## 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		
Facility Name:	Mayers	Memorial Hospital	
Address:	43563 S	State Highway 299 E	
City:	Fall Rive	er Mills	
Hospital Owner/Lice	ensee:	230000021/Mayers Memorial Hospital District	
Year of Rep	orting:	2017	
Contact 1 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 2 e-mail Ad	ldress:	[Confidential data left blank intentionally.]	
Contact 3 e-mail Add	dress::	[Confidential data left blank intentionally.]	
Name of Sub	mitter:	Ryan Harris	
Submission	Date:	10/16/2017 2:19:52 PM	

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For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4, SPC4D or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD- 02327	Original Hospital	43563 Hwy 299 East	Rebuild	SPC5	01/01/2020	05/17/2019
BLD- 03566	Generator Building	43563 Hwy 299 East	Rebuild	SPC5	01/01/2013	05/17/2019

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

Building No: BLD-02327 Original Hospital Retrofit/Replacement Project:

Facility Project Sub

Plan Approved Projected Projecte

Facility Number	Project Number	Sub Num	Scope	Date In	Plan Approved Date	Projected Start Date	Projected Completion Date	Status	CEQA Review
11000	H163250-45 -00	0	ePC - Hospital expansion - new building	12/16/201 6	1/19/2017 12:00:00 AM	04/27/2018	05/06/2019	ACTI	No
	P-2013- 00005	0	Seismic Separation of Existing buildings	1/2/2013	8/20/2014 12:00:00 AM	08/07/2019	10/30/2019	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 Yes-Submitted **Generator Building** Retrofit/Replacement Project: Facility Project CEQA Sub Plan Approved Projected Projected Completion Date Status Number Number Date Start Date Review Num Scope Date In 11000 H163250-45 0 ePC - Hospital expansion - new building 1/19/2017 04/27/2018 ACTI No 12/16/201 05/06/2019 -00 12:00:00 AM

Report Year: 2017	11000	Mayers Memorial Hospital	Fall River Mill	ls	Page:4 of 36		
Provide the number of	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)						
Building Number: BL	D-02327	Building Name:	riginal Hospital				
Type of Service Prov	<u>rided</u>						
X Nursing	Inpatient Beds	20 Inpatient 2140 Days	Surgical	X Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	X 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 11	Pharmaceutical Dietetic	Rehabilitat Therapy	ion		
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dial	ysis		
Skilled Nursing	Inpatient	0 Inpatient Days 0	X Support Services	Outpatient Surgery			
	Beds	Total Beds this Building 22	Obstetrical Cesarean/Deliv	Central Pla	ant		

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Provide	Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)								
	g Number: BL		E	Building Na	me:	Generator Build	ing		
	lursing	Inpatient Beds	0 Inpa Days		0	Surg	ical	Obstetr Recove	
In	ntensiveCare	Inpatient Beds	0 Inpat	tient Days	0	Anes	thesia	Newbor WellBal	
	ediatric/Adol scent	Inpatient Beds	0 Inpa	atient Days	0	Clinic	cal Lab	Emerge	ncy
	Psychiatric Iursing	Inpatient Beds	0 Inpa	atient Days	0	Radio	ological/ ing	Nuclear Medicin	
	Obstetrical .nte/Postprtum	Inpatient Beds	0 Inpa	atient Days	0	Pharr	maceutical tic	Rehabil Therapy	
	ntermediate Care	Inpatient Beds	0 Inpa	atient Days	0		nistration	Renal D	
S	skilled Nursing	Inpatient Beds	0 Inpa	atient Days	0	Supp Servi	ces	Outpation Surgery	
		Bodo	Total Beds the Building	nis	0		etrical rean/Deliv	X Central	Plant

Fall River Mills Report Year: 2017 11000 Mayers Memorial Hospital Page:6 of 36 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 2140 Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn 0 Inpatient Inpatient 11 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: 2017 11000 Mayers Memorial Hospital Page:7 of 36 Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F) BLD-03566 Generator Building **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Bed Days Bed Days Perinatal (excluse Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient 0 Inpatient Inpatient 0 Bed Days Days Days Bed Bed **Pediatric** intensive Care Newborn **Intermediate Card** Nursery Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days **Intensive Care** Rehabilitation Int. Care / development **Disabled** Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient Bed Bed Days Days Bed Days **Total Beds this Total Beds this Coronary Care** Chemical **Building Per Building Per** Dependency Unit Service Inpatient Inpatient 0 Inpatient Inpatient ol Days Days Bed Bed

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-02327	Original Hospital	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	Rebuild

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List ALL proposed n	ew buildings to be constructed at this or another site.		
Building Number	Building Name	New Site	
N_2	Hospital Expansion Project : ER/RAD/LAB		
N_3	1972 Addition		
N_4	New Generator Yard		

Report Ye	ar: 2017 110	000 Ma	yers Memorial Hos	pital	Fa	all River Mills		Page:10 of 36
The project replaced of The planner replaced of	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 eplaced 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 eplaced or rebuild buildings as well. The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building N	Building Number: BLD-02327 Original Hospital Removal Date:							
Planned U	lses for the building	to be remov	ed from acute care	service:				
Planned u	use for building: Ot	her		Jurisdiction:				
	Other Usage: Su	pport Servic	es					
Inpatient s	services currently de	livered in the	e building:					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	ı
	IntensiveCare		Anesthesia					
	Pediatric/Adol escent	X	Clinical Lab	X	Obstetrical Recovery		Renal Dialysis	S
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery	
X	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	Γ	Central Plant	
	Intermediate Care		Dietetic		Nuclear Medicine		Support Services	
	Skilled Nursing	X	Administration					

Report Ye	ear: 2017 110	000 Ma	yers Memorial Ho	spital	F	all River Mills		Page:11 of 36
The project replaced of The plann replaced of	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 eplaced 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 eplaced or rebuild buildings as well.  The inpatient service currently delivered in the building or buildings per Section 130061(c)(2)(C)							
Building N	lumber: BLD-0356	66	Generato	r Building		Removal Date:	05/17/2019	
Planned L	Jses for the building	to be remov	ed from acute car	e service:				
Planned	use for building: De	molished		Jurisdiction:				
Inpatient s	Nursing IntensiveCare Pediatric/Adol escent Psychiatric Nursing Obstetrical Ante/Postprtum Intermediate Care Skilled Nursing	ivered in the	e building: Surgical Anesthesia Clinical Lab Radiological/Imaging Pharmaceutical Dietetic Administration		Obstetrical Cesarean/Delin Obstetrical Recovery Newborn/ WellBaby Emergency Nuclear Medicine	×	Rehabilitation Therapy  Renal Dialysis  Outpatient Surgery  Central Plant  Support Services	

Mayers Memorial Hospital Report Year: Fall River Mills 2017 11000 Page:12 of 36 No data reported for Section 130061(c)(2)(D).

Mayers Memorial Hospital Report Year: Fall River Mills 2017 11000 Page:13 of 36 No data reported for Section 130061(c)(2)(D).

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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-03566 Building Name: Generator Building						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?					
CentralPlant Relocated to new building						
New Building RetroFitted Building	Other SPC2-SPC5 Buildin	<u>g</u>				
N_4-New Generator Yard						
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F						
Building Number: BLD-02327 Building Name: Original Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	d building?					
Nursing Relocated to new & retrofitted Building						
New Building RetroFitted Building	Other SPC2-SPC5 Buildin	<u>g</u>				
N_3-1972 Addition						
Report whether the general acute care services and beds will be relocated to a new, exist building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "F						
Building Number: BLD-02327 Building Name: Original Hospital						
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?						
Obstetrical Ante Removed from hospital services						
Postprtum						

Report Year: 2017	000 Mayers Memo	rial Hospital	Fall River Mills	Page:15 of 36
		beds will be relocated to a new, existing Building Resolution of "Rebuild" or "Re		
Building BLD-02327		Original Hospital		
Will general acute care service	es and beds will be relo	ocated to a new, Existing or retrofitted	building?	
ClinicalLab	cated to new building			
		beds will be relocated to a new, existir Building Resolution of "Rebuild" or "Re		
	es and beds will be relo	Original Hospital ocated to a new, Existing or retrofitted	building?	
Radiological/Imaging Reloc	cated to new building			
		beds will be relocated to a new, existing Building Resolution of "Rebuild" or "Re		
Building BLD-02327	7 Building Name:	Original Hospital		
Will general acute care service	es and beds will be relo	ocated to a new, Existing or retrofitted	building?	
Administration	cated to new & retrofitte	d Building		
New Building		RetroFitted Building	Other SPC2-SPC5 Build	ing
N_3-1972 Addition				

Report Year: 2017 11000 Mayers Memorial Hospital	Fall River Mills	Page:16 of 36
Report whether the general acute care services and beds will be relocated to a new, existir building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: BLD-02327 Building Name: Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted  Support Services Relocated to new building	building? 	
	I	
Report whether the general acute care services and beds will be relocated to a new, existir building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Re		responding
Building Number: BLD-02327 Building Name: Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Obstetrical Recovery Removed from hospital services		
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-02327 Building Name: Original Hospital		
Will general acute care services and beds will be relocated to a new, Existing or retrofitted	building?	
Newborn/Well Baby Removed from hospital services		

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No data reporte	d for Section	n 130061(c)	(3).		

port Year: 201	7 11000 Mayer	s Memorial Hosp	pital		Fall River Mills		Page:18 of 36
Report any general er Section 130061	acute care hospital inpa (c)(4)	itient service that	is provided in any g	eneral	acute care hospital l	building t	hat is rated SPC-1
Building Number:	BLD-02327 Buildir	g Name: Orig	inal Hospital				
Type of Service	Provided	. —					
			Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia				
	IntensiveCare		a lesti lesia	X	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol	X (	Clinical Lab	_			Outpatient
	escent		Radiological/ maging	X	Newborn/ WellBaby		Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency		Central Plant
X	Obstetrical Ante/Postprtum		Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration				
	Skilled Nursing						

Report Year: 201	7 11000 Mayer	rs Memorial Hospital		Fall River Mills		Page:19 of 3	36
Report any general per Section 130061		atient service that is provided in any	general ac	cute care hospital	building t	hat is rated SPC-1	
Building Number:	BLD-03566 Buildin	g Name: Generator Building					
Type of Service	Provided						
		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	Anesthesia	_				
	IntensiveCare			Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol escent	Clinical Lab		Newborn/		Outpatient Surgery	
	Psychiatric	Radiological/ Imaging		VellBaby			
	Nursing	Pharmaceutical	E	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtum	Dietetic		luclear ⁄ledicine		Support Services	
	Intermediate Care	Administration					
	Skilled Nursing						

	D 11 11 10 10 11 11 11 11		
	Building Name: Original Hospita	āl	
onfiguration: N/A			
ype of Service Provided			
Nursing	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anesthesia	Obstetrical Recovery	Renal Dialysis
Pediatric/Adol escent	Clinical Lab	Recovery	
Psychiatric Nursing	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical	Pharmaceutical		
Ante/Postprtum		Emergency	Central Plant
Intermediate Care	Dietetic		
Skilled Nursing	Administration	Nuclear Medicine	Support Services

uirements wheth	er by retrofit or by re	ings on the heplacement a	ospital campus showind the type of service	ng how e that will b	ach building will comply be provided in each gene	with the SP eral acute ca	C-5/NPC-4 or 5 are hospital building
Section 130061	(0)(5)						
ilding Number:	BLD-02328	Building Nam	e: Long Term Beds	Addition			
Configuration:	N/A						
Type of Service	Provided						
Nur	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	/chiatric rsing		Radiological/ maging		Newborn/ WellBaby		Outpatient Surgery
	stetrical :e/Postprtum		Pharmaceutical		<b>-</b>		Oceanal Plant
	ermediate		Dietetic		Emergency		Central Plant
Car			Administration		Nuclear Medicine		Support Services
Ski	lled Nursing						

port Year: 20	11000	Mayers Mem	orial Hospital		Fall River Mills	Page:22 of 36
	her by retrofit or by r				ach building will comply be provided in each geno	
uilding Number:	BLD-02329	Building Na	me: Surgery/O.B. Add	dition		
Configuration:	N/A					
Type of Service	Provided					
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery	
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic	_	Emergency	Central Flam
Ca	are silled Nursing		Administration		Nuclear Medicine	Support Services

			orial Hospital		Fall River Mills		Page:23 of 36
	ner by retrofit or by r				ach building will comply be provided in each gen		
uilding Number:	BLD-02332	Building Na	me: Pharmacy and 1	2 Bed Add	dition		
Configuration:	N/A						
Type of Service	Provided						
Nui	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery		Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery		
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	stetrical te/Postprtum		Pharmaceutical		Emergency	П	Central Plant
	ermediate		Dietetic				Soma Flank
Car Ski	re illed Nursing		Administration		Nuclear Medicine		Support Services

			orial Hospital		Fall River Mills		Page:24 of 36
eport the final co equirements whet er Section 13006	ther by retrofit or by re	lings on the eplacement	hospital campus show and the type of service	ving how e e that will	ach building will comply be provided in each gen	with the SF eral acute c	PC-5/NPC-4 or 5 are hospital building
uilding Number:	BLD-02333	Building Na	me: Lobby/Business	Addition			
Configuration:	N/A						
Type of Service	e Provided						
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
	termediate		Dietetic		Emergency		Contract faint
	are killed Nursing		Administration		Nuclear Medicine		Support Services

port the final col juirements whet Section 13006	her by retrofit or by re	ings on the eplacement	and the type of service	ing now e e that will	ach building will comply be provided in each geno	eral acute o	are hospital building
ilding Number:	BLD-02334	Building Na	me: Emergency Add	ition			
Configuration:	N/A						
Type of Service	Provided						_
☐ Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Inf	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical		Emergency		Central Plant
Int	termediate		Dietetic		Linergency		Ochiliai Fialli
	are killed Nursing		Administration		Nuclear Medicine		Support Services

			orial Hospital		Fall River Mills	Page:26 of 36
	ner by retrofit or by r				ach building will comply be provided in each geno	
uilding Number:	BLD-03566	Building Na	me: Generator Buildir	ng		
Configuration:	N/A					
Type of Service	Provided					
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Inte	ensiveCare		Anesthesia		Obstetrical Recovery	Renal Dialysis
	diatric/Adol cent		Clinical Lab		Recovery	
	ychiatric Irsing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	ostetrical te/Postprtum		Pharmaceutical		Emergency	Central Plant
	ermediate		Dietetic			
Ca	ire illed Nursing		Administration		Nuclear Medicine	Support Services

Report Ye			ayers Memoria	•			all River Mills		Page:27 of 36
Includ 4D an	e information on t d SPC-5 per <mark>Sect</mark>	the number of it tion 130061(e)	npatient beds	by type of S	Service provided by buil	lding	s that are classified as	SPC-2	2, SPC-3, SPC-4, SPC-
Buildir	ng Number: BLD	0-02328	Building N	ame: Lor	ng Term Beds Addition				
<u>Type</u>	of Service Prov	ided							
	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		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						

eport Year: 2017	11000 N	Mayers Memorial I	Hospital	Fall River Mills	Page:28 of 36
Include information on 4D and SPC-5 per Sec			type of Service provided b	y buildings that are classified	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02329	Building Nar	me: Surgery/O.B. Additio	า	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	X Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	X Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2017	11000	Mayers Memorial I	Hospital	Fall River Mills	Page:29 of 36
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02332	Building Nar	me: Pharmacy and 12 Bed	d Addition	
Type of Service Pro	<u>vided</u>				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	X Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

eport Year: 2017	11000 N	Mayers Memorial I	Hospital	Fall River Mills	Page:30 of 36
Include information on 4D and SPC-5 per Sec			type of Service provided by	v buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02333	Building Nar	me: Lobby/Business Addi	tion	
Type of Service Prov	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
Skilled Nursing	Inpatient Beds	0	X Administration		
Total Beds this Building		0			

port Year: 2017	11000	Mayers Memorial I	Hospital	Fall River Mills	Page:31 of 36
Include information on 4D and SPC-5 per Sec			type of Service provided by	buildings that are classified a	as SPC-2, SPC-3, SPC-4, SPC-
Building Number: BL	D-02334	Building Nar	me: Emergency Addition		
Type of Service Pro	vided				
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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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 Sec	tion 130061(e)	, cac by type or arm pr	ovided by ballallige triat a	
Building Number:	BLD-02328 Build	ding Name: Long	g Term Beds Addition	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Perinatal (Exclude Ne	wborn / GYN)	Burn		Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 50 Inpatient 11283 Bed Days
Pediatric		Intensive Care Ne Nursery	wborn	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Depend	ency	Total Beds this Building Per Total Beds this Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service 50

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e)

4D and SPC-5 per Sec		beas by type of unit provided by buildings that	t are classified as SPC-2, SPC-3, SPC-4, SPC
Building Number:	BLD-02329 Bui	Iding Name: Surgery/O.B. Addition	
Medical / Surgical (Inc	clude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude Ne	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Days
Coronary Care		Chemical Dependency	Total Beds this  Building Per  Total Beds this  Building Per
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Unit Service 0

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Building Number:	BLD-02332 Bu	Pharmacy and 12 Bed Add	lition
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory Care	Acute Psychiatric
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days
Perinatal (Exclude N	ewborn / GYN)	Burn	Skilled Nursing
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Pediatric		Intensive Care Newborn Nursery	Intermediate Care
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Inpatient 0 Inpatient 0 Bed Days
Intensive Care		Rehabilitation Center	Int. Care / Developmentally Disabled
Inpatient 0 Bed	Inpatient 0 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 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Bed Days	Unit Service

Report Year: 2017 11000 Mayers Memorial Hospital Fall River Mills Page:35 of 36 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-02333 Lobby/Business Addition **Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0

Report Year: 2017 11000 Mayers Memorial Hospital Fall River Mills Page:36 of 36 Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, SPC-4D and SPC-5 per Section 130061(e) BLD-02334 **Emergency Addition Building Number: Building Name:** Medical / Surgical (Include GYN) **Acute Respiratory Care Acute Psychiatric** Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Days Bed Days Bed Bed Perinatal (Exclude Newborn / GYN) **Skilled Nursing** Burn Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Days Bed Bed Days Bed Days **Intensive Care Newborn Pediatric Intermediate Care** Nursery Inpatient Inpatient 0 Inpatient Inpatient Inpatient Inpatient Bed Days Bed Days Bed Days Int. Care / Developmentally Rehabilitation **Intensive Care** Disabled Center Inpatient Inpatient Inpatient Inpatient Inpatient Inpatient 0 Bed Days Bed Days Bed Days **Coronary Care Chemical Dependency Total Beds this Total Beds this Building Per Building Per** Unit Service Inpatient Inpatient Inpatient Inpatient 0 0 Days Bed Days Bed ol 0