Inpatient Inpatient Inpatient Obstetrical Recovery IntensiveCare Inpatient Inpatient Inpatient Days Inpatient Newborn/ Pediatric/Adol Inpatient Inpatient Days Inpatient Days Inpatient Days Inpatient Pediatric/Adol Inpatient Inpatient Days Inpatient Days Inpatient Days Inpatient Nuclear Psychiatric Inpatient Inpatient Days Inpatient Days Inpatient Nuclear Obstetrical Inpatient Inpatient Days Inpatient Days Inpatient Inpatient Days Inpatient Intermediate Inpatient Inpatient Days Inpatient Days Inpatient Inpatient Surgery Inpatient Skilled Nursing Inpatient Inpatient Days Inpatient Days Inpatient Surgery Inpatient Surgery Skilled Nursing Inpatient Inpatient Days Inpatient Days Inpatient Surgery Inpatient Surgery	Report Year: 2014	11000	Mayers Memorial Hospital	Fall River Mills	Page:5 of 38
Type of Service Provided Nursing Inpatient 0 Inpatient 0 Surgical Obstetrical IntensiveCare Inpatient 0 Inpatient Days 0 Anesthesia Newborn/ Pediatric/Adol Inpatient 0 Inpatient Days 0 Clinical Lab Emergency Pediatric/Adol Inpatient 0 Inpatient Days 0 Nuclear Psychiatric Inpatient 0 Inpatient Days 0 Nuclear Obstetrical Inpatient 0 Inpatient Days 0 Pharmaceutical Pharmaceutical Obstetrical Inpatient 0 Inpatient Days 0 Dietetic Rehabilitation Intermediate Inpatient 0 Inpatient Days 0 Administration Renal Dialysis Skilled Nursing Inpatient 0 Inpatient Days 0 Obstetrical Outpatient Killed Sthis 0 Inpatient Days 0 Obstetrical Costral Pleiv Costral Pleiv	Provide the number of	of inpatient be	eds and patient days per type of service pe	er building per Section 13006	1(c)(1)(F)
Nursing Inpatient Beds 0 Inpatient Days 0 Surgical Obstetrical Recovery IntensiveCare Inpatient Beds 0 Inpatient Days 0 Anesthesia Newborn/ WellBaby Pediatric/Adol escent Inpatient 0 Inpatient Days 0 Clinical Lab Emergency Psychiatric Inpatient 0 Inpatient Days 0 Pharmaceutical Nuclear Medicine Obstetrical Ante/Postprtum Inpatient 0 Inpatient Days 0 Pharmaceutical Rehabilitation Therapy Intermediate Care Inpatient 0 Inpatient Days 0 Administration Renal Dialysis Skilled Nursing Inpatient Beds 0 Inpatient Days 0 Obstetrical Cesarean/Deliv Outpatient Surgery			Building Name: Ge	enerator Building	
Intensive Care Inpatient Impatient Impatient<					
Interistive Care Inpatient Unipatient Days Impatient Days Impatie					
 Forwards/reduction between expression of the particular between expressi	IntensiveCare		0 Inpatient Days 0	Anesthesia	
Psychiatric Inpatient 0 Inpatient Days 0 Medicine Obstetrical Inpatient 0 Inpatient Days 0 Pharmaceutical Intermediate Inpatient 0 Inpatient Days 0 Dietetic Rehabilitation Intermediate Inpatient 0 Inpatient Days 0 Renal Dialysis Skilled Nursing Inpatient 0 Inpatient Days 0 Obstetrical Outpatient Total Beds this 0 Inpatient 0 Inpatient Days 0 Obstetrical Outpatient			0 Inpatient Days 0	Clinical Lab	Emergency
Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days Impatient Days			0 Inpatient Days 0		
Intermediate Inpatient 0 Inpatient Days 0 Care Beds 0 Inpatient Days 0 Skilled Nursing Inpatient 0 Inpatient Days 0 Beds 0 Inpatient Days 0 Outpatient Surgery Obstetrical Obstetrical Central Plant			0 Inpatient Days 0		
Skilled Nursing Inpatient Beds 0 Inpatient Days 0 Services Surgery Total Beds this 0 0 Obstetrical Cesarean/Deliv V Central Plant			0 Inpatient Days 0		
Total Beds this 0 Cesarean/Deliv	Skilled Nursing		0 Inpatient Days 0	Services	
					X Central Plant
OSHPD FDD SB499 Report Data Last Update: 10/31/2014 Submission Date: 10/31/2014 Printed: 11/2/2014 6:25 AM		 4	Data Last Lindato: 40/04/2014	ubmission Data: 40/04/0014	Driptody 11/2/2014 0:25 AM

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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	ling Name: Orig	inal Hospital					
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric				
Inpatient 20 Bed	Inpatient 1851 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days			
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing				
Inpatient 2 Bed	Inpatient 100 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 / developı 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			
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ort Year: 2	014 11000 Mayers Memorial Hospital	Fall River Mills	Page:8 of 38
	t the facility, indicate which ones are scheduled for gene		
Building Number	Building Name	Building to be Removed / Replaced / Rebuilt	
BLD-02327	Original Hospital	Rebuild	
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	Remain	
BLD-02334	Emergency Addition	Remain	
BLD-03566	Generator Building	Retrofit	

Report Year: 2014	11000 M	ayers Memorial	Hospital		Fall River Mills		Page:9 of 38	
List ALL proposed new buildings to be constructed at this or another site.								
Building Number	Building Name			New Site				
N_1	Med Surg Expans	sion						
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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)(20(C)							
Building Number: BLD-02	327 Original Hospital		Removal Obte:	06/30/2019			
Planned Uses for the building to be removed from acute care service: Planned use for building: Other Jurisdiction:							
Other Usage:	Business Office and Storage						
Inpatient services currently of	delivered in the building:			Dehabilitation			
X Nursing	Surgical	Obstetrical Cesarean/D	eliv	Rehabilitation Therapy			
IntensiveCare Pediatric/Adol escent	AnesthesiaXClinical Lab	Obstetrical Recovery		Renal Dialysis			
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery			
X Obstetrical Ante/Postprtum	Pharmaceutical			Central Plant			
Intermediate Care	Dietetic	Emergency					
Skilled Nursing	X Administration	Nuclear Medicine	x	Support Services			
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No data reporte	d for Sectior	n 130061(c))(2)(D).				

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No data reported for Section 130061(c)(2)(D.	

Report Ye	ear: 201	14	1000 Mayers Me	morial Hospital		Fall River Mills		Page:	13 of 38
Report w building	vhether the g sites or proje	general ect num	acute care services a bers for buildings with	nd beds will be relocated t a Building Resolution of '	o a new, existin 'Rebuild" or "Re	g or retrofitted bu place" per Sectio	ilding and an n 130061(c)(y correspond 2)(E)	ing
Building Number:		LD-0232	27 Building Name:	Original Hospital					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?									
Nursing		Relo	ocated to new building]					
	New Buildi	ing		RetroFitted Buildin	ıg	Other SP	C2-SPC5 Bu	<u>ilding</u>	
J_1-Med	Surg Expans	ion							
	Project Number	Sub Num	Scope		Date In	Plan Approved Date	Start Date	Project Complete d	Status
1000	P-2012- 02774	0	Mayers Memorial Hos	pital Expansion	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN

Report Year: 2014 11000 Mayers Memorial Hospital			Fall River Mills	Page:	Page:14 of 38			
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:		3LD-0232	27 Building Name: Original Hospital					
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?								
Obstetrical Ante Relocated to new building								
	New Build	ding	RetroFitted Build	ding	Other S	PC2-SPC5 Bu	ilding	
N_1-Med	l Surg Expan	sion						
	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
11000	P-2012- 02774	0	Mayers Memorial Hospital Expansion	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN

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Report whether the general acute care services and beds will be relocated t building sites or project numbers for buildings with a Building Resolution of					ing	
Building BLD-02327 Building Name: Original Hospital Number:						
Will general acute care services and beds will be relocated to a new, Existin	ng or retrofitted l	ouilding?				
ClinicalLab Relocated to new building						
New Building RetroFitted Building	Other S	PC2-SPC5 Bu	<u>ilding</u>			
N_1-Med Surg Expansion						
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	
11000 P-2012- 0 Mayers Memorial Hospital Expansion 02774	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN	
Report whether the general acute care services and beds will be relocated t building sites or project numbers for buildings with a Building Resolution of Building BLD-02327 Building Name: Original Hospital					ing	
Number: Will general acute care services and beds will be relocated to a new, Existir	a or rotrofittod l	ouilding?				
-		Sullaing :				
Radiological/Imaging Relocated to new building						
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	
11000 P-2012- 0 Mayers Memorial Hospital Expansion 02774	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN	
OSHPD FDD SB499 Report Data Last Update: 10/31/2014	Submission Date	e: 10/31/2014	Printed: 1	1/2/2014 6:25	AM	

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				cated to a new, existir on of "Rebuild" or "Re				ing	
Building BI Number:	LD-02327	Building Name:	Original Hospital						
Will general acute ca	are services	and beds will be re	located to a new,	Existing or retrofitted	building?				
Administration	Relocate	ed to new building							
Facility Project Number Number	Sub Num Sc	ope		Date In	Plan Approved Date	Start Date	Project Complete d	Status	
11000 P-2012- 02774	0 Ma	yers Memorial Hospit	al Expansion	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN	
	LD-02327	Building Name:	Original Hospital	on of "Rebuild" or "Re					
Will general acute ca	are services	and beds will be re	located to a new,	Existing or retrofitted	building?				
Support Services	Relocate	ed to new & retrofitt	ed Building						
Facility Project Number Number	Sub Num Sc	ope		Date In	Plan Approved Date	Start Date	Project Complete d	Status	
11000 P-2012- 02774	0 Ma	yers Memorial Hospit	al Expansion	2012-12-28	2014-05-27	03/01/2015	10/31/2017		
								OPEN	

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Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution o					ng
Building BLD-02327 Building Name: Original Hospital Number:					
Will general acute care services and beds will be relocated to a new, Exist	ting or retrofitted b	ouilding?			
CentralPlant Relocated to new & retrofitted Building					
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
11000 P-2012- 0 Mayers Memorial Hospital Expansion 02774	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN
Report whether the general acute care services and beds will be relocated building sites or project numbers for buildings with a Building Resolution o Building BLD-02327 Building Name: Original Hospital					
Will general acute care services and beds will be relocated to a new, Exist	ting or retrofitted b	ouilding?			
Medical/Surgical (Include GYN)					
New Building RetroFitted Build	ling	Other S	PC2-SPC5 Bu	<u>ilding</u>	
N_1-Med Surg Expansion					
Facility Project Sub Number Number Num Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status
11000 P-2012- 0 Mayers Memorial Hospital Expansion 02774	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN

Report Y	ear: 201	4 1	1000 Mayers Memorial Hospital		Fall River Mills		Page:	18 of 38	
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 BLD-02327 Building Name: Original Hospital Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Perinatal (exclude Relocated to new building									
	n / GYN))		Jealed to new building						
Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Start Date	Project Complete d	Status	
11000	P-2012- 02774	0	Mayers Memorial Hospital Expansion	2012-12-28	2014-05-27	03/01/2015	10/31/2017	OPEN	

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

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)									
Building Number: BLD-02327 Building Name: Original Hospital									
Type of Service Provided									
	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
X Nursing	Anesthesia		Renal Dialysis						
IntensiveCare	X Clinical Lab	Obstetrical Recovery							
Pediatric/Adol escent	X Radiological/	Newborn/ WellBaby	Outpatient Surgery						
Psychiatric Nursing	Imaging Pharmaceutical	Emergency	X Central Plant						
X Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services						
Intermediate Care	X Administration								
Skilled Nursing									
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	Report any general acute care hospital inpatient service that is provided in any genaral 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	Rehabil Therap					
	Nursing	Anesthesia	_		D' 1 - '				
	IntensiveCare		Obstetrical Recovery	Renal I	Jialysis				
	Pediatric/Adol escent		Newborn/	Outpati Surgery					
	Psychiatric Nursing	Radiological/ Imaging	WellBaby	_					
	U U	Pharmaceutical	Emergency	X Central	Plant				
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service					
	Intermediate Care	Administration							
	Skilled Nursing								
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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)								
Building Number: BLD-02327	Building Name: Original Hospita	al						
Configuration: Rebuild (Per S	B90 Definition for Rebuild) with new S	SPC5 and NPC4 o	r NPC5 building.					
Type of Service Provided								
X Nursing	Surgical	Obste Cesa	etrical rean/Deliv		habilitation erapy			
IntensiveCare	Anesthesia	Obste Reco		Re	nal Dialysis			
Pediatric/Adol escent	X Clinical Lab	1000	very					
Psychiatric Nursing	X Radiological/ Imaging	Newb WellB			tpatient gery			
X Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	X Cer	ntral Plant			
	Dietetic							
Care Skilled Nursing	X Administration	Nucle	ar Medicine		ipport rvices			
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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 actue 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									
Nursing	Surgical	Obste Cesar	etrical X	Rehabilitation Therapy					
IntensiveCare	Anesthesia	Obste Recov		Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	1,000	,						
Psychiatric Nursing	Radiological/ Imaging	Newb WellB		Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emerg	gency X	Central Plant					
Intermediate Care	X Dietetic		ar Medicine	Support					
X Skilled Nursing	X 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 actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-02329 Building Name: Surgery/O.B. Addition									
Configuration: Retrofit Confo	orming building to NPC 4 or NPC 5								
Type of Service Provided									
Nursing	X Surgical	X Obstetrical Cesarean/De		abilitation apy					
IntensiveCare	X Anesthesia	X Obstetrical Recovery	Rena	al Dialysis					
Pediatric/Adol escent	Clinical Lab								
Psychiatric Nursing	Radiological/ Imaging	X Newborn/ WellBaby	Outpa Surge	atient ery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	Centr	ral Plant					
Intermediate Care	Dietetic	Nuclear Med	licine Sup	port					
Skilled Nursing	Administration		Serv						
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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 actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-02332 Building Name: Pharmacy and 12 Bed Addition									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical		etrical	Rehal Thera	bilitation Py				
IntensiveCar	e Anesthesia	Obste Reco	etrical	Renal	Dialysis				
Pediatric/Add escent	Ol Clinical Lab	1.000							
Psychiatric Nursing	Radiological/ Imaging	Newb WellE		Outpa Surge					
Obstetrical Ante/Postprt	X Pharmaceutical	Emer	rgency	Centra	al Plant				
Intermediate Care	Dietetic		ear Medicine	Supp	ort				
Skilled Nursi	ng Administration			Servi					
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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 actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-02333 Building Name: Lobby/Business Addition									
Configuration: N/A									
Type of Service	Provided								
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis		
	diatric/Adol cent		Clinical Lab	_	,				
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	ostetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte Ca	ermediate are		Dietetic		Nuclear Medicine		Support		
Sk	illed Nursing	X	Administration				Services		
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Report Year: 2014 11000 Mayers Memorial Hospital Fall River Mills Page:27									
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 actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-02334	Building Name: Emergency Add	dition							
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab								
Psychiatric Nursing	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	X Emergency	Central Plant						
Intermediate Care	Dietetic	Nuclear 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 actue care hospital building per Section 130061(c)(5)									
Building Number: BLD-03566	Building Name: Generator Build	ling							
Configuration: Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab	Receivery							
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Central Plant						
Intermediate Care	Dietetic	Nuclear Medicine	Support						
Skilled Nursing	Administration		Services						
OSHPD FDD SB499 Report	Data Last Update: 10/31/2014	Submission Date: 10/31/2014	Printed: 11/2/2014 6:25 AM						

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Building	Building Number: BLD-02328 Building Name: Long Term Beds Addition									
Type of Service Provided										
<u>л</u>	lursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	X Reha Thera	bilitation apy		
l lr	ntensiveCare	Inpatient Beds	0		Anesthesia	_				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Rena	Il Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery		
	Dbstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Centr	ral Plant		
	ntermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Supp Servi			
x s	Skilled Nursing	Inpatient Beds	50	X	Administration					
	otal 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, and SPC-5 per Section 130061(e)									
Building Number: BLD-02329 Building Name: Surgery/O.B. Addition									
Type of Service Provided									
Nurs	ing	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inter	nsiveCare	Inpatient Beds	0	X	Anesthesia				
Pedia esce	atric/Adol ent	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery	E F	Renal Dialysis
Psyc Nurs	chiatric ing	Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby		Dutpatient Surgery
	etrical /Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant
Inter Care	mediate	Inpatient Beds	0		Dietetic		Nuclear Medicine		Support Services
Skille	ed Nursing	Inpatient Beds	0		Administration				
Tota Build	l Beds this ling		0						
OSHPD FDD	SB499 Repor	rt D	ata Last Update:	10/31/20	14 Submissio	on Date	: 10/31/2014	Printed: 1	1/2/2014 6:25 AM

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Build	Building Number: BLD-02332 Building Name: Pharmacy and 12 Bed Addition									
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		ehabilitation herapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia		_			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Re Re	enal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Γ	Newborn/ WellBaby		utpatient Irgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical		Emergency	Ce	entral Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	X Su Se	ipport ervices	
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							
OSHP	D FDD SB499 Repo	rt [Data Last Update:	10/31/20)14 Submiss	ion Date	e: 10/31/2014	Printed: 11/	2/2014 6:25 AM	

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)									
Build	Building Number: BLD-02333 Building Name: Lobby/Business Addition									
Type of Service Provided										
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		abilitation rapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia	_				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery	Rer	al Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		patient gery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Γ	Emergency	Cer	tral Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic		Nuclear Medicine	Sup Ser	port vices	
	Skilled Nursing	Inpatient Beds	0	X	Administration					
	Total Beds this Building		0							
OSHPI	D FDD SB499 Report	rt	Data Last Update:	10/31/20	014 Submiss	sion Date	e: 10/31/2014	Printed: 11/2/	2014 6:25 AM	

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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)								
Building Number: BLD-02334 Building Name: Emergency Addition									
Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Reh The	abilitation apy		
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Ren	al Dialysis		
Psychiatric	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outr Surg	patient jery		
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Cen	tral Plant		
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	Sup Serv	port vices		
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, and SPC-5 per Section 130061(e)								
Building Number: BLD-02328 Bui	Iding 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 0					
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 13522					
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						
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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, and SPC-5 per Section 130061(e)					
Building Number: BLD-02329 Build	ding 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, 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	nt 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	nt 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	nt 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	nt 0		
Coronary Care	Chemical Dependency	Building Per Buil	al Beds this ding Per		
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	vice 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, and SPC-5 per Section 130061(e)					
Building Number: BLD-02333 Build	ding 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 Inpatient 0 Bed Days			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days			
Coronary Care	Chemical Dependency	Total Beds thisTotal Beds thisBuilding PerBuilding Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 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, and SPC-5 per Section 130061(e)				
Building Number: BLD-02334 Build	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	pdate: 10/31/2014 Submission Date:	10/31/2014 Printed: 11/2/2014 6:25 AM		