

Chief Executive Officer  
Ryan Harris



Board of Directors  
Jeanne Utterback, President  
Abe Hathaway, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Secretary  
James Ferguson, Director

Quality Committee

**Meeting Agenda**

January 28, 2026 @ 9:30 am

Mayers Memorial Healthcare District

Fall River Boardroom

43563 Highway 299 East

Fall River Mills, CA 96028

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, Ext 1130 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

**Attendees**

Les Cufaude, Chair, Board Member

James Ferguson, Board Member

Ryan Harris, CEO

Jack Hathaway, Director of Quality

Lisa Neal, Board Clerk

Approx.  
Time  
Allotted

|          |  |                     |                           |
|----------|--|---------------------|---------------------------|
| <b>1</b> | <b>CALL MEETING TO ORDER</b>   | Chair: Les Cufaude  |                           |
| <b>2</b> | <b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>                          |                     |                           |
| <b>3</b> | <b>APPROVAL OF MINUTES</b>   |                     |                           |
| 3.1      | BOD Quality Committee Meeting- December 10, 2025   | <b>Attachment A</b> | <b>Action Item</b> 2 min. |
| <b>4</b> | <b>DIRECTOR OF QUALITY REPORT</b>  | <b>Attachment B</b> | Report 5 min.             |
| <b>5</b> | <b>SAFETY QUARTERLY REPORT</b>   | <b>Attachment C</b> | Report 5 min.             |
| <b>6</b> | <b>OTHER INFORMATION/ANNOUNCEMENTS</b>   |                     | Information 2 min.        |
| <b>7</b> | <b>MOVE INTO CLOSED SESSION</b>  |                     |                           |
| 7.1      | Hearing (Health and Safety Code §32155) – Medical Staff Credentials  |                     | <b>Action Item</b> 5 min. |
|          | <b>MEDICAL STAFF REAPPOINTMENT</b>   |                     |                           |
|          | 1. Dennis Burton, MD (Vesta)<br>2. Batool Hussain, MD (UCD)  |                     |                           |
|          | <b>MEDICAL STAFF APPOINTMENT</b>   |                     |                           |
|          | 1. J. Gabriel Zamora, MD (Vesta)<br>2. Mostafa Rahimi, MD<br>3. Sean Munroe, MD<br>4. Robert Cirillo, MD (Vesta) |                     |                           |
|          | <b>AHP APPOINTMENT</b>   |                     |                           |
|          | 1. Daniela Garcia-Cruz, PA<br>2. Emily Sizer, PA-C (T2U)   |                     |                           |
| <b>8</b> | <b>RECONVENE OPEN SESSION:</b>   |                     |                           |
| <b>9</b> | <b>ADJOURNMENT:</b> Next Regular Meeting – February 25, 2026   |                     |                           |

Posted: 01.22.26

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills, CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

Chief Executive Officer  
Ryan Harris



Board of Directors  
Jeanne Utterback, President  
Abe Hathaway, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Secretary  
James Ferguson, Director

Board of Directors  
**Quality Committee**  
**Minutes**  
December 10, 2025 @ 9:30 am  
Mayers Memorial Healthcare  
Burney Annex Boardroom  
20647 Commerce Way  
Burney, CA 96013

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

**1 CALL MEETING TO ORDER:** Les Cufaude called the meeting to order at 9:31 am on the above date.

**BOARD MEMBERS PRESENT:**

Les Cufaude, Chair, Director  
Jim Ferguson, Director

**STAFF PRESENT:**

Ryan Harris, CEO  
Jack Hathaway, Director of Quality  
Keith Earnest, Chief Clinical Officer  
Theresa Overton, Chief Nursing Officer  
Lisa Neal, Board Clerk

**ABSENT:**

**2 CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None.

**3 APPROVAL OF THE MINUTES: October 29, 2025**

A motion was made and seconded to approve the minutes of the October 29, 2025, meeting. The motion carried.

Harris/  
Hathaway      Approved  
by All

**4 DIRECTOR OF QUALITY:** Report submitted by Jack Hathaway. The DHCS QIP is progressing well and continues to leverage Partnership information, with strong performance anticipated in early 2026. ACHC activities are underway. Five deficiencies require data submission for the mid-cycle review due in February, specifically related to discharge planning and patient rights. Recertification is expected in March 2026. A significant decrease in medication errors was noted. Clinical Education is tracking errors and providing just-in-time education, while SNF Nursing Leadership is completing real-time education. Jack will be consulted regarding the process for establishing the observation baseline. Monthly audit results showed that 8 of 13 errors were attributed to registry staff. NPH has been provided with the information to address these findings with their team. Jim Ferguson commended the team for the progress made and the quality of the completed work. The CDPH state survey, which included three self-reported incidents and two anonymous complaints, was completed. All items were cleared with no deficiencies cited. Review of RLS reports, including Care/Service Area, General Event Type, and Severity Level, shows downward trends. Press Ganey reports, which reflect a six-month data lag, were reviewed. Improvements are expected to be reflected in upcoming reports. The district has hired additional physicians, which is expected to improve performance data. The Service Excellence Council (SEC) will select two to three priority areas to develop initiatives and programs to address identified deficiencies. Tiffani has provided talking points to support Service Huddles. Potential expansion of ambulatory and wound care services was discussed. Rolling survey scores are increasing toward 100; once sufficient, data can be reported to CMS to improve star ratings. Jack will inquire about the availability of national-level data without additional cost. A detailed review of the report was conducted. Jack will analyze Press Ganey Q2–Q3 survey results to better understand the recurring dip observed both this year and last, and will also evaluate Press Ganey processes and costs against an in-house approach for posting SEI initiatives. Although current numbers remain negative, SEI initiatives are expected to drive improvement. The SEC will review HCAHPS scores monthly and prioritize district-wide focus areas. The need for cultural improvement around reporting "good catches" and "near misses" in RL6 was emphasized. Progress is already underway, including increased reporting of security incidents. Additional training on RL6, including what to report and how to report it, is being planned for all employees.

---

**5 OTHER INFORMATION/ANNOUNCEMENTS:**

Ryan reported that the clinic has hired a new mid-level provider and is currently in negotiations with a physician. Recruitment of CMO candidates remains challenging.

Les proposed that board members participate in staff rounding, similar to executive team rounding. Jim expressed openness to joining an executive during rounding but noted concern that direct board rounding could become too operational. As an alternative, it was suggested that a board member join an executive leader for a "Mayers Minute." This concept will be brought forward for discussion with the full board.

---

**6 MOVE INTO CLOSED SESSION: 10:30 am**

**6.1** Hearing (Health and Safety Code §32155) – Medical Staff Credentials

Cufaude/  
Ferguson      Approved  
by All

**MEDICAL STAFF REAPPOINTMENT**

Jinno Magno, MD

Robert Cirillo, MD (Vesta)

**STAFF STATUS CHANGE**

Thelma Wadsworth, PA Privilege Level Change

Ross Mandeville, MD (T2U) to Inactive

Ping Chu, MD (Mercy Oncology) to Inactive

---

**8 RECONVENE OPEN SESSION:** The meeting was reconvened at 10:42 a.m.

Jack is providing additional support when requested by staff, including work related to NATP. He is leading the Cerner initiative focused on process improvement and improved patient outcomes. Jack will also research DHCS using the organization's patient list to obtain relevant data.

---

**9 ADJOURNMENT:** The committee chair declared the meeting adjourned at 10:50 a.m. Next Meeting is January 28, 2026

## Board Quality Report January 2026

### Patient Experience

Please see most current Press Ganey Information attached.

### PI Review

We can review current findings in Teams during the meeting.

### ACHC

We are currently working on completing our Interim Progress Report – we have 5 deficiencies that were selected based on our Plan of Correction that ACHC accepted.

1. Standard 14.03.02 Water Based Fire Protection System: Testing and Inspection
2. Standard 14.02.02 Fire Alarm System – Testing
3. Standard 11.01.01 Residents Rights
4. Standard 06.10.08 Patient Safety: Safe Setting
5. Standard 03.06.09 Plant Equipment and Systems – Maintenance

These are currently being prepared for submission on Feb 4 for our Interim Progress Report – should be interesting to see how this new process unfolds.

### Risk (RL6) Review

See following pages for graphs – I moved them for a better view of the data.

Medication error data as requested will be provided in meeting due to employee specific data it contains

### State

I am not aware of any state visits this month.

### Complaints

I have received a few complaints that I am currently working on – 2 from the ER and 1 from the clinic

### Medication Error Audit

Most current data attached

### QIP – Partnership

They are in the annual reconciliation period for the PHP QIP measures. Data should be available again in February.

### **QIP – DHCS**

Currently we are looking like we are positioned well for QIP – I believe that we have 2 measures that will prove to be successful. We are only required to report out on 1 measure for the program – so I am hopeful that we will find success in DHCS QIP again – pending audit of course.

### **Cerner**

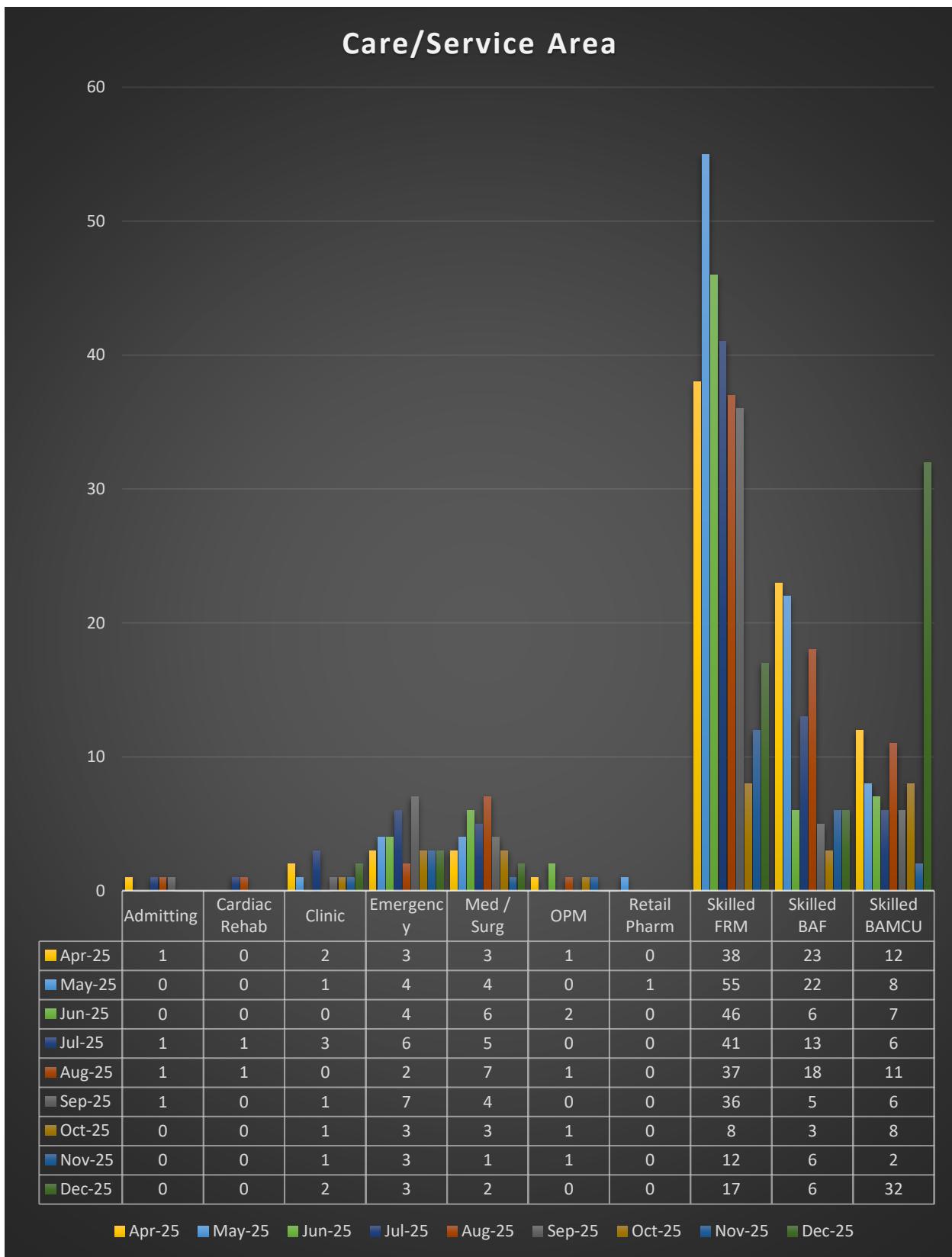
Work on optimization continues. We have received recommendations back from the provider team who was at the elbow with the providers from the visit, and we look forward to seeing how we can best leverage that information.

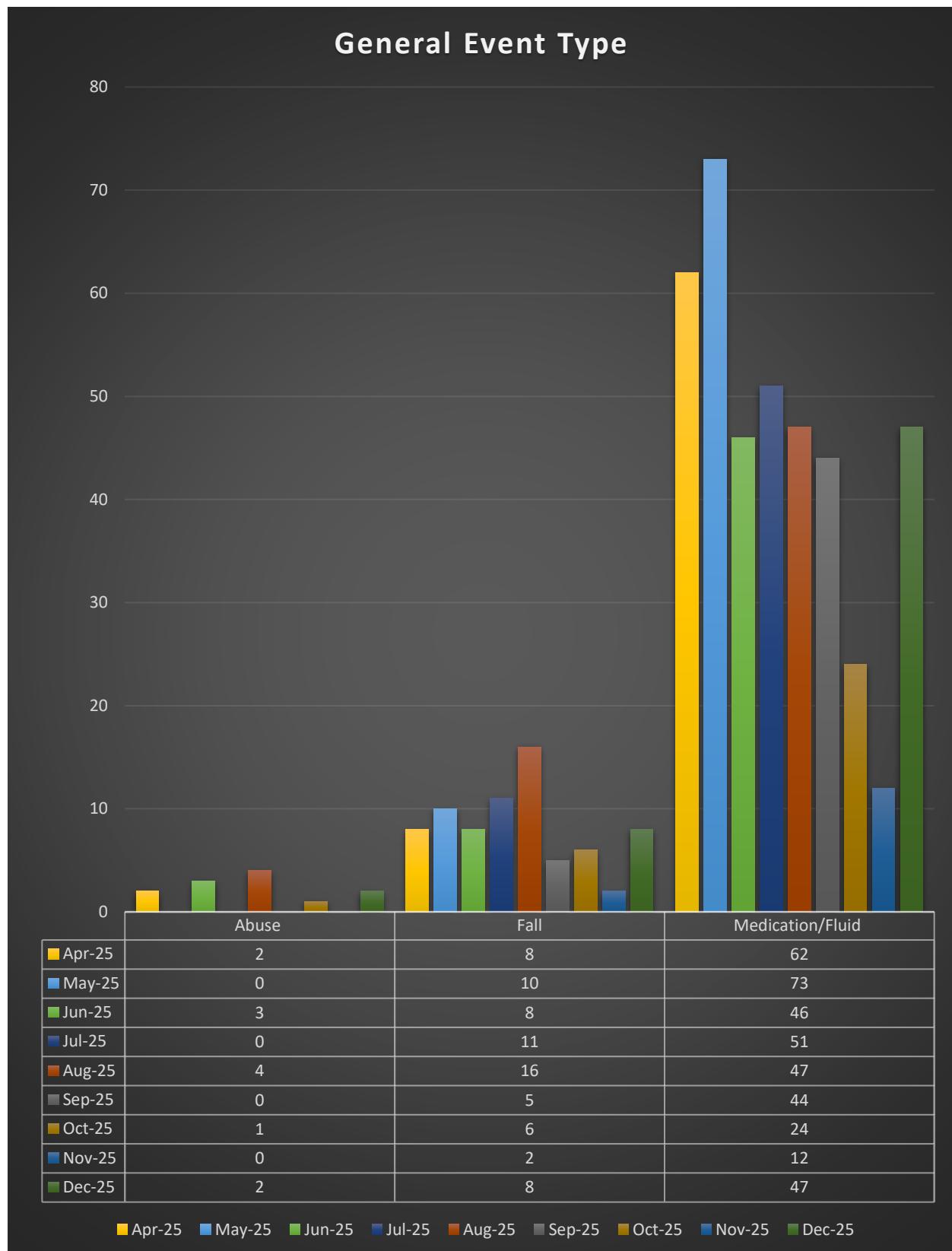
### **Conclusion**

All things considered, I am happy to report that we are still moving in the right direction from the Quality and Risk perspective.

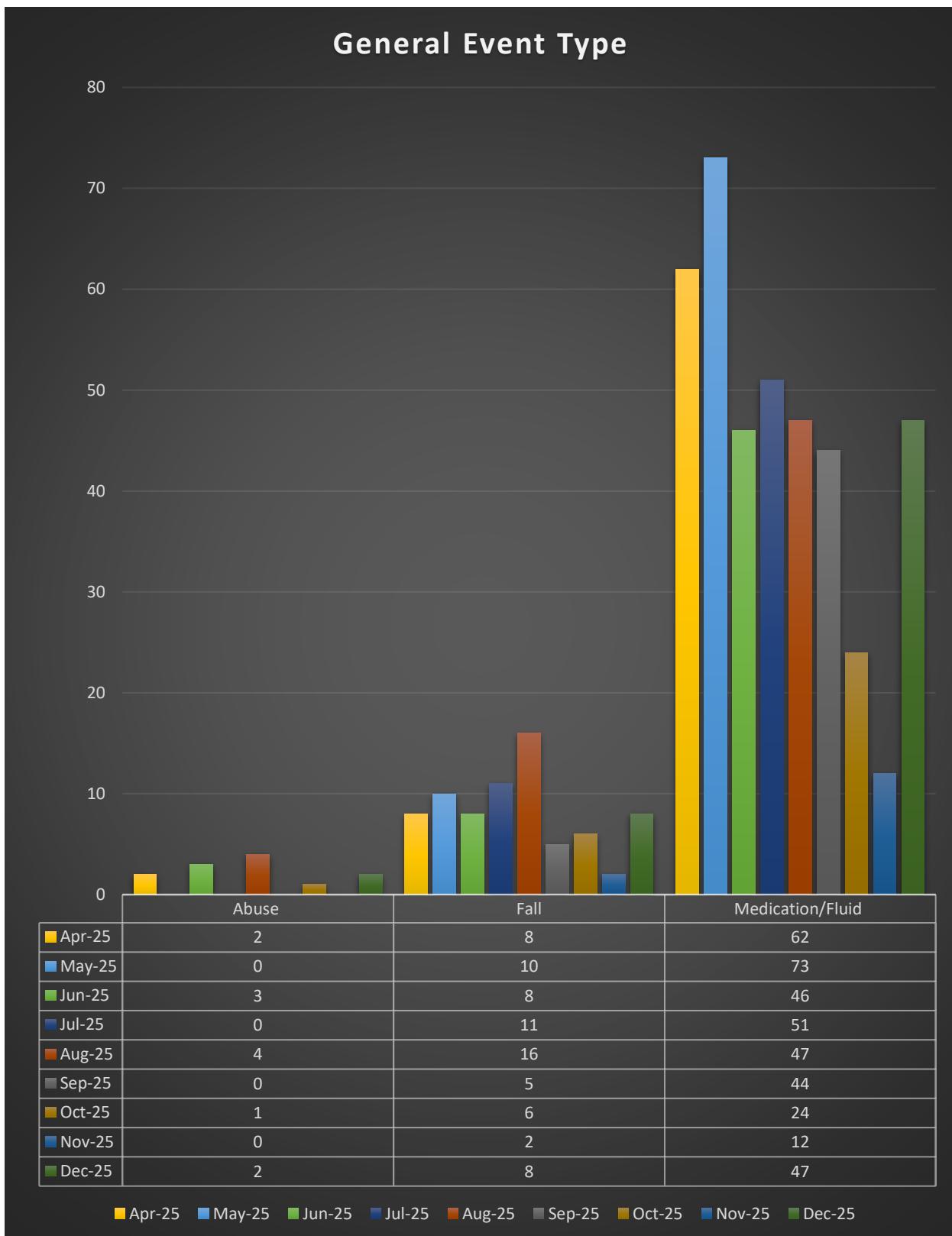
Respectfully submitted, Jack Hathaway – DOQ

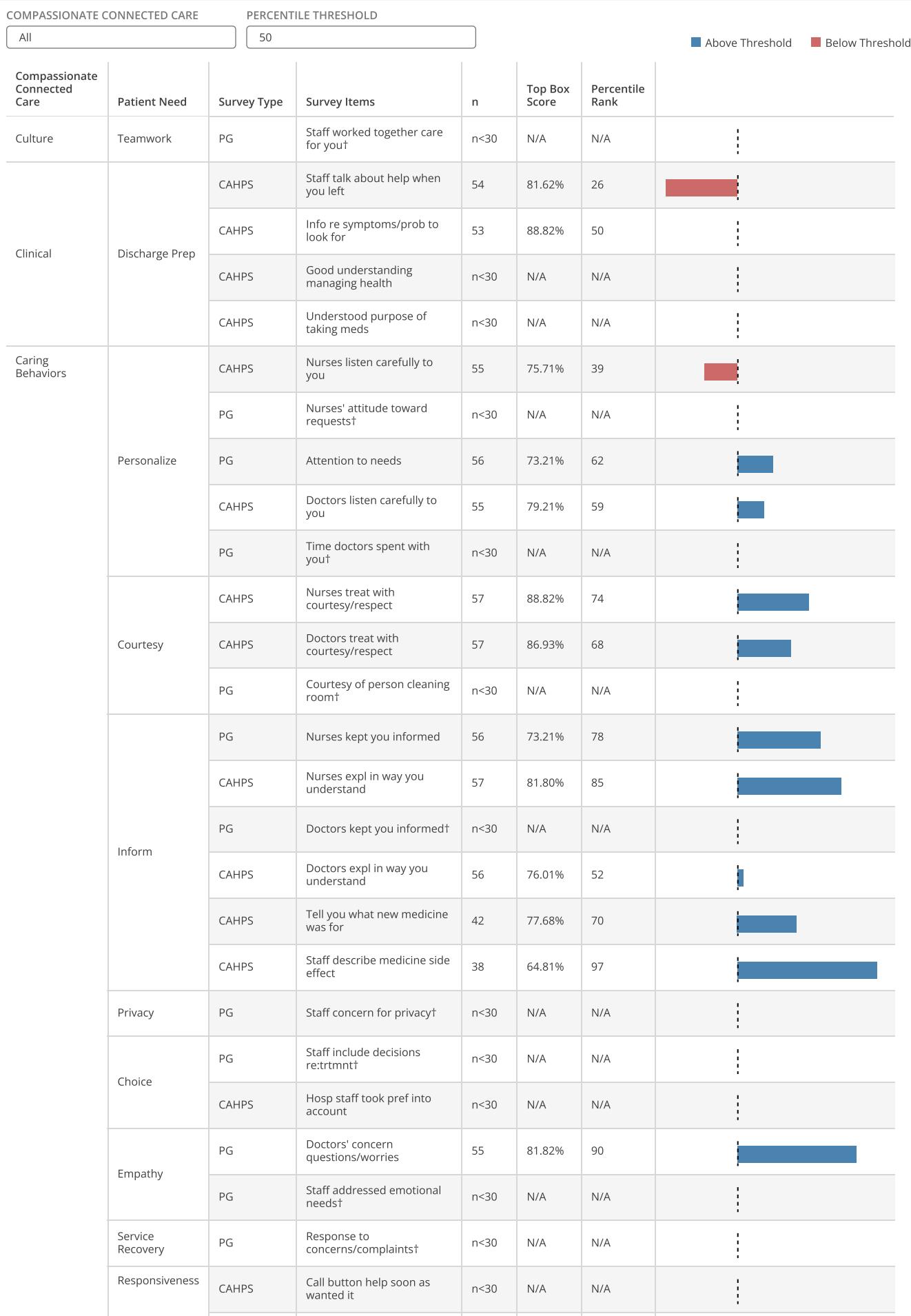
## Care/Service Area





## General Event Type



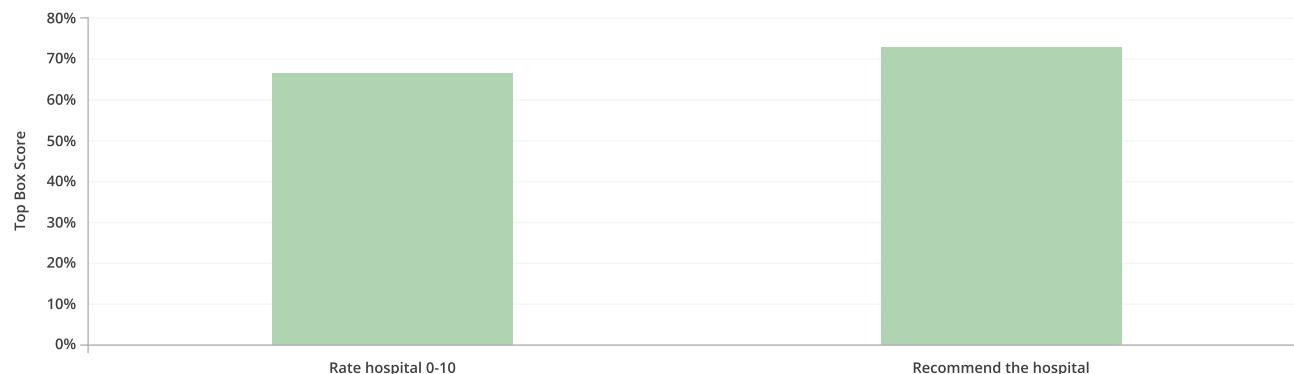




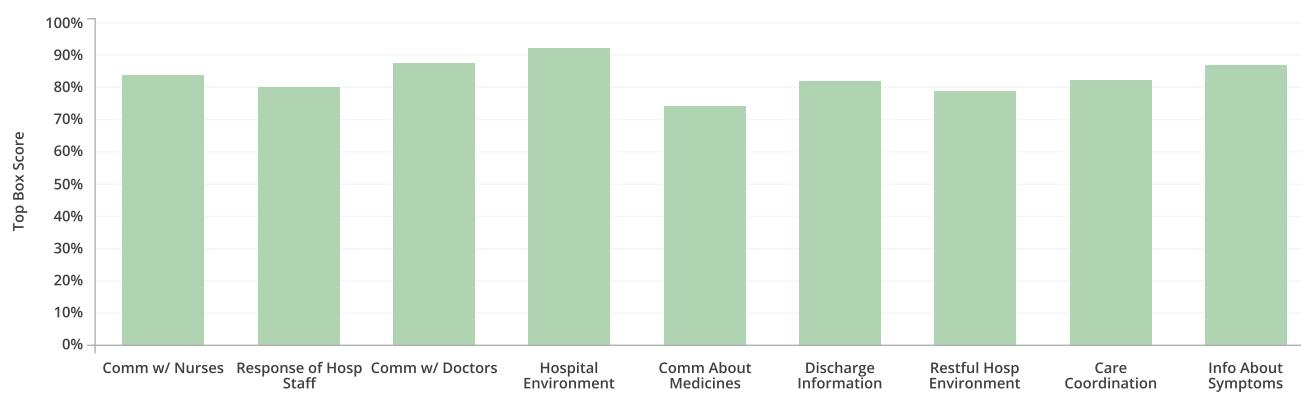
† Custom Question ^ Focus Question

-20 -10 0 10 20 30 40  
Difference to Threshold

## HCAHPS Global Comparison i



## Domain Comparison i



## Domains and Questions 1

Peer Group: All PG Database  
CAHPS Section/Domain Level N=2321

| Domains                  | Questions                           | Current n | Previous Period (Q3 2025) | Current Period (Q4 2025) | Change  | Percentile Rank |
|--------------------------|-------------------------------------|-----------|---------------------------|--------------------------|---------|-----------------|
| Global Items             | Rate hospital 0-10                  | 12        | 61.26%                    | 66.54%                   | 5.28%   | 32              |
|                          | Recommend the hospital              | 11        | 61.72%                    | 72.80%                   | 11.08%  | 54              |
| Comm w/ Nurses           |                                     | 12        | 83.23%                    | 83.83%                   | 0.60%   | 79              |
|                          | Nurses treat with courtesy/respect  | 12        | 90.92%                    | 91.04%                   | 0.12%   | 86              |
|                          | Nurses listen carefully to you      | 10        | 75.54%                    | 69.40%                   | -6.14%  | 10              |
| Response of Hosp Staff   |                                     | 12        | 83.23%                    | 91.04%                   | 7.81%   | 99              |
|                          | Help toileting soon as you wanted   | 9         | 71.00%                    | 78.11%                   | 7.11%   | 94              |
|                          | Received help as soon as needed     | 11        | 46.36%                    | 82.27%                   | 35.91%  | 98              |
| Comm w/ Doctors          |                                     | 12        | 70.13%                    | 87.44%                   | 17.31%  | 92              |
|                          | Doctors treat with courtesy/respect | 12        | 75.26%                    | 90.92%                   | 15.66%  | 89              |
|                          | Doctors listen carefully to you     | 11        | 75.26%                    | 81.16%                   | 5.90%   | 72              |
| Hospital Environment     |                                     | 12        | 59.88%                    | 90.25%                   | 30.38%  | 98              |
|                          | Cleanliness of hospital environment | 12        | 93.32%                    | 92.13%                   | -1.20%  | 99              |
|                          |                                     | 12        | 93.32%                    | 92.13%                   | -1.20%  | 99              |
| Comm About Medicines     |                                     | 8         | 60.30%                    | 74.18%                   | 13.88%  | 97              |
|                          | Tell you what new medicine was for  | 8         | 72.80%                    | 74.18%                   | 1.38%   | 46              |
|                          | Staff describe medicine side effect | 8         | 47.80%                    | 74.18%                   | 26.38%  | 99              |
| Discharge Information    |                                     | 11        | 84.89%                    | 81.95%                   | -2.94%  | 13              |
|                          | Staff talk about help when you left | 11        | 77.20%                    | 81.95%                   | 4.75%   | 27              |
|                          | Info re symptoms/prob to look for   | 11        | 92.58%                    | 81.95%                   | -10.63% | 8               |
| Restful Hosp Environment |                                     | 12        | 68.79%                    | 78.74%                   | 9.95%   | 99              |
|                          | Quietness of hospital environment   | 12        | 63.66%                    | 84.29%                   | 20.63%  | 99              |
|                          | Able to rest as needed              | 12        | 48.28%                    | 67.63%                   | 19.35%  | 99              |
| Care Coordination        |                                     | 12        | 94.43%                    | 84.29%                   | -10.14% | 92              |
|                          | Staff help you rest and recover     | 12        | 69.14%                    | 82.28%                   | 13.14%  | 91              |
|                          | Staff informed about your care      | 11        | 61.45%                    | 90.87%                   | 29.43%  | 99              |
|                          | Staff worked together for you       | 12        | 76.83%                    | 83.29%                   | 6.46%   | 83              |
| Info About Symptoms      |                                     | 11        | 69.14%                    | 72.68%                   | 3.54%   | 48              |
|                          | Staff helped with care plan         | 8         | 60.15%                    | 86.75%                   | 26.60%  | 97              |
|                          |                                     | 8         | 60.15%                    | 86.75%                   | 26.60%  | 97              |
|                          | Staff gave info on symptoms         | 8         | 60.15%                    | 86.75%                   | 26.60%  | 97              |

## Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months

Benchmark: All Respondents

| Current Order | Survey Type | Question                            | Percentile Rank | Correlation |
|---------------|-------------|-------------------------------------|-----------------|-------------|
| 1             | CAHPS       | Nurses listen carefully to you      | 39              | 0.68        |
| 2             | CAHPS       | Recommend the hospital              | 56              | 0.82        |
| 3             | CAHPS       | Doctors listen carefully to you     | 59              | 0.61        |
| 4             | CAHPS       | Staff worked together for you       | 78              | 0.75        |
| 5             | CAHPS       | Doctors expl in way you understand  | 52              | 0.53        |
| 6             | CAHPS       | Tell you what new medicine was for  | 49              | 0.51        |
| 7             | CAHPS       | Doctors treat with courtesy/respect | 68              | 0.6         |
| 8             | CAHPS       | Nurses expl in way you understand   | 85              | 0.64        |
| 9             | CAHPS       | Staff talk about help when you left | 26              | 0.11        |
| 10            | CAHPS       | Received help as soon as needed     | 78              | 0.6         |

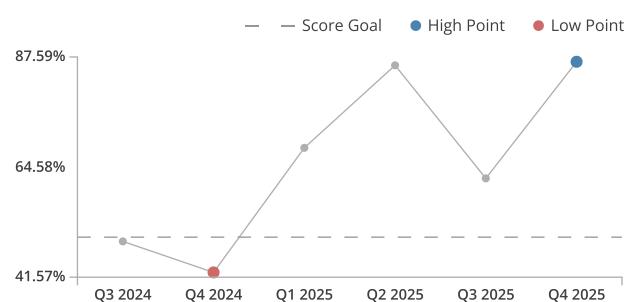
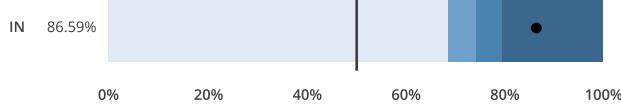
<sup>†</sup> Custom Question <sup>^</sup> Focus Question

Reports from Press Ganey are for internal improvement purposes. Only CMS can provide your facility with your official CAHPS survey results.

## Service Line Performance ⓘ

PG Overall

● Top Box Score    < 50th Percentile    75th - 89th Percentile  
 ━ Score Goal    50th - 74th Percentile    >= 90th Percentile

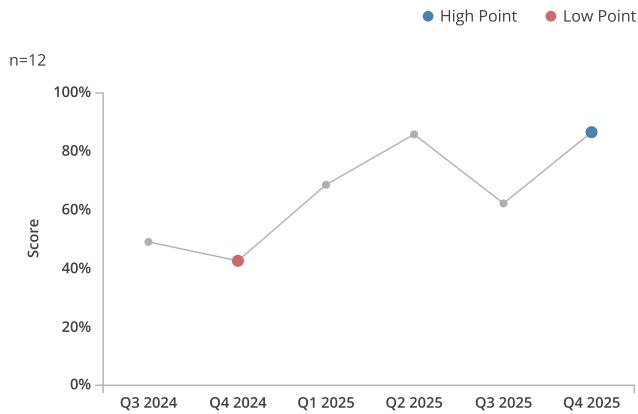


|                 |        |
|-----------------|--------|
| n               | 12     |
| Top Box Score   | 86.59% |
| Score Goal      | 50.00% |
| Percentile Rank | 98     |

| Time Period     | Q3 2024 | Q4 2024 | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 |
|-----------------|---------|---------|---------|---------|---------|---------|
| n               | 13      | 7       | 16      | 16      | 13      | 12      |
| Top Box Score   | 49.06%  | 42.57%  | 68.60%  | 85.85%  | 62.22%  | 86.59%  |
| Percentile Rank | 5       | 2       | 68      | 98      | 19      | 98      |

## Top Box Score ⓘ

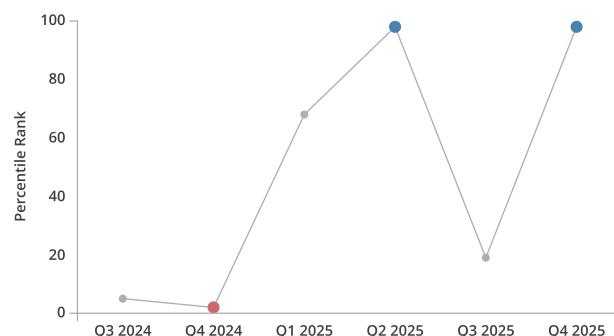
PG Overall



## Top Box Percentile Rank ⓘ

PG Overall

Peer Group: All PG Database  
Benchmark by: All Respondents  
PG Overall N=688



| Time Period     | Q3 2024 | Q4 2024 | Q1 2025 | Q2 2025 | Q3 2025 | Q4 2025 |
|-----------------|---------|---------|---------|---------|---------|---------|
| n               | 13      | 7       | 16      | 16      | 13      | 12      |
| Top Box Score   | 49.06%  | 42.57%  | 68.60%  | 85.85%  | 62.22%  | 86.59%  |
| Percentile Rank | 5       | 2       | 68      | 98      | 19      | 98      |

## Section Performance i

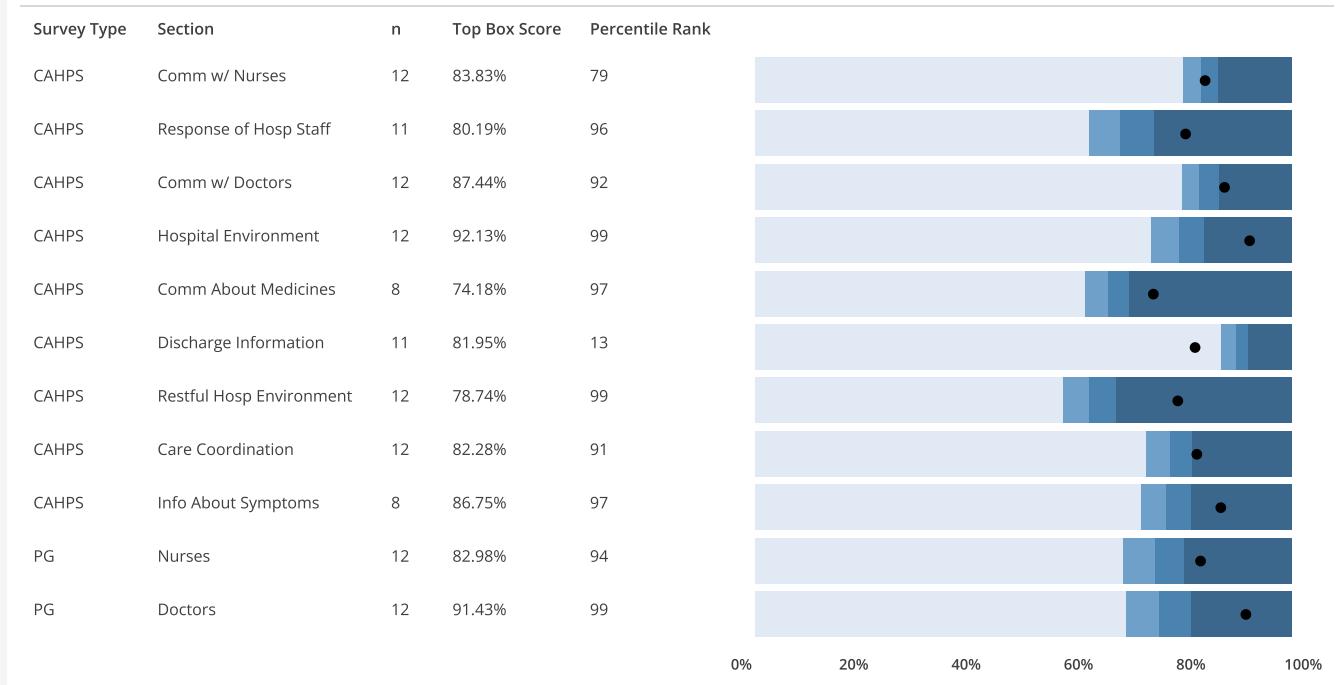
SORT BY

SELECT

Peer Group: All PG Database

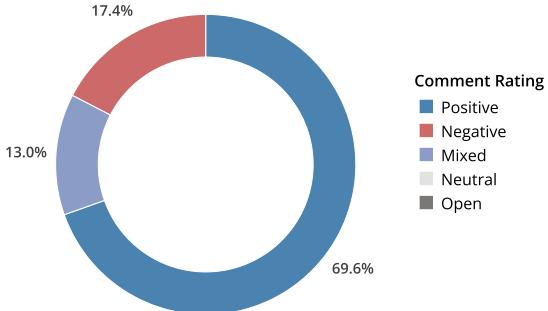
CAHPS Section/Domain Level N=2321 | PG Overall N=688

● Top Box Score     < 50th Percentile     75th - 89th Percentile  
 50th - 74th Percentile     >= 90th Percentile



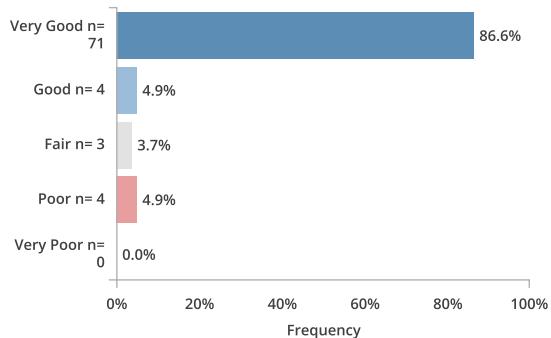
## Comment Distribution i

Data from Press Ganey surveys. CAHPS surveys do not collect comments.



## Distribution of Responses i

PG Overall



N/A ⓘ  
PG Overall

N/A ⓘ  
PG Overall

Above Goal Below Goal  
Above Goal Below Goal

Above Goal Below Goal

*No Data Available*

*No Data Available*

## Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months

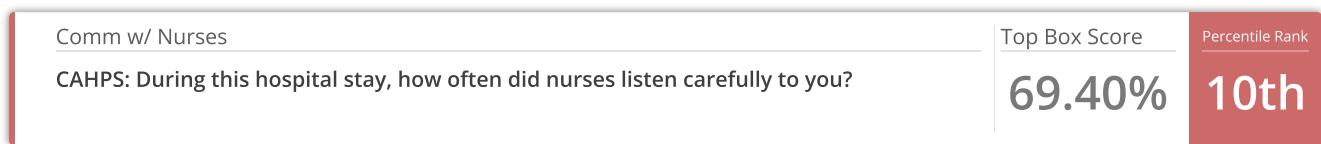
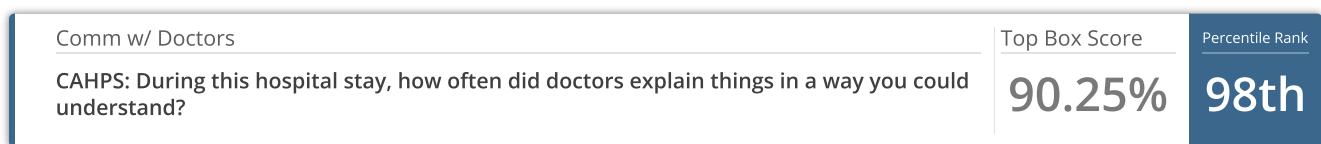
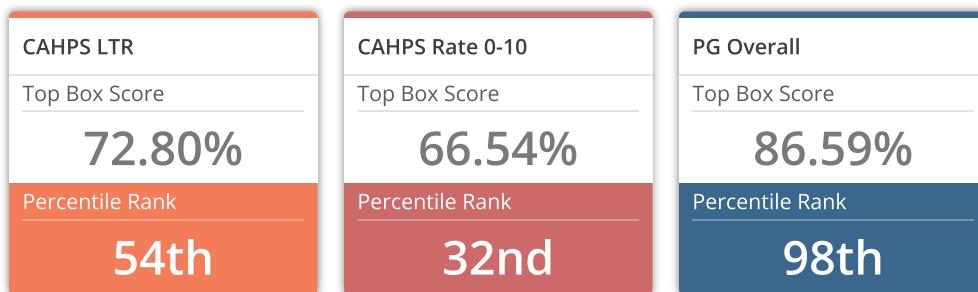
Benchmark by: All Respondents

| Current Order | Survey Type | Question                           | Percentile Rank | Correlation |
|---------------|-------------|------------------------------------|-----------------|-------------|
| 1             | CAHPS       | Recommend the hospital             | 56              | 0.82        |
| 2             | CAHPS       | Nurses listen carefully to you     | 39              | 0.68        |
| 3             | PG          | Nurses took time to answer quests  | 49              | 0.63        |
| 4             | PG          | Doctors took time to answer quests | 64              | 0.69        |
| 5             | PG          | Nurses expl daily plan of care     | 63              | 0.68        |
| 6             | PG          | Attention to needs                 | 54              | 0.62        |
| 7             | PG          | Nurses kept you informed           | 69              | 0.72        |
| 8             | PG          | Doctors' effort decision making    | 66              | 0.68        |
| 9             | CAHPS       | Doctors listen carefully to you    | 59              | 0.61        |
| 10            | CAHPS       | Staff worked together for you      | 78              | 0.75        |

† Custom Question ^ Focus Question

●Percentile Rank 1 - 49 ●Percentile Rank 50 - 74 ●Percentile Rank 75 - 89 ●Percentile Rank 90 - 99

Peer Group: All PG Database | PG Overall N=688 | CAHPS Item Level N=2319 | Received Date | 01 Oct 2025 - 31 Dec 2025



† Custom Question ^ Focus Question

## **Safety and Security Quarterly Report- January 2026**

*Submitted by: Dana Hauge, Director of Safety and Security, Safety Officer*

---

### **Introduction**

The Safety, Security, and Emergency Preparedness programs continue to support a safe, well-coordinated, and resilient environment across the district. Teams are engaged, initiatives are moving forward as planned, and risks are being addressed early through consistent oversight and collaboration. This work contributes to stability, readiness, and confidence in daily operations.

### **Department Highlights**

#### **Security Enhancements**

Installation of bullet-resistant glass and additional security measures in the admitting area has been completed. These enhancements establish a designated safe zone for staff and provide an additional emergency egress option if needed.

Implementation of panic buttons on ER staff badges is progressing as planned. The anticipated go-live date is March.

#### **Security Investigations and Law Enforcement Coordination**

Significant time has been dedicated to security-related cases and investigations, with close coordination maintained among law enforcement, investigators, and other relevant entities to ensure appropriate handling and follow-through.

#### **OASIS Teams – District-Wide Initiatives**

OASIS Teams are leading multiple district-wide initiatives in various stages of implementation.

- The Awards and Recognition Team have honored its first group of recipients from the peer rewards program.
- The Onboarding Team has accepted referrals for the “Big Brother, Big Sister” support program for new hire orientees.
- The Service Standards Team has developed and implemented unified voicemail messaging and has begun implementation, with auditing beginning in February.

## **Safety, Emergency and Environment of Care Committee (SEECC)**

### **Cybersecurity Awareness & Preparedness**

Information Technology is leading the implementation of enhanced employee phishing simulations, which were brought forward to the SEECC for collaboration and oversight. The simulations will be increasingly sophisticated to strengthen staff awareness and ensure the organization's cybersecurity posture continues to evolve in response to emerging threats.

### **Disaster Preparedness / Supply Chain Readiness**

The Purchasing Department is leading the development of comprehensive par levels and inventory management strategies to ensure compliance with the 96-hour stand-alone requirement and to strengthen disaster preparedness capabilities.

### **IV Administration Set Shortage – Supply Chain Disruption**

SEECC reviewed a temporary shortage of IV administration sets caused by an unidentified distributor-level disruption affecting availability of specific IV pumps. Purchasing Manager Hollie Lapplin led mitigation efforts in collaboration with Acute DON Moriah Padilla and Dana Hauge. The issue was successfully managed with no adverse impact on patient care.

### **Laboratory Services – Annual Review & Regulatory Oversight**

The Laboratory Department presented its annual review, reported by Kevin Davies. Blood contamination and utilization data were reviewed under the leadership of Infection Control, demonstrating improvement. The Laboratory also submitted its 2025 CMS audit documentation to the committee for review and transparency.

### **Medical Equipment Governance**

SEECC approved the formation of a Medical Equipment Committee to oversee equipment approval and procurement processes, ensuring alignment with district needs and regulatory expectations. The committee will report findings to SEECC and support the annual ACHC review led by the Safety Officer.

### **Utilities & Fire Life Safety Systems**

Utilities and fire life safety systems were reviewed, with all required inspections, surveys, and generator testing completed successfully. Ongoing monitoring is conducted through certified and internal inspections, with reports submitted to SEECC, confirming a well-maintained and safe physical environment.

Oversight activities indicate systems are functioning as intended, with no significant deficiencies identified at this time.

## Security Incidents

|           | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 2024/2025 | 3   | 2   | 0   | 7   | 4   | 3   | 3   | 6   | 6   | 5   | 5   | 3   |
| 2025/2026 | 7   | 4   | 8   | 5   | 3   | 1   | 2   |     |     |     |     |     |

### Total for District -Quarter 4, 2025:

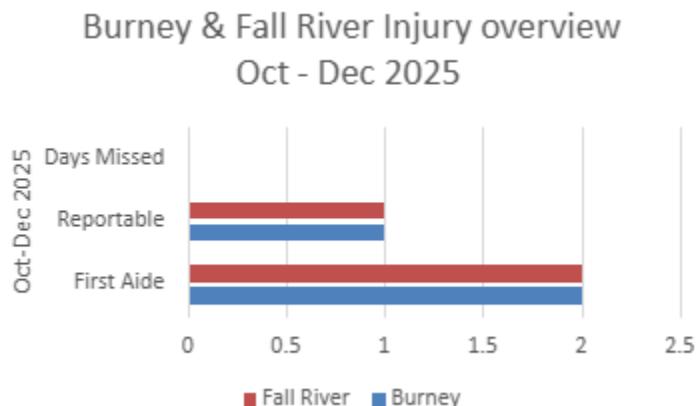
- October – 5
- November -3
- December-1

## First Aide & Injuries

### Quarter 4 Data

#### Fall River Campus

- 2 first aide injuries
- 1 reportable injury
- 0 days missed work.



#### Burney Campus

- 2 first aide injuries
- 1 reportable injury
- 0 days missed work.

## **2023- 2025 First Aid & Injuries Annual Review & Comparison**

### **2023**

- 14 First Aid Claims
- 16 Reportable Claims
- 89 Days Missed

### **2024**

- 12 First Aid Claims,
- 7 Reportable Claims
- 47 Days Missed

### **2025**

- 15 First Aid Claims
- 14 reportable Claims
- 30 Days Missed

