## Office of Statewide Health Planning and Development Facilities Development Division

## Senate Bill 499 (SB 499) Hospital Report

As submitted to California's Office of Statewide Health Planning and Development in accordance with Senate Bill 499 (SB 499) requirement for all general acute care hospitals with Structural Performance Category 1 (SPC-1) buildings to report annually with seismic safety compliance status, beds and services.

Provide the Hospital Owner and Year of Report per Section 130061(e)						
Facility Number:	11000 Mayers	11000 Mayers Memorial Hospital				
Address: City:		43563 Hwy 299 East Fall River Mills				
Hospital Owner/Licensee:		230000021/Mayers Memorial Hospital District				
Year of Reporting:		2015				
Contact 1 e-mail Address:		[Confidential data left blank intentionally.]				
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]				
Contact 3 e-mail Address::		[Confidential data left blank intentionally.]				
Name of Sub	omitter:	Louis Ward				
Submission	n Date:	12/29/2015 1:30:33 PM				

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:2 of 34

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	Retrofit	SPC2	01/01/2020	06/30/2019
BLD- 03566	Generator Building	43563 Hwy 299 East	Rebuild	SPC5	01/01/2013	06/30/2019

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:3 of 34

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-02327 Original Hospital Retrofit/Replacement Project:

Facility Numbe	Project r Number	Sub Num Scope	Date In	Plan Approved Date		Projected Completion Date	Status	CEQA Review
11000	P-2013- 00005	0	1/2/2013	8/20/2014 12:00:00 AM	04/01/2017	04/01/2018	PEND	No

Report Year: 2015	11000	Mayers Memorial Hospital	Fall River Mil	lls	Page:4 of 34
Provide the number of	inpatient bed	ds and patient days per type of service pe	er building per Section 1300	061(c)(1)(F)	
Building Number: BL	D-02327	Building Name: Or	riginal Hospital		
Type of Service Prov	<u>rided</u>				
X Nursing	Inpatient Beds	20 Inpatient 1680 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	y
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine	
X Obstetrical Ante/Postprtum	Inpatient Beds	2 Inpatient Days 95	Pharmaceutical Dietetic	Rehabilitat Therapy	ion
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dial	ysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery	
	Deus	Total Beds this Building 22	Obstetrical Cesarean/Deliv	X Central Pla	ant

Report	Year: 2015	11000	Mayers Memorial Hospital	Fall River Mills		Page:5 of 34
Provi	de the number of	inpatient bed	ds and patient days per type of service p	per building per Section 13006	1(c)(1)(F)	
	ing Number: BL		Building Name:	Generator 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: 2015 11000 Mayers Memorial Hospital Page:6 of 34 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 20 Inpatient 1680 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 95 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 22 22 Inpatient Inpatient Inpatient Bed Days Days Bed

Fall River Mills Report Year: 2015 11000 Mayers Memorial Hospital Page:7 of 34 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03566 **Building Number: Building Name:** Generator Building 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

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:8 of 34

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	Rebuild
BLD-02334	Emergency Addition	Rebuild
BLD-03566	Generator Building	Rebuild

Report Year:	2015 11000 Mayers Memorial Hospital	Fall River Mills	Page:9 of 34
List ALL prop	posed new buildings to be constructed at this or another si	te.	
Building Number	Building Name	New Site	
N_2	Hospital Expansion Project : ER/RAD/LAB		

Report Yo	ear: 2015	11000 M	ayers Memorial Hospital		Fall River Mill	S	Page:10 of 34
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 buildings 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 I	Number: BLD-03	3566	Generator Building		Removal Date:	06/30/2019	
Planned	Uses for the buildir	ng to be remo	ved from acute care service:				
	use for building:						
Inpatient	services currently	delivered in th	ne building:			□ <b>5</b> 1 13% 3	
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy	1
	IntensiveCare		Anesthesia	П	Obstetrical	Renal Dialysi	s
	Pediatric/Adol escent		Clinical Lab		Recovery	·	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant	
	Intermediate Care		Dietetic		o.gene,		
	Skilled Nursing		Administration		Nuclear Medicine	Support Services	

Report Year: Mayers Memorial Hospital Fall River Mills 2015 11000 Page:11 of 34 No data reported for Section 130061(c)(2)(D).

Report Year:	2015	11000	Mayers Memorial Hospital	Fall River Mills	Page:12 of 34
No data reporte	d for Section	n 130061(c)	(2)(D).		

Report Year: 2015 Mayers Memorial Hospital	Fall River Mills	Page:13 of 34					
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-02333 Building Name: Lobby/Business Addition							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?						
Administration Relocated to new building							
New Building RetroFitted Building	Other SPC2-SPC5 Building						
N_2-Hospital Expansion Project : ER/RAD/LAB							
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding					
Building Number: Lobby/Business Addition							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?						
Support Services Relocated to new building	]						
New Building RetroFitted Building	Other SPC2-SPC5 Building						
N_2-Hospital Expansion Project : ER/RAD/LAB							

Report Year: 2015 11000 Mayers Memorial Hospital	Fall River Mills	Page:14 of 34					
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: Emergency Addition							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?						
Radiological/Imaging Relocated to new building							
New Building RetroFitted Building	Other SPC2-SPC5 Building	<u> </u>					
N_2-Hospital Expansion Project : ER/RAD/LAB							
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding					
Building Number:  BLD-02334 Building Name: Emergency Addition							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?						
Emergency Relocated to new building							
New Building RetroFitted Building	Other SPC2-SPC5 Building	<u> </u>					
N_2-Hospital Expansion Project : ER/RAD/LAB							
Report whether the general acute care services and beds will be relocated to a new, existing building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Rebuild" or "Rebuild".		responding					
Building Number:  BLD-03566 Building Name: Generator Building							
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?							
CentralPlant N/A							

Report Year:	2015	11000	Mayers Memorial Hospital	Fall River Mills	Page:15 of 34
No data reporte	d for Section	n 130061(c)	(3).		

Report Year: 201	11000 Mayer	s Memorial Ho	spital		Fall River Mills		F	Page:16 of 34
Report any general per Section 130061	acute care hospital inpa	tient service th	at is provided in any	general a	acute care hospital l	ouilding t	hat is rated s	SPC-1
Building Number:	BLD-02327 Buildin	g Name: Or	iginal Hospital					
Type of Service	e Provided							
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitat Therapy	ion
X	Nursing		Anesthesia					
	IntensiveCare				Obstetrical Recovery		Renal Dial	ysis
	Pediatric/Adol escent	X	Clinical Lab				Outpatient	
		X	Radiological/ Imaging		Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		Pharmaceutical		Emergency	х	Central Pla	ant
X	Obstetrical							
	Ante/Postprtum		Dietetic	Ш	Nuclear Medicine	Х	Support Services	
П	Intermediate							
	Care	X	Administration					
	Skilled Nursing							

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

Section 130							
lding Numbe	er: BLD-02327	Building Na	me: Original Hospit	al			
onfiguration:	Retrofit Non-Con	forming buildi	ng to SPC 5 and NPC	C 4 or NPC	5		
Гуре of Serv	rice Provided						
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Todovory		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	Intermediate		Dietetic		Emergency		Central Plant
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services
	Skilled Nursing	1					

Report Year: 2	2015 11000 I	Mayers Memor	ial Hospital		Fall River Mills		Page:19 of 34
	ether by retrofit or by				ach building will comply we provided in each gener		
Building Number:	BLD-02328	Building Nam	e: Long Term Beds A	ddition			
Configuration:	Retrofit Conformin	g building to N	IPC 4 or NPC 5				
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		Emergency	X	Central Plant
	ntermediate Care	X	Dietetic		Nuclear Medicine	Х	Support
X s	Skilled Nursing		Administration	<del>_</del>			Services

	l configuration of all bu	ildings on the			Fall River Mills ach building will comply		
quirements ver Section 13		replacement	and the type of service	e that will b	oe provided in each gen	eral acute ca	are hospital building
ıilding Numb	er: BLD-02329	Building Na	me: Surgery/O.B. A	ddition			
Configuration	n: Retrofit Conformi	ng building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		_		
	·		Dietetic		Emergency		Central Plant
	Intermediate Care				Nuclear Medicine		Support Services
	Skilled Nursing		Administration				Corvices

Report Year: 20	11000	Mayers Memor	ial Hospital		Fall River Mills		Page:21 of 34
	ner by retrofit or by				ach building will comply wi e provided in each genera		
Building Number:	BLD-02332	Building Name	e: Pharmacy and 12 E	Bed Add	ition		
Configuration:	Retrofit Conformin	g building to N	PC 4 or NPC 5				
Type of Service	Provided						
Nu	rsing		Gurgical		Obstetrical Cesarean/Deliv		Rehabilitation herapy
Inte	ensiveCare	<i>F</i>	Anesthesia		Obstetrical Recovery	R	tenal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Jurgery
	estetrical te/Postprtum	X	Pharmaceutical		Emergency	c	entral Plant
Inte	ermediate ire		Dietetic		Nuclear Medicine	X s	Support
Ski	illed Nursing		Administration				Services

Report Year: 201	11000	Mayers Memo	orial Hospital		Fall River Mills		Page:22 of 34
	er by retrofit or by		hospital campus showin and the type of service t				
Building Number:	BLD-02333	Building Nar	me: Lobby/Business A	ddition			
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	C5 and N	PC4 or NPC5 building		
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		habilitation erapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Re	nal Dialysis
Pec esc	diatric/Adol ent		Clinical Lab		Recovery		
	rchiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		tpatient rgery
Obs	stetrical		Pharmaceutical				
Anto	e/Postprtum				Emergency	Cei	ntral Plant
Inte Car	ermediate e		Dietetic		Nuclear Medicine	X Su	ıpport
Skil	lled Nursing	X	Administration			Se Se	rvices

Section 1300		replacement	and the type of service	e that will	oe provided in each gen	erai acute d	are nospital building
ilding Number:	BLD-02334	Building Na	me: Emergency Add	lition			
Configuration:	Rebuild (Per SB90	Definition for	or Rebuild) with new S	PC5 and I	NPC4 or NPC5 building.		
Type of Service	ce Provided						
X 1	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
I	ntensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		F		Control Plant
	ntermediate		Dietetic	X	Emergency		Central Plant
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year: 20	11000	Mayers Memo	orial Hospital		Fall R	River Mills		Page:24 of 34
	ner by retrofit or by		hospital campus showin and the type of service t					
Building Number:	BLD-03566	Building Nar	me: Generator Building	)				
Configuration:	Rebuild (Per SB9	Definition fo	r Rebuild) with new SPC	C5 and N	IPC4 or NPC	5 building.		
Type of Service	Provided							
Nu	rsing		Surgical		Obstetrical Cesarean/D	eliv	Reh The	abilitation rapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Ren	al Dialysis
	diatric/Adol cent		Clinical Lab		Recovery			
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby		Outp Surg	patient gery
	ostetrical te/Postprtum		Pharmaceutical				7	
All	te/F Ostpitum			Ш	Emergency	<u> </u> X	Cen	tral Plant
Inte	ermediate re		Dietetic		Nuclear Med	dicine		pport vices
Ski	illed Nursing		Administration				Sei	vices

Report	Year: 2015	11000	Mayers Memori	al Hospital			Fall River Mills		Page:25 of 34
	de information on SPC-5 per Section		npatient beds b	by type of S	Service provided by buil	ding	s that are classified as	SPC-	2, SPC-3, SPC-4,
Buildi	ng Number: BLC	D-02328	Building Na	ame: Lor	ng Term Beds Addition	<u> </u>			
Туре	e of Service Prov	<u>rided</u>							
	Nursing	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency	X	Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic		Nuclear Medicine	X	Support Services
X	Skilled Nursing	Inpatient Beds	50	X	Administration				
	Total Beds this Building		50						

Report Year:	2015	11000	Mayers Memo	rial Hospita	ıl		Fall River Mills		Page:26 of 34
Include inform and SPC-5 pe			inpatient beds	by type of	Service provided by b	uilding	s that are classified a	s SPC-2, S	SPC-3, SPC-4,
Building Numb	ber: BLD	)-02329	Building N	lame: Su	urgery/O.B. Addition				
Type of Serv	vice Prov	ided							
Nursing	)	Inpatient Beds	0	X	Surgical	X	Obstetrical Cesarean/Deliv		ehabilitation erapy
Intensiv	/eCare	Inpatient Beds	0	X	Anesthesia				
Pediatr escent	ic/Adol	Inpatient Beds	0		Clinical Lab	X	Obstetrical Recovery	Re	enal Dialysis
Psychia Nursing		Inpatient Beds	0		Radiological/ Imaging	X	Newborn/ WellBaby	Ou Su	utpatient Irgery
Obstetr Ante/Po	rical ostprtum	Inpatient Beds	0		Pharmaceutical		Emergency	Ce	entral Plant
Interme Care	ediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	☐ St Se	apport ervices
Skilled	Nursing	Inpatient Beds	0		Administration				
Total B Building	eds this		0						

Report Year:	2015 11000	Mayers Memorial	Hospital	Fall River Mills	Page:27 of 34
Include information and SPC-5 per S		inpatient beds by	type of Service provided	by buildings that are classified	as SPC-2, SPC-3, SPC-4,
Building Number:	BLD-02332	Building Nam	ne: Pharmacy and 12 E	Bed Addition	
Type of Service	e Provided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveC	are Inpatient Beds	0	Anesthesia		
Pediatric/A	dol Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postp		0	X Pharmaceutica	Emergency	Central Plant
Intermedia Care	te Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nu	rsing Inpatient Beds	0	Administration		
Total Beds Building	sthis	0			

Report Year:	2015	11000	Mayers Memori	al Hospital			Fall River Mills		Page:28 of 34	
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-02333 Building Name: Lobby/Business Addition										
Type of Service Provided										
Nursir	ng	Inpatient Beds	0		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
Intens	siveCare	Inpatient Beds	0		Anesthesia					
Pediate escen	tric/Adol t	Inpatient Beds	0		Clinical Lab		Obstetrical Recovery		Renal Dialysis	
Psych Nursir		Inpatient Beds	0		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
Obste Ante/F	etrical Postprtum	Inpatient Beds	0		Pharmaceutical		Emergency		Central Plant	
Interm Care	nediate	Inpatient Beds	0		Dietetic		Nuclear Medicine	X	Support Services	
Skilled	d Nursing	Inpatient Beds	0	X	Administration					
Total I Buildir	Beds this		0							

Report Year: 2015	11000	Mayers Memoria	l Hospital	Fall River Mills	Page:29 of 34					
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: BL	D-02334	Building Nan	me: Emergency Addition							
Type of Service Provided										
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								

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills

Page:30 of 34 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) BLD-02328 Long Term Beds Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 0 Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 50 13081 Days Days Bed Bed Bed Days **Intensive Care Newborn Intermediate Care** Pediatric Nursery Inpatient Inpatient Inpatient 0 Inpatient 0 Inpatient 0 Inpatient Bed Days Bed Davs Bed Davs Int. Care / Developmentally **Intensive Care** Rehabilitation Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient 0 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 0 Inpatient 0 Days Bed Bed Days 50 50

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:31 of 34 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) BLD-02329 Surgery/O.B. Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:32 of 34 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) BLD-02332 Pharmacy and 12 Bed Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:33 of 34 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) BLD-02333 Lobby/Business Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Days Bed Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0

Report Year: 2015 11000 Mayers Memorial Hospital Fall River Mills Page:34 of 34 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) BLD-02334 **Emergency Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient Days Bed Days Bed Bed Days Perinatal (Exclude Newborn / GYN) **Skilled Nursing Burn** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 Days Days Bed Bed Days Bed **Intensive Care Newborn Intermediate Care Pediatric** Nursery Inpatient Inpatient Inpatient 0 Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 0 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Bed Days Bed Days 0 0