

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
Regular Meeting Minutes
February 25, 2026 @ 1:00 PM
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: Jeanne Utterback called the regular Board of Directors meeting to order at 1:00 PM on the above date.

BOARD MEMBERS PRESENT:
Jeanne Utterback, President
Abe Hathaway, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Secretary
Jim Ferguson, Director

ABSENT:
Jessica DeCoito, COO
Theresa Overton, CNO

STAFF PRESENT:
Ryan Harris, CEO
Travis Lakey, CFO
Val Lakey, CPRO
Keith Earnest, CCO
Libby Mee, CPO
Jack Hathaway, Director of Quality
Dana Hauge, Director of Safety & Security
Alex Johnson, Facilities & Engineering Manager
Lindsey Crum, Hospice Manager
Lisa Neal, Board Clerk

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE.

3 APPROVAL OF MINUTES

3.1 A motion to accept the Regular Board Meeting minutes of January 28, 2026, as presented, was made, seconded, and carried. **Cufaude/Hathaway** **Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 Resolution 2026-03 January Employee of the Month: Alexis Cureton, in recognition of her dedication to our patients, our team, and our hospital. She has taken the initiative to completely reorganize our pediatric crash cart, finding ways to save the hospital money while ensuring we still have all the essential equipment to deliver safe, high-quality patient care. She also plays a key role in leading the HALO program, helping prepare nursing staff for high-risk situations we may not encounter often. Her commitment to education and readiness strengthens our entire department and gives us confidence when critical moments arise. In addition, she is always willing to share her knowledge, answer questions, and step in wherever help is needed. She consistently provides excellent, compassionate care to her patients and sets a strong example of teamwork and professionalism. We are incredibly fortunate to have her. She is truly deserving of this recognition. **Hathaway/Cufaude** **Approved by All**

4.2 Hospice – written report submitted by Lindsey Crum, Hospice Manager. Patient acuity remains high, with multiple complex patients requiring care simultaneously. Staff continue to work tirelessly to support both hospice patients and those in the skilled nursing facility. Financial performance has continued to improve while staff further their education on best billing practices. Clinical staff are also staying current with Medicare regulation changes through ongoing education. **Cufaude/Hathaway** **Approved by All**

- 4.3 Quality & Risk Management – written report submitted by Jack Hathaway, Director of Quality. Quality has been working with other hospital departments to ensure we can continue to deliver the best possible patient outcomes.

5 SPECIAL PRESENTATION

- 5.1 Wipfli Annual Audit Summary
Eric Volk and Da Tang presented the annual audit. The audit opinion is that of Wipfli; all other information remains the responsibility of the Board and Mayers. The organization is performing well operationally, with a positive operating margin of approximately 10%, exceeding the average performance of California Critical Access Hospitals. In addition, the average payment period may be favorable when pursuing future loan requests.

6 BOARD COMMITTEES

6.1 Finance Committee

6.1.1 Meeting Report: Chair Humphry

6.1.2 January 2026 Financial Review, AP, AR, and Acceptance of Financials. A motion to accept the January 2026 Financials was moved, seconded, and carried. **Humphry / Hathaway** **Approved by All**

6.1.3 Microsoft Office 365 License Renewal. No action taken **Approved by All**

6.1.4 Annual Audit Summary. A motion to accept the annual audit summary by WIPFLI was moved, seconded, and carried. **Cufaude / Ferguson** **Approved by All**

6.2 Quality Committee

6.2.1 Meeting Report: Chair Cufaude
Cerner optimization is progressing, with workflow reviews, staff education, and ongoing vendor collaboration underway. Improvements to medication error reporting and focused HCAHPS performance measures were discussed, with plans to add baselines and percentages and to provide quarterly board updates.

6.2.2 MMHD ACHC Safety Risk Assessment Review. Provided a 2025 risk assessment review. ACHC requires Board awareness of risk assessments, with new templates to improve tracking and reporting. Annual evaluations of eyewash station requirements and staff education are conducted, with future reports to include infection prevention and enhanced coordination with nursing and safety teams. **Humphry / Hathaway** **Approved by All**

A motion to accept the 2025 Risk Assessment Review, as presented, was moved, seconded, and carried.

6.3 Strategic Planning Committee Report

6.3.1 No meeting in January

7 NEW BUSINESS

7.1 Bylaws Review **No Action Taken**
Discussion was held regarding the placement of the board president's job description and the trustee pledge, as well as potential revisions to the bylaws to include the CEO and division leadership as members of standing committees. Discussion will continue at the next meeting. No action was taken.

7.2 Progress Report: Purchase of APNs 028-340-015 & 028-340-016
Ryan reported that the property is in escrow with a 17-day inspection period and a 30-day escrow; the District is covering the escrow fees.

7.3 Conference Key Insights and Takeaways - AHA Rural Health Care Leadership Conference
The board president and 4 executive leaders shared insights from the conference, including the importance of philanthropy, foundations, and community well-being, encompassing both physical and behavioral health. Focus areas included governance best practices, such as developing a Governance Committee, a trustee pledge, a Board President job description, and increased CEO signing authority to improve meeting efficiency, with a suggested threshold of \$100,000. CEO collaboration and peer networking were also noted as valuable takeaways.

7.4 Creation of Governance Committee – Discussion was held regarding the creation of a Governance Committee, identified as a gap by the Board President and CEO. Discussion will continue at the next Board meeting. **No Action Taken**

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7.5	Trustee Pledge On hold for next month's board meeting		No Action Taken
7.6	Board President Job Description On hold for next month's board meeting		No Action Taken
7.7	Signing Authority – Contract Review Policy A motion to increase the CEO's signing authority limit to \$100,000 was moved, seconded, and carried.	Humphry / Hathaway	Approved by All

8 ADMINISTRATIVE REPORTS

8.1	Chief Reports: <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items</i>		
8.1.1	Chief Operations Officer: Written report submitted by Jessica DeCoito. A PG&E audit is being conducted to determine whether HVAC upgrades may be financed through PG&E using solar energy savings. The review is ongoing and is being conducted at no cost to the District.		
8.1.2	Chief Financial Officer: Written report submitted by Travis Lakey. The District is expected to finish the fiscal year strong, with anticipated Medicare and Medi-Cal payment decreases beginning around 2028 and future impacts from declining SNF days.		
8.1.3	Chief Human Resources Officer: Written report submitted by Libby Mee. Recruitment updates included the hiring of an Ambulance Manager and a retail pharmacy technician through internal applicants. Provider recruitment is progressing. Attendance at the CHA HR Conference and ongoing outreach to local high schools and placement agencies were noted.		
8.1.4	Chief Public Relations Officer: Written report submitted by Valerie Lakey. There is ongoing progress in digital communications, including a recent social media post that reached approximately 6,700 views. The annual gala is estimated to net \$12,000–\$15,000. ECM operations have stabilized; sustainability options are under review following the case manager's resignation and the grant's expiration. A McConnell Foundation grant was submitted for renovations to the thrift store. Daycare construction at TCCN is out to bid. Valerie announced plans to retire mid-year.		
8.1.5	Chief Clinical Officer: Written report submitted by Keith Earnest. A federal 340B audit was conducted in February and concluded on the first day; findings are anticipated by the end of summer.		
8.1.6	Chief Nursing Officer: Written report submitted by Theresa Overton. Versa Duress Badges are being piloted in the Emergency Department (ED) for approximately one year at no additional cost. The ED has been using the Versa Badge system for ED time-study data collection for a few years.		
8.1.7	Chief Executive Officer: Verbal report by Ryan Harris. CMO candidate interviews are complete, with an offer expected to be extended; board certification requirements may require an expedited process of approximately four months. A contract hospitalist will remain in place until onboarding is complete. An offer has been extended for the ED Medical Director position, pending acceptance, and contract negotiations are underway with Dr. Munroe for a permanent role. Attendance at the CHA HR Conference was noted. Leadership rounding was conducted with the Board President, with additional rounding planned. FY26 priorities were reviewed, with two goals met and two at risk; discussion has begun on developing FY27 priorities for Board review.		

9 OTHER INFORMATION/ANNOUNCEMENTS:

9.1	Board Member Messaging: <ul style="list-style-type: none"> • Employee of the month • Promote Website and YouTube Channel • Successful 2025 Financial Audit • Mobile Clinic – DOT Medical Exams • Health Fair – June 3 • Golf Tournament Aug 7 • TCCN Activities • Colon Cancer Awareness Month 		
10	MOVE INTO CLOSED SESSION: The Board moved to closed session at 3:40 pm The Board adjourned the closed session at 3:40 pm		No Action Taken
11	RECONVENE OPEN SESSION: at 3:40 pm		

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There was no action taken.

12 **ADJOURNMENT:** The motion to adjourn at 3:40 p.m. was made, seconded, and approved. Next meeting is March 25, 2026.

Humphry/
Cufaude

Approved
by All

I, Jeanne Utterback, Board of Directors President, certify that the above is a true and correct transcript from the minutes of the regular meeting of the Board of Directors of Mayers Memorial Healthcare District

Jeanne Utterback
Board Member

[Signature]
Board Clerk