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Office of Statewide Health Planning and Development Facilities Development Division
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		
Facility Name:	Mayers	Memorial Hospital	
Address:	43563 I	Hwy 299 East	
City:	Fall Riv	er Mills	
Hospital Owner/Lice Year of Rep		230000021/Mayers Memorial Hospital District 2016	
Contact 1 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ac	ddress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Ad	dress::	[Confidential data left blank intentionally.]	
Name of Sub	omitter:	Ryan Harris	
Submission	n Date:	1/11/2017 8:53:10 AM	

Report	Year: 2016 1100	00 Mayers Memorial Hospital		Fall River Mill	\$	Page:2 of 33
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 Hwy 299 East	Retrofit	SPC2	01/01/2020	05/17/2019
BLD- 03566	Generator Building	43563 Hwy 299 East	Rebuild	SPC5	01/01/2013	05/17/2019
	1					

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: Yes-Submitted Facility Project Sub Num Scope Date In Plan Approved Date Statu Statu Date Projected Completion Date Status CEQA Review 11000 P-2013-00005 0 Seismic Separation of Existing buildings 1/2/2013 8/20/2014 04/01/2017 04/01/2018 PEND No 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-03566 Generator Building Retrofit/Replacement Project: Yes-Planned Facility Project Sub Num Scope Date In Plan Approved Projected Completion Date Status CEQA Review Interview Project Project Sub Num Scope Plan Approved Project Projected Completion Date Status Plan Approved Projec
Facility Project Sub Number Sub Num Scope Date In Plan Approved Date Projected Start Date Projected Completion Date CEQA Review 11000 P-2013- 00005 0 Seismic Separation of Existing buildings 1/2/2013 8/20/2014 12:00:00 AM 04/01/2017 04/01/2018 PEND No 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). Yes-Planned Building No: BLD-03566 Generator Building Retrofit/Replacement Project: Yes-Planned Facility Project Number Sub Num Scope Date In Plan Approved Date Projected Start Date Projected Completion Date CEQA Review 11000 H163250-45 0 12/16/201 12/29/2016 04/20/2018 12/31/2019 ACTI No
Number Num Scope Date In Date In Date Start Date Completion Date Status Review 11000 P-2013- 00005 0 Seismic Separation of Existing buildings 1/2/2013 8/20/2014 12:00:00 AM 04/01/2017 04/01/2018 PEND No 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). Retrofit/Replacement Project: Yes-Planned Building No: BLD-03566 Generator Building Plan Approved Date In Projected Date Projected Start Date CEQA Completion Date CEQA Review 11000 H163250-45 0 12/16/201 12/29/2016 04/20/2018 12/31/2019 ACTI No
00005 12:00:00 AM 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-03566 Generator Building Retrofit/Replacement Project: Yes-Planned Facility Project Sub Num Scope Date In Plan Approved Date Projected Completion Date Status CEQA Review 11000 H163250-45 0 12/16/201 12/29/2016 04/20/2018 12/31/2019 ACTI No
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-03566 Generator Building Retrofit/Replacement Project: Yes-Planned Facility Project Sub Num Scope Date In Plan Approved Date Projected Completion Date Status CEQA Review 11000 H163250-45 0 12/16/201 12/29/2016 04/20/2018 12/31/2019 ACTI No
Facility Project Sub Project Projected Projected Projected CEQA Number Num Scope Date Date Date Completion Cate CEQA 11000 H163250-45 0 12/16/201 12/29/2016 04/20/2018 12/31/2019 ACTI No
Number Num Scope Date In Date Start Date Completion Date Status Review 11000 H163250-45 0 12/16/201 12/29/2016 04/20/2018 12/31/2019 ACTI No
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OSHPD FDD SB499 Report Data Last Update: 01/09/2017 Submission Date: 01/11/2017 Printed: 1/13/2017 6:30 AM

Report Year: 2016 110	000 Mayers Memorial Hospital	Fall River Mills	Page:4 of 33			
Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BLD-023	327 Building Name: Origi	inal Hospital				
Type of Service Provided						
X Nursing Inpat Beds		Surgical X Obstetric Recovery				
IntensiveCare Inpat Beds		Anesthesia X Newborr WellBab				
Pediatric/Adol Inpat escent Beds		X Clinical Lab	ю			
Psychiatric Inpat Nursing Beds		X Radiological/ Nuclear Imaging Medicine				
X Obstetrical Inpat Ante/Postprtum Beds		Pharmaceutical Dietetic	ation			
Intermediate Inpat Care Beds		X Administration Renal Di				
Skilled Nursing Inpat		X Support Outpatien Services Surgery	זו			
Beus	Total Beds this 22 Building	Obstetrical Cesarean/Deliv Central F	Plant			
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Report Year: 2016	11000	Mayers Memorial Hospital	Fall River Mills	Page:5 of 33
Provide the number of	inpatient be	eds and patient days per type of service per	r building per Section 13006	1(c)(1)(F)
Building Number: BLI		Building Name: Ger	nerator Building	
Type of Service Provi	Ided			
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	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0		Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
		Total Beds this 0 Building	Cesarean/Deliv	X Central Plant
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Report Year: 2016 11000 Mayers M	Nemorial Hospital	all River Mills	Page:6 of 33				
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-02327 Build	ding Name: Original Hospital						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 20 Inpatient 2385 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ent 0				
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 2 Inpatient 80 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	ont 0				
Pediatric	intensive Care Newborn Nursery	Intermediate Card					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatie Bed Days	nt 0				
Intensive Care	Rehabilitation Center	Int. Care / development Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatien Bed Days	nt 0				
Coronary Care	Chemical Dependency		Beds this ng Per e				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	22	22				
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Report Year: 2016 11000 M	ayers Memorial Hospital	Fall River Mills Page:7 of 33					
Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)							
Building Number: BLD-03566	Building Name: Generator Building						
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Perinatal (excluse Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Pediatric	intensive Care Newborn Nursery	Intermediate Card					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Intensive Care	Rehabilitation Center	Int. Care / development Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per Unit Service					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	0 0					

ort Year: 2	016 11000 Mayers Memorial Hospital	Fall River Mills	Page:8 of 33
r all buildings a	t the facility, indicate which ones are scheduled for gene	ral 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	Remain	
BLD-02334	Emergency Addition	Remain	
BLD-03566	Generator Building	Rebuild	

Report Year: 2010	6 11000	Mayers Memoria	al Hospital		Fall River Mills		Page:9 of 33
List ALL proposed new buildings to be constructed at this or another site.							
Building Number	Building Nan	ne		New Site			
N_2	Hospital Exp	ansion Project : ER	R/RAD/LAB				
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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 Number: BLD-03566	Generator Buildin	ng	Removal 05/17/ Date:	2019		
		e: diction:				
Nursing	Surgical Anesthesia	Obstetrical Cesarean/De		bilitation apy		
Pediatric/Adol escent	Clinical Lab	Obstetrical Recovery	Rena	I Dialysis		
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpa Surge	atient ery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emergency	X Centr	ral Plant		
Intermediate Care	Dietetic	Nuclear Medicine	Supp Servi			
Skilled Nursing	Administration					
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Report Year:	2016	11000	Mayers Memorial Hos	spital	Fall River Mills	Pa	age:11 of 33
No data reporte	d for Sectior	n 130061(c))(2)(D).				

Report Year:	2016	11000	Mayers Memorial Hospital	Fall River Mills	Page:12 of 33
No data reported	d for Sectio	n 130061(c))(2)(D).		

Report Year: 2016	11000 Mayers Memorial Hospital	Fall River Mills	Page:13 of 33				
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 Number:	-03566 Building Name: Generator Building						
Will general acute care	services and beds will be relocated to a new, Existing or retrofitte	ed building?					
CentralPlant	Relocated to new building						
New Building	RetroFitted Building	Other SPC2-SPC5 Building					
N_2-Hospital Expansion F	Project : ER/RAD/LAB						

Report Year:	2016	11000	Mayers Memorial Hospital	Fall River Mills	Page:14 of 33
No data reported	I for Section	on 130061(c	c)(3).		

Report Year: 2016	11000 Mayers M	Iemorial Hospital	Fall	River Mills	Page:15 of 33			
Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)								
Building Number: BLI	D-02327 Building N	lame: Original Hospital						
Type of Service Pro	ovided							
		Surgical	Obste Cesar	trical an/Deliv	Rehabilitation Therapy			
X Nu	irsing	Anesthesia			Renal Dialysis			
	ensiveCare	X Clinical Lab	X Obste Recov		Kenai Dialysis			
	diatric/Adol cent	X Radiological/	X Newbo WellB		Outpatient Surgery			
	ychiatric Irsing	Imaging Pharmaceutical	Emerç	jency	Central Plant			
	ostetrical te/Postprtum	Dietetic	Nuclea Medic		Support Services			
Linte Ca	ermediate ire	X Administration						
Ski	illed Nursing							
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Report any genera per Section 13006		tient service that is provided in any	general acute care hospital b	ouilding that is rate	∋d SPC-1
Building Number:	BLD-03566 Buildin	g Name: Generator Building			
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabi Therap	
	Nursing	Anesthesia	_		
	IntensiveCare		Obstetrical Recovery	Renal [Jialysis
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpati Surgery	
	Psychiatric Nursing	Radiological/ Imaging	WellBaby		
	Nursing	Pharmaceutical	Emergency	X Central	Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Suppor Service	
	Intermediate Care	Administration			
	Skilled Nursing				
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Report Year: 2016 1	000 Mayers Memorial Hospita	al	Fall River Mills	Page:17 of 33						
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-02327 Building Name: Original Hospital										
Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030										
Type of Service Provide	t l									
X Nursing	Surgical		tetrical	Rehabilitation Therapy						
IntensiveCa	re Anesthesia	Obst	tetrical	Renal Dialysis						
Pediatric/Ad escent	ol X Clinical La		, , , , , , , , , , , , , , , , , , ,							
Psychiatric Nursing	X Radiologic Imaging		born/ Saby	Outpatient Surgery						
X Obstetrical Ante/Postpl	um Pharmace	_	rgency	Central Plant						
Intermediat Care	Dietetic									
Skilled Nurs	ng X Administra		ear Medicine	Support Services						
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Report Year: 2016 11000	Mayers Memorial Hospital	Fal	I River Mills	Page:18 of 33						
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)										
Building Number: BLD-02328	Building Name: Long Term Beds	Addition								
Configuration: Retrofit Conforming building to NPC 4 or NPC 5										
Type of Service Provided										
Nursing	Surgical	Obstetrica Cesarean,		Rehabilitation Therapy						
IntensiveCare	Anesthesia	Obstetrica Recovery	u 🗌	Renal Dialysis						
Pediatric/Adol escent	Clinical Lab									
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery						
Obstetrical Ante/Postprtum	Pharmaceutical	Emergenc	xy	Central Plant						
Intermediate Care	X Dietetic	Nuclear M	ledicine X	Support						
X Skilled Nursing	X Administration			Services						
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Report Year: 2016 11000	Mayers Memorial Hospital	F	all River Mills	Page:19 of 33					
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-02329 Building Name: Surgery/O.B. Addition									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nursing	X Surgical	Obstetri Cesarea		Rehabilitation Therapy					
IntensiveCare	X Anesthesia	Obstetri Recove		Renal Dialysis					
Pediatric/Adol escent	Clinical Lab	Recove	'y						
Psychiatric Nursing	Radiological/ Imaging	Newbor WellBab		Outpatient Surgery					
Obstetrical Ante/Postprtum	Pharmaceutical	Emerge	ncv	Central Plant					
Intermediate	Dietetic								
Care Care Skilled Nursing	Administration	Nuclear	Medicine	Support Services					
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Report Year: 2016 11000	Mayers Memorial Hospital		Fall River Mills		Page:20 of 33				
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)									
Building Number: BLD-02332 Building Name: Pharmacy and 12 Bed Addition									
Configuration: Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service Provided									
Nursing	Surgical	Obste Cesa	etrical rean/Deliv		Rehabilitation Therapy				
IntensiveCare	Anesthesia	Obste Reco			Renal Dialysis				
Pediatric/Adol escent	Clinical Lab	1,000	vory						
Psychiatric Nursing	Radiological/ Imaging	Newb WellE			Outpatient Surgery				
Obstetrical Ante/Postprtum	X Pharmaceutical	Emer	gency		Central Plant				
Intermediate Care	Dietetic	Nucle	ear Medicine	X	Support				
Skilled Nursing	Administration				Services				
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Report Year: 20	11000	Mayers Mem	orial Hospital		Fall River Mills		Page:21 of 33	
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)								
Building Number:	BLD-02333	Building Na	me: Lobby/Busines	s 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	
Int Ca	ermediate Ire		Dietetic		Nuclear Medicine	X	Support	
Sk	illed 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 acute care hospital building per Section 130061(c)(5)								
Building Number:	BLD-02334	Building Nar	ne: Emergency Ad	dition				
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	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	ostetrical te/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
Int Ca	ermediate Ire		Dietetic		Nuclear Medicine		Support	
Sk	illed Nursing		Administration				Services	
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Report Year: 2016 11000	Mayers Memorial Hospital		Fall River Mills		Page:23 of 33		
Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per Section 130061(c)(5)							
Building Number: BLD-03566 Building Name: Generator Building							
Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.							
Type of Service Provided							
Nursing	Surgical		etrical rean/Deliv		Rehabilitation Therapy		
IntensiveCare	Anesthesia	Obste Reco	etrical		Renal Dialysis		
Pediatric/Adol escent	Clinical Lab	1,000	voly				
Psychiatric Nursing	Radiological/ Imaging	Newb WellE			Outpatient Surgery		
Obstetrical Ante/Postprtum	Pharmaceutical	Emer	gency	X	Central Plant		
Intermediate Care	Dietetic		ear Medicine		Support		
Skilled Nursing	Administration				Services		
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	Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4, AD and SPC-5 per Section 130061(e)							
Building Number: BL	D-02328	Building N	Jame: Lo	ng Term Beds Addition]	
Type of Service Prov	vided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
IntensiveCare	Inpatient Beds	0		Anesthesia				
Pediatric/Adol	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		itpatient rgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	ntral Plant	
Intermediate	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Su Se	pport rvices	
Skilled Nursing	Inpatient Beds	50	X	Administration				
Total Beds this Building		50						
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Report Year: 2016	11000	Mayers Memoria	al Hospital	Fall River Mills		Page:25 of 33	
Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number:	BLD-02329	Building N	Jame: Surgery/O.B. A	ddition]	
Type of Service Pr	ovided						
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv		habilitation erapy	
IntensiveCare	Inpatient Beds	0	X Anesthesia				
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	D Obstetrical Recovery	Re	nal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiologica Imaging	al/ X Newborn/ WellBaby		tpatient gery	
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceu	utical	Ce	ntral Plant	
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Sup Set	oport vices	
Skilled Nursin	g Inpatient Beds	0	Administrat	ion			
Total Beds thi Building	s	0					
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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-02332 Building Name: Pharmacy and 12 Bed Addition							
Type of Service Provided							
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		ehabilitation nerapy
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	Newborn/ WellBaby		utpatient urgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X	Pharmaceutical	Emergency	Ce	entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	upport ervices
Skilled Nursing	Inpatient Beds	0		Administration			
Total Beds this Building		0					
OSHPD FDD SB499 Report	Da	ta Last Update:	01/09/2017	Z Submission	n Date: 01/11/2017	Printed: 1/13/2	2017 6:30 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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLI	D-02333	Building N	lame: Lol	oby/Business Additio	on		
Type of Service Prov	<u>vided</u>						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		ehabilitation erapy
IntensiveCare	Inpatient Beds	0		Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Re	enal Dialysis
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby		utpatient Irgery
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Ce	entral Plant
Intermediate	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Su Se	ipport ervices
Skilled Nursing	Inpatient Beds	0	X	Administration			
Total Beds this Building		0					
OSHPD FDD SB499 Report	Data	a Last Update:	01/09/2017	7 Submission	Date: 01/11/2017	Printed: 1/13/2	2017 6:30 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, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BI	_D-02334	Building N	ame: Emergency Addition				
Type of Service Pro	ovided						
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	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtun	Inpatient Beds	0	Pharmaceutical	X Emergency	Central Plant		
Intermediate	Inpatient Beds	0	L Dietetic	Nuclear Medicine	Support Services		
Skilled Nursing	Inpatient Beds	0	Administration				
Total Beds this Building		0					
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-02328 Build	ding 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 Inpatient Bed Days	0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 50 Inpatient Bed Days	13095			
Pediatric	Intensive Care Newborn Nursery	Intermediate Care				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient Bed Days	0			
Coronary Care	Chemical Dependency		Beds this ng Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Servic				
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-02329 Building Name: Surgery/O.B. Addition							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0				
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0				
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0				
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled	,				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	nt 0				
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0				
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-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 Inpatient 0 Bed Days					
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Pediatric	Intensive Care Newborn Nursery	Intermediate Care					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Intensive Care	Rehabilitation Center	Int. Care / Developmentally Disabled					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days					
Coronary Care	Chemical Dependency	Total Beds this Total Beds this Building Per Building Per					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service 0 0					
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)							
Building Number: BLD-02333 Building Name: Lobby/Business Addition							
Medical / Surgical (Include GYN)	Acute Respiratory Care	Acute Psychiatric					
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 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	1				
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	/ice 0				
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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)						
Building Number: BLD-02334 Building 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 Inpatier Bed Days	ut 0			
Perinatal (Exclude Newborn / GYN)	Burn	Skilled Nursing				
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatier Bed Days	it 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 Inpatier Bed Days	nt 0			
Coronary Care	Chemical Dependency	Building Per Build	l Beds this ding Per			
Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days	Unit Serv	0			
OSHPD FDD SB499 Report Data Last U	pdate: 01/09/2017 Submission Date	e: 01/11/2017 Printed: 1/13/2	2017 6:30 AM			