

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 Agenda
April 29, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

Mission Statement

Leading rural healthcare for a lifetime of wellbeing.

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.

					Approx. Time Allotted
1	CALL MEETING TO ORDER	Chair: Jeanne Utterback			
	This meeting will be conducted in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District.				
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS				
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present to the Board of Directors for review, please provide a minimum of 9 copies. When the President announces the public comment period, requestors will be called upon one at a time. Please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.), action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.				
3	APPROVAL OF MINUTES				
	3.1 Regular Board Meeting – March 25, 2026		Attachment A	Action Item	1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS				
	4.1 Resolution 2026-07 March Employee of the Month		Attachment B	Action Item	1 min.
	4.2 Lab	Sophia Rosal	Attachment C	Report	2 min.
	4.3 Radiology	Harold Swartz	Attachment D	Report	2 min.
	4.4 Food & Nutrition Services – Fall River	Susan Garcia	Attachment E	Report	2 min.
	4.5 Food & Nutrition Services – Burney	Jennifer Taylor	Attachment F	Report	2 min.
	4.6 Safety Quarterly Update	Dana Hauge	Attachment G	Report	2 min.
5	BOARD COMMITTEES				
	5.1 Finance Committee				
	5.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.
	5.1.2 March 2026 Financial Review, AP, AR, and Acceptance of Financials			Action Item	2 min.
	5.2 Quality Committee				
	5.2.1 Committee Meeting Report: Chair Cufaude			Report	5 min.
	5.3 Strategic Planning Committee				
	5.3.1 No meeting in March				

6 OLD BUSINESS				
6.1	Bylaws Review	Attachment H	2nd Reading /Action Item	5 min.
6.2	Creation of Governance Committee	Attachment I	2nd Reading /Action Item	5 min.
7 NEW BUSINESS				
7.1	PIN 74 - Alternate Power Source	Attachment J	Action Item	2 min.
7.2	Resolution 2026-09 Awarding Contract for General Contractor Service for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects	Attachment K	Action Item	2 min.
7.3	Approval of Budget for Fall River Rural Health Clinic Remodel and Ancillary Projects	Attachment L	Action Item	2 min.
7.4	Resolution 2026-08 Awarding Contract for MMHD Project Management Services for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects	Attachment M	Action Item	2 min.
7.5	Resolution 2026-10 Voting Member Appointment of CEO to All Sub-Committees of the Board	Attachment N	Action Item	2 min.
8 ADMINISTRATIVE REPORTS				
8.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items.			
8.1.1	Chief Operations Officer- Jessica DeCoito	Attachment O	Report	5 min.
8.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
8.1.3	Chief People Officer – Libby Mee		Report	5 min.
8.1.4	Chief Public Relations Officer – Valerie Lakey		Report	5 min.
8.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
8.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
8.1.7	Chief Executive Officer – Ryan Harris		Report	5 min.
9 OTHER INFORMATION/ANNOUNCEMENTS				
9.1	Board Member Message: Points to highlight communications to staff and on social media		Discussion	2 min.
9.2	ACHD Accreditation		Discussion	2 min
10 MOVE INTO CLOSED SESSION				
10.1	Update on Existing Litigation (Gov. Code § 54956.9) <ul style="list-style-type: none"> • Case name withheld pursuant to Government Code § 54956.9 		Discussion	2 min.
10.2	Personnel Matters (Gov. Code § 54957)		Discussion	10 min.
11 RECONVENE OPEN SESSION				
12 ADJOURNMENT: Next Regular Board Meeting May 27, 2026				

Posted: 04.23.26

Chief Executive Officer
Ryan Harris



Attachment A

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
March 25, 2026 @ 1:00 PM
Fall River Boardroom
43563 Hwy 299 E
Fall River Mills, CA 96028

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 p.m. on March 25, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which govern the conduct of the meeting.

BOARD MEMBERS PRESENT:

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

ABSENT:

STAFF PRESENT:

Ryan Harris, CEO
Jessica DeCoito, COO
Theresa Overton, CNO
Travis Lakey, CFO
Val Lakey, CPRO
Keith Earnest, CCO
Libby Mee, CPO
Jack Hathaway, Director of Quality
Tiffani McKain, Director of Clinical Services
Danielle Olson, Director of Revenue Cycle
Kimberly Westlund, RHC Manager
Lisa Neal, Board Clerk

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: No public comments.

3 APPROVAL OF MINUTES

3.1 A motion to accept the Regular Board Meeting minutes of February 25, 2026, with corrections, was made, seconded, and carried. **Cufaude / Humphry** **Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1 Resolution 2026-04 February Employee of the Month: Lilli Consiglio - I personally got to see the ER team in action for an imminent delivery in our ER, and how Lilli Consiglio took the lead of the situation and calmly took action while working alongside the rest of the team in delivering a baby in our ER. The entire ER team that morning was great, but Lilli really stood out as she kept the situation somewhat calm, encouraging the patient that she was doing a great job, coaching her through her labor and delivery while keeping the rest of the team moving along with the flow to achieve the best outcome possible, and didn't miss a beat. It is truly amazing to see this team working together as a unit in such a stressful event, and helping each other as it all progressed from patient arrival in active labor to delivery and then transfer to HLOC. We don't deliver babies here often (thank God), but when it happens, everyone's anxiety level rises as the unknown could happen at any moment, but thankfully, there is one in the team who calmly takes the lead and guides the rest with confidence, and that day it was Lilli. We are so blessed to have such compassionate, knowledgeable nurses like Lilli working in our facility that makes the patient feel safe and confident in the care they are receiving. Lilli truly is "Always Caring, Always **Humphry / Hathaway** **Approved by All**

Here". A motion to accept the February Employee of the Month was made, seconded, and carried.

- 4.2 Business Office – written report submitted by Danielle Olson, Director of Revenue Cycle. Accounts Receivable (AR) days have decreased significantly to 69 days. Provider reassignments are nearly complete; however, Medicare does not permit contracting or reassignment for overseas providers. A radiologist will re-read studies and provide reports to support the Business Office in completing billing. The Medicare policy changes took effect on January 1, 2026.
- 4.3 Rural Health Clinic – written report submitted by Kimberly Westlund, RHC Manager. Keith and Tiffani addressed questions from the board. Care Coordinator services continue to perform well. Recruitment efforts are underway to hire a permanent provider to replace the current locum tenens position. To maintain the RHC designation, telemedicine services must remain below 49%.
- 4.4 Telemedicine – written report submitted by Samantha Weidner, Telemedicine Coordinator. Tiffani addressed questions from the board. The program continues to demonstrate strong, sustained growth, with a 23% year-over-year increase from Fiscal Year 2024 to Fiscal Year 2025 and similar growth projected for Fiscal Year 2026. In response to rising demand, the program expanded its provider network from eight to twelve and introduced an additional specialty service. The program remains focused on delivering high-quality, consistent care while improving access to specialty services for patients locally and across the region.
- 4.5 Service Excellence Quarterly Update – written report submitted by Tiffani McKain, Director of Clinical Services. In its first year, the Service Excellence Initiative at Mayers Memorial Healthcare District made strong progress in building a culture of service, accountability, and engagement. Organization-wide participation in training and leadership development, along with the establishment of teams and structures to advance key culture priorities, supported this effort. Operational improvements, including regular huddles and enhanced communication frameworks, have strengthened accountability and encouraged greater departmental ownership of service excellence.

5 SPECIAL PRESENTATION

- 5.1 401(k) Update Presentation
Jacarri Williams, Vice President at Tri Counties Advisors and Financial Advisor at Raymond James Financial Services, presented on employee retirement planning, including 401(k) and 457(b) plans.

6 BOARD COMMITTEES

6.1 Finance Committee

- 6.1.1 Meeting Report: Chair Humphry
The FY24 Medicare audit has been completed. Interest income performed as expected, and retail pharmacy continues to perform strongly.
- 6.1.2 February 2026 Financial Review, AP, AR, and Acceptance of Financials. A motion to accept February 2026 Financials was moved, seconded, and carried. **Humphry/**
Cufaude/
Approved
by All

6.2 Quality Committee

- 6.2.1 Meeting Report: Chair Cufaude
The Cerner Optimization Project continues to progress in a positive direction with most performance parameters trending favorably. Work remains focused on addressing identified gaps in outpatient functionality, particularly within physical therapy and cardiac rehabilitation workflows, while inpatient workflows remain stable and effective. Ongoing optimization efforts are centered on refining workflows, improving system integrity, and addressing data and order management issues, including CPT code cleanup. The project remains on track for completion by December 31, 2026. From a performance standpoint, quality and operational metrics remain strong. One QIP measure has been achieved, with final validation pending Partnership data. Medication error performance continues to exceed target expectations. Patient experience priorities within HCAHPS have been identified, with continued monitoring and refinement as measures are sustained.

6.3 Strategic Planning Committee Report

- 6.3.1 Committee Meeting Report: Chair Hathaway
An RFP/RFQ process will be initiated to engage a Project Management Firm to support the Fall River Rural Health Clinic Remodel and related projects. The maintenance team has completed demolition and made significant progress on the remodel of the former thrift that will become the Business Office and Hospice's new office space. Additionally, a vendor has been approved to install gravel in the parking lot and driveway to address existing potholes and improve site conditions. Work continues with the architectural team on the updated master plan, with the current focus on the Administration and Station 3 office buildings. Upon finalization of design concepts, a feasibility study will be

conducted in partnership with Wipfli to assess the financial viability of the proposed plan. HCAI is currently reviewing updates to the seismic compliance plan and the AB 869 Extension application.

7 OLD BUSINESS			
7.1	Bylaws Review - Ongoing process work by the subcommittee and will bring forward to the full board next month for 2 nd reading.	Action Item	No Action Taken
7.2	Creation of Governance Committee – 1 st reading. Jeanne and Abe reported on the formation of a new committee, outlining its purpose, objectives, and scope. A motion to adopt the proposed governance committee structure and incorporate it into the bylaws was made, seconded, and carried.	Humphry / Cufaude	Approved by All
7.5	Trustee Pledge - 2nd reading A motion to adopt the Trustee Pledge with changes was made, seconded, and carried.	Hathaway / Humphry	Approved by All
8 NEW BUSINESS			
8.1	Resolution 2026-05 Authority to Sign A motion to adopt the Authority to Sign resolution with amendments was made, seconded, and carried.	Cufaude / Humphry	Approved by All
8.2	Resolution 2026-06 Safety Officer A motion to adopt the Safety Officer resolution was made, seconded, and carried.	Humphry / Cufaude	Approved by All
9 ADMINISTRATIVE REPORTS			
9.1	Chief Reports: <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items.</i>		
9.1.1	Chief Operations Officer: Written report submitted by Jessica DeCoito.		
9.1.2	Chief Financial Officer: Written report submitted by Travis Lakey.		
9.1.3	Chief People Officer: Written report submitted by Libby Mee.		
9.1.4	Chief Public Relations Officer: Written report submitted by Valerie Lakey.		
9.1.5	Chief Clinical Officer: Written report submitted by Keith Earnest.		
9.1.6	Chief Nursing Officer: Written report submitted by Theresa Overton.		
9.1.7	Chief Executive Officer: Written report submitted by Ryan Harris.		
10 OTHER INFORMATION/ANNOUNCEMENTS:			
10.1	Board Member Messaging: <ul style="list-style-type: none"> Employee of the Month Successful completion of FY24 Medicare Audit Increased MRI days Community and employee scholarships close May 1 Health Fair Golf Tournament TCCN events (i.e., peer mentoring program) Travis was on the panel to discuss the Office of Healthcare Affordability (OHCA) at the CHA Rural Healthcare Symposium in Sacramento, CA 		
10.2	Potential Funding Ideas – Les discussed ideas <ul style="list-style-type: none"> Acting in an individual capacity (not as a Board member) and approaching companies in Silicon Valley that have a focus on healthcare to be a beta site, with the purpose of raising money. 		
11 MOVE INTO CLOSED SESSION:			
The Board moved to closed session at 4:10 p.m.			
11.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials		
MEDICAL STAFF REAPPOINTMENT			
	<ol style="list-style-type: none"> Tikoes Blankenberg, MD – Pathology Ashley Delaney, DO – Emergency Med. Shelleen Denno, MD – Internal Med. Dale Syverson, MD - Surgery 		
AHP REAPPOINTMENT			
	<ol style="list-style-type: none"> Lewis Furber, Jr, NP – Family Medicine (Pit River) 		

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 Director’s documents are available online at www.mayersmemorial.com.

AHP APPOINTMENT

1. Vanessa Ulibas, LPCC (T2U)

STAFF STATUS CHANGE

1. Christopher Campos, MD (UCD) to Inactive
2. Elizabeth Ekpo, MD (UCD) to Inactive

11.2 Pending Litigation (Gov. Code § 54956.9(a))

- (Case name withheld pursuant to Government Code § 54956.9)

The Board adjourned the closed session at 4:54 p.m.

A motion was made to approve the Medical Staff credentials.

**Ferguson /
Cufaude** **Approved
by All**

11 RECONVENE OPEN SESSION: at 4:55 p.m.

A motion was made to move into Open Session.

**Ferguson /
Cufaude** **Approved
by All**

12 ADJOURNMENT: At 4:55 p.m.

Next meeting is April 29, 2026.

I, _____, Board of Directors _____, 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

Board Member

Board Clerk

DRAFT



RESOLUTION NO. 2026-07

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING**

Nichole Strahorn

As March 2026 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Trustees has adopted the MMHD Employee Recognition Program to identify exceptional employees who deserve to be recognized and honored for their contributions to MMHD; and

WHEREAS, such recognition is given to the employee meeting the criteria of the program, namely exceptional customer service, professionalism, high ethical standards, initiative, innovation, teamwork, productivity, and service as a role model for other employees; and

WHEREAS, the MMHD Employee Recognition Committee has considered all nominations for the MMHD Employee Recognition Program;

NOW, THEREFORE, BE IT RESOLVED that Nichole Strahorn is hereby named Mayers Memorial Healthcare District Employee of the Month for March 2026; and

DULY PASSED AND ADOPTED this 29th day of April 2026 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Lisa Neal
Clerk of the Board of Directors



**Department Reporting
Managers' Meeting and Regular Board Meeting**

Manager & Department: Sophia Rosal / Laboratory Department

Reporting Month & Year: April, 2026

Summary:

The laboratory department plays an important role in the community by helping doctors diagnose diseases, monitor health conditions, and guide proper treatment. Through tests on blood, urine and other samples, laboratories provide accurate and timely results that support patient care. They also help detect outbreaks, prevent the spread of infections, and promote overall public health. Without laboratory services, many illnesses would be harder to identify and treat effectively.

Top Projects:

A. FormFox:

The Lab is working with IT to implement FormFox, a web-based workflow and data-management platform that digitizes and automates workplace screening processes. Allow employers and TPA's (third party administrator) to order, schedule, and track the status of tests and view results in real time. Eliminates paper-based errors by using digital forms for drug and alcohol testing. Support drug tests, alcohol tests, background checks, and DOT physical exam reporting. The system is expected to have little to no cost, as the vendor provides the necessary equipment. No timeline for this project.

B. ABN Workflow Enhancement:

We are collaborating with IT to finalize the process that will allow ABNs to be transferred to an iPad once flagged in Cerner. During testing, we encountered an issue and opened a SR with Cerner to address it. No timeline for this project.

Steps to Implement Electronic ABN on iPad

1. **Download the ABN Form:** Obtain the current English or Spanish ABN Form (CMS-R-131) from the CMS website and save it to your iPad.
2. **Open in App:** Open the form in a fillable PDF app like Adobe Fill & Sign or GoodNotes.
3. **Fill and Sign:** Tap on the fields to add text. Use the "Sign" tool to capture the patient's signature on the screen.
4. **Save and Deliver:** Save the signed document and ensure a copy is sent to the patient via email or a secure portal, as mandated by CMS regulations.



C. Integration of PCC and Cerner for LTC

Working with Jeff Miles to integrate PCC and Cerner for Long Term Care. No timeline yet because PCC IT is still working and building test codes for LTC. The integration bridges the gap between acute (Cerner) and post-acute (PCC) environments, enabling quick access to patient data to facilitate quicker, more accurate, and secure data sharing. Integration commonly supports the exchange of patient referrals, clinical documentation, laboratory results, and Discharge Summaries. No timeline for this project.

Wins (1-2):

- Juliana Davies acquired her DOT certificate.
- We are currently having new CPT on training.

Challenge (1):

Laboratory Department has shortage of staff.



**Department Reporting
Managers' Meeting and Regular Board Meeting**

Manager & Department: Harold Swartz - Radiology

Reporting Month & Year: April, 2026

Summary: Radiology Board Report for April 2026

Top Projects (1-3):

MRI Access Expansion

We continue working with other rural partner hospitals to secure additional MRI trailer days and have obtained additional dates. Demand remains strong, and the schedule is currently fully booked through May with ~50 MRI orders still awaiting scheduling.

Echocardiography Service Evaluation

We are actively evaluating the potential to relaunch Echocardiography services at Mayers. Financial modeling and ROI analysis are currently underway to assess the most sustainable staffing and operational options.

Teleradiology Vendor Review

Due to ongoing challenges with our current teleradiology provider, including delayed turnaround times and lack of physician-to-physician communication, we are evaluating alternative teleradiology service providers to better support clinical operations and patient care.

ScImage EKG Integration

We are working with the ScImage vendor to enable direct electronic ingestion of EKG tracings. Once implemented, EKG reports will populate directly within Cerner, eliminating the need to print and manually scan tracings into the patient record and improving both efficiency and readability.

Wins (1-2):

MRI Capacity

We were able to secure one additional MRI day in March, along with two additional days scheduled in both April and May, which are already fully booked. These additional dates will help reduce our imaging backlog while we continue to explore opportunities to expand access.



Challenge (1):

Teleradiology Service Costs and Performance

While we are actively exploring alternative teleradiology providers to address turnaround time and communication issues, many vendors offering the level of service we require come at a higher cost than our current contract. Balancing improved service performance with financial sustainability remains a key consideration as we evaluate options.



Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Susan Garcia, Fall River Food and Nutrition Services

Reporting Month & Year: April, 2026

Summary:

The purpose of our department is to provide safe, nutritious, and appealing meals that support the health, healing, and overall well-being of residents and patients. The department plays a vital role in enhancing quality of life by creating a positive dining experience, encouraging adequate intake, and promoting social interaction. While working with the interdisciplinary team, we support clinical outcomes, resident satisfaction, and person-centered care.

Top Projects (1-3):

Developing a project within our department to improve resident charting compliance. This initiative focuses on aligning documentation practices with regulatory standards by providing clear guidelines, staff education, and streamlined processes for dietary charting. Emphasis will be placed on teamwork, ensuring that nursing staff feel supported rather than criticized, and that all departments share the common goal of accurate, timely, and resident-centered documentation.

Food and Nutrition Services will collaborate with Nursing and Activities to develop a structured program that brings additional enjoyment, nutrition education with enjoyable hands-on experiences to the dining room before, during, and after meals. The goal is to transform the dining room into a welcoming gathering place that supports socialization, nutrition, and quality of life. Also, we were just awarded \$1,500 from the Mayers Employee Giving (MEG) Awards to help support this project! Huge thanks to this program!

Wins (1-2):

Our annual cruise social with residents was a great success. This year, we “traveled” to Hawaii, Brazil, and Australia, creating an enjoyable atmosphere with themed food, games, and décor from each destination. We had a strong turnout with 17 out of 27 residents participating, reflecting enthusiasm and interest in the event. Next year I plan to enhance the experience by incorporating more educational elements from each country, allowing residents to not only enjoy the journey but also learn about the cultures, traditions, and unique aspects of the destinations we visit.



We received funding from the Mayers Foundation to purchase a new reach-in refrigerator. This will improve our ability to maintain safe and consistent food storage temperatures, ensuring compliance with food safety standards. We sincerely appreciate the Mayers Foundation for support in the continued quality and safety of our nutrition services.

Challenge (1):

MealSuite is still a challenge to fully implement within our department due to ongoing issues with integration between MealSuite and PointClickCare. Ensuring that the two systems communicate effectively and align properly has created workflow difficulties, particularly in maintaining accurate and timely resident information. We are actively working with the MealSuite and PointClickCare support teams to move forward with full implementation of the system.



Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Jennifer Taylor, Food and Nutrition Services- Burney

Reporting Month & Year: April, 2026

Summary:

Food and Nutrition Services continue to offer great tasting meals to residents, visitors, and staff.

Focus remains on increasing resident satisfaction and communication throughout all departments.

Top Projects:

1: Complete an Excel training course to improve personal efficiency and support team operations with advanced computer skills totaling 30 hours.

2: Complete Year 1 of the Service Excellence Initiative according to our established roadmap. Actively participate in creating a mentor program for new employees to help streamline their first year with Mayers. Create a phone list for new employees with important numbers to know.

Wins:

1: Five months of a fully staffed kitchen. All team members are trained and working independently in their roles, improving daily operations.

2: Susan, Heather, and I continue to collaborate to support quality care and positive outcomes for residents.

Challenge:

Rolling out the new menu system.

Safety and Security Quarterly Report- April 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, coordinated, and resilient environment across the district. Teams remain engaged, initiatives are progressing as planned, and risks are being proactively addressed through consistent oversight and collaboration—contributing to stability, readiness, and confidence in daily operations.

Department Highlights

Security Enhancements

The Versa Badge program is live and currently in the training and testing phase. Bridget Bernier (ER Manager) and the Director of Safety and Security are collaborating with the vendor to refine both the technology and response processes.

OASIS Teams- District Wide Initiatives

OASIS Teams have successfully implemented district-wide initiatives and presented outcomes at the Service Excellence Brag Fair, with continued focus on sustaining progress. Year 2 teams have been launched this week, with new projects centered on onboarding, and keyword standardization.

Regulations and Survey Readiness

For regulatory readiness, the Director of Safety and Security and Facilities Manager are leading a targeted educational initiative aligned with National Fire Protection Association requirements. This effort is informed by internal risk assessments, functional logs, and prior survey findings to support preparedness for upcoming Long-Term Care surveys and ongoing ACHC compliance.

Safety Emergency and Environment of Care Committee (SEECC)

Cybersecurity Awareness & Preparedness

Cybersecurity reports indicate phishing campaigns are more sophisticated, prompting improved staff awareness and caution before engaging in emails. However, seasonal, and highly targeted campaigns (e.g., tax-related) continue to increase the risk of successful attempts. The IT team uses this to educate and prepare our staff.

IT Manager Jeff Miles and his team are actively monitoring for potential threats, including activity linked to Iran-based hacker groups. This heightened vigilance aligns with recent intelligence updates from the California Hospital Association Disaster Leadership and the Northern California Regional Intelligence Center.

Utilities & Fire Life Safety Systems

The Facilities Manager and Chief Operations Officer reported on fire system testing, with all systems passing. Minor deficiencies related to battery replacements were identified, and corrective work is scheduled.

PSI generator inspection results showed no deficiencies, confirming both district generators are operating effectively and are prepared to support operations during a power failure.

Security Data for all Areas- except for SNF.

Mayers Memorial												
July 25- 26 Security Data Fall River Campus/ Outbuildings-not SNF												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Security Management: The number of security incidents. TOTAL from below	4	2	6	4	3	1	3	1	*5	4		
Security Management: Patient to Employee	0	0	0	0	0	0	1	0	3	1		
Disturbance, verbal or violent. Peron who is unwanted on property or is causing an	2	1	4	4	3	1	1	1	2			
Security Management: security incidents with Sheriff called.	xx	x	xx	x	0	0	x	0	0			
Security: Theft, vandalism, fraud, dangerous situation or harm to facility or grounds.	2	1	2	0	0	0	1	0	0	3		

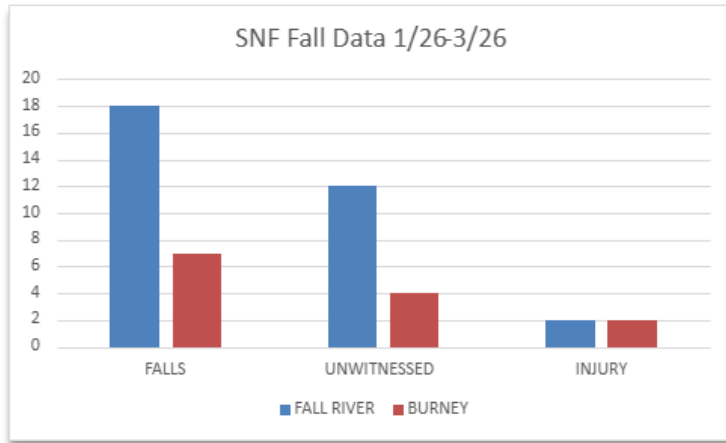
District Wide Security Data Yearly Comparison

District Security Data Comparison July 2024- June 2026												
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar *	Apr	May	Jun
2024/25	3	2	0	7	4	3	3	6	6	5	5	3
2025/26	7	4	8	5	3	1	3	1	*6	4		

Highlights:

The Emergency Department developed and implemented a reporting workflow tailored to their operations through a proactive and collaborative approach. After a prolonged period, the Emergency Department (ED) is now positioned to successfully report incidents related to security and safety, ensuring more complete and accurate data. In March, the ED accounted for five reported events, with one additional report originating from the SNF.

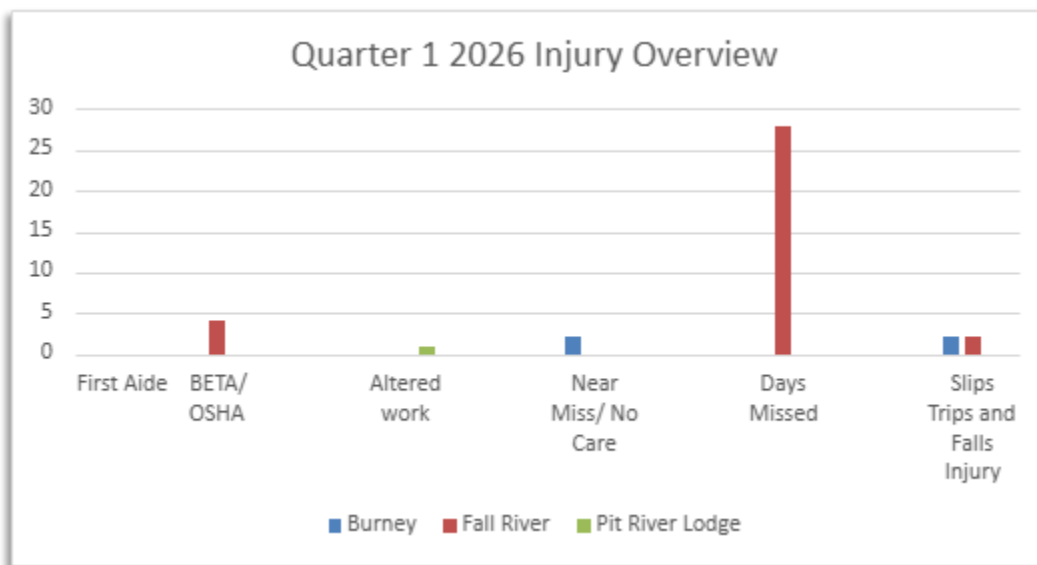
Quarterly Fall Data- SNF



1/1/2026-3/31/2026	FALL RIVER	BURNEY
FALLS	18	7
UNWITNESSED	12	4
INJURY	2	2

Capturing Data for resident falls will allow us to develop patterns and learn to recognize safety issues.

Injury Reporting



Highlights:

Recent Occupational Safety and Health Administration (OSHA) electronic reporting changes led to updates in our injury reporting process, with a refined Q1 2026 workflow improving data accuracy and resulting in potential variation from prior reporting periods.

- 4 OSHA Reportable injuries in Fall River with 28 days missed.
- 1 Injury at the Pit River Lodge
- 2 Slips, Trips and Fall Injuries in Burney with no care needed.

District Wide Risk Assessments

Alternative Life Safety Measure Assessments

Date	ALSM & Location	Description
1/22/2026	Fire Rated Door Station 3 hall office	The fire rated door is delaminated inhibiting the validity of it being a protective measure against fire. Education has been given to appropriate people.

Risk Assessment

Topic	Location	Status
Corrugated Containers-2026	Fall River Kitchen	Ongoing/Annual risk assessment.
Corrugated Containers-2026	Burney Kitchen	Ongoing/Annual risk assessment
Eye Wash Stations-2026	Pharmacy	Ongoing/ Annual Risk Assessment

Risk assessments that require an annual assessment are labeled as ongoing or annual.

Infection Control Assessment and Response- Injection Safety

1. 3/31/2026. Corrective measures have been made on biohazardous/ medical waste in the acute area, in response to a violation regarding throwing away used IV tubing and bags.

Measles Assessment

1. 2/9/2026. Infection Prevention Nurse and Director of Safety & Security completed a measles assessment. They defined areas of improvement within response protocol and have written a policy/plan for future use.

Off Campus Hazard Vulnerability (HVA)

For the first time, Hazard Vulnerability Assessments (HVAs) were completed for the Rural Health Clinic and Pit River Lodge. These assessments inform Emergency Operations Plan enhancements specific to each setting. The top four risks for both locations were identified through a collaborative staff-driven process.

Rural Health Clinic	Pit River Lodge
Air Quality Issue	Flood, Internal/External
Fire, External	Landslide
Inclement Weather	Explosion
HVAC Failure	Fire Internal

Supply Chain Preparedness

In response to global supply disruptions, including impacts related to the conflict in Iraq, vendor communications have prompted expanded monitoring of petroleum-based products, as well as recalls, pharmaceutical allocations, low-stock items, and price fluctuations. Select departments have increased on-hand inventory by an additional four weeks, with designated storage; this reserve will be utilized only in the event of supply constraints.

DEPARTMENT/ ITEM	ON HAND STATUS	ADDED STOCK
FOOD & NUTRITION SERVICES		
ALL SIZES NITRILE GLOVES - BURNEY	1 week	4 weeks
ALL SIZES NITRILE GLOVES - FALL RIVER	4 weeks	4 weeks
PURCHASING		
ALL SIZES NITRILE GLOVES	8-11 weeks	6-8 weeks
RETAIL PHARMACY		
PROGESTERONE 100MG	Ordering full allocation	
PHARMACY		
AZITHROMYCIN 500MG VIALS	Low stock-backorder	
DILAUDID 0.5MG & 1MG SYRINGE X	Low stock, order on allocation	
MORPHINE ER TABLETS X	Allocation	
MORPHINE OS 30ML X	Allocation	
RADIOLOGY		
OMNIPAQUE CONTRASTS	5-8 weeks	
HELIUM		Heritage

Mayers Memorial Hospital

Emergency Management

Hazards - 43563 Highway 299E, Fall River Mills CA. 96028

Hazard Vulnerability Assessment Tool

Alert Type	PROBABILITY Likelihood this will occur	ALERTS Number of Alerts	ACTIVATIONS Number of Activations	SEVERITY = (MAGNITUDE - MITGATION)						RISK * Relative threat 0 - 100%
				HUMAN IMPACT Possibility of death or injury	PROPERTY IMPACT Physical losses and damages	BUSINESS IMPACT Interruption of services	PREPARED-NESS Preplanning	INTERNAL RESPONSE Time, effectiveness, resources	EXTERNAL RESPONSE Community/Mutual Aid staff and supplies	
				0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 =High 2 = Moderate 3 = Low	
Active Shooter	2	0	0	3	1	2	3	2	2	29%
Act of Terrorism	2	0	0	2	2	2	2	2	2	27%
Air Quality Issue	2	0	0	3	1	2	3	2	2	29%
Bomb Threat	1	0	0	3	3	3	3	3	3	20%
Building Move	0	0	0	0	0	0	0	0	0	0%
Chemical Exposure, External	2	0	0	2	1	2	2	2	2	24%
Chemical Exposure, Internal	1	0	0	2	1	2	2	2	2	12%
Chemical Spill	2	0	0	2	2	2	2	2	2	27%
Child Abduction	1	0	0	2	0	2	3	2	3	13%
Civil Unrest / Protesting	2	0	0	2	2	3	2	2	2	29%
Communication / Telephony Failure	3	0	0	2	2	3	1	1	1	33%
Dam Failure	1	0	0	2	2	2	3	3	3	17%
Drought	2	0	0	1	2	1	3	2	3	27%
Earthquake	2	0	0	2	2	2	2	2	2	27%
Epidemic	1	0	0	2	0	2	2	2	2	11%
Evacuation	3	0	0	2	1	2	1	1	1	27%
Explosion	1	0	0	3	2	2	3	3	3	18%
Fire, External	3	0	0	2	2	2	1	1	1	30%
Fire, Internal	2	0	0	2	2	2	1	1	1	20%
Flood, External	1	0	0	1	2	1	2	2	2	11%
Flood, Internal	1	0	0	2	2	2	2	2	2	13%
Forensic Admission	1	0	0	1	1	2	3	3	3	14%
Gas / Emmissions Leak	1	0	0	2	2	2	3	3	3	17%
Generator Failure	2	0	0	3	1	1	1	1	1	18%
Hostage Situation	1	0	0	2	1	2	3	3	3	16%
Hurricane	0	0	0	0	0	0	0	0	0	0%
HVAC Failure	2	0	0	2	2	1	2	2	2	24%
Inclement Weather	2	0	0	2	2	1	1	2	2	22%
Infectious Disease Outbreak	2	0	0	3	0	2	2	2	2	24%
IT System Outage	2	0	0	1	1	3	1	1	2	20%

Landslide	1	0	0	1	2	1	0	0	0	4%
Mass Casualty Incident - Hazmat	1	0	0	2	1	2	2	2	2	12%
Mass Casualty Incident - Medical	2	0	0	2	1	2	1	2	2	22%
Mass Casualty Incident - Trauma	2	0	0	2	1	2	1	2	2	22%
Medical Gas Disruption	1	0	0	2	1	2	3	2	2	13%
Natural Gas Disruption	1	0	0	2	1	2	3	2	2	13%
Pandemic	1	0	0	2	1	2	2	2	2	12%
Patient Elopement	2	0	0	2	1	1	2	2	2	22%
Patient Surge	2	0	0	2	1	2	2	2	2	24%
Picketing	1	0	0	1	2	2	3	2	2	13%
Planned Power Outage	2	0	0	2	2	2	1	2	2	24%
Power Outage	2	0	0	2	1	2	1	1	2	20%
Radiation Exposure	1	0	0	2	1	2	2	2	2	12%
Seasonal Influenza	2	0	0	2	1	1	1	2	2	20%
Sewage Failure	2	0	0	2	2	1	2	1	2	22%
Shelter in Place	2	0	0	2	1	2	1	1	1	18%
Strikes / Labor Action / Work Stoppage	1	0	0	1	1	2	0	0	0	4%
Suicide	2	0	0	2	1	1	2	2	2	22%
Supply Chain Shortage / Failure	2	0	0	2	2	2	2	1	2	24%
Suspicious Package / Substance	1	0	0	2	2	2	2	2	2	13%
Temperature Extremes	1	0	0	2	1	1	2	2	2	11%
Tornado	0	0	0	0	0	0	0	0	0	0%
Transportation Failure	2	0	0	2	0	1	0	2	2	16%
Trauma	2	0	0	2	2	1	1	1	1	18%
Tsunami	0	0	0	0	0	0	0	0	0	0%
Utility Failure	2	0	0	2	2	2	2	2	2	27%
VIP Situation	1	0	0	1	1	1	0	0	0	3%
Water Contamination	2	0	0	2	1	2	2	2	2	24%
Water Disruption	2	0	0	2	1	2	2	2	2	24%
Weapon	2	0	0	3	2	2	2	2	2	29%
Workplace Violence / Threat	2	0	0	3	3	2	3	3	2	36%

Burney Annex- Mayers Memorial

Emergency Management

Alert Type	PROBABILITY Likelihood this will occur	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK * Relative threat
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/Mutual Aid staff and supplies	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Active Shooter	1	0	0	3	1	3	2	3	2	16%
Act of Terrorism	0	0	0	3	2	3	3	3	2	0%
Air Quality Issue	0	0	0	2	0	0	3	1	1	0%
Bomb Threat	1	0	0	3	3	3	2	3	3	19%
Building Move										
Chemical Exposure, External	0	0	0	1	0	0	1	1	1	0%
Chemical Exposure, Internal	1	0	0	3	2	2	1	2	1	12%
Chemical Spill	1	0	0	1	1	1	1	1	1	7%
Child Abduction	0	0	0	3	0	3	2	3	2	0%
Civil Unrest / Protesting	0	0	0	1	1	2	0	1	3	0%
Communication / Telephony Failure	3	0	0	0	0	3	2	1	1	23%
Dam Failure	0	0	0	3	3	3	3	3	3	0%
Drought	0	0	0	1	0	1	1	1	3	0%
Earthquake	1	0	0	1	2	2	2	2	3	13%
Epidemic	1	0	0	2	0	2	1	2	3	11%
Evacuation	1	0	0	1	0	3	1	3	3	12%
Explosion	1	0	0	3	3	3	2	3	3	19%
Fire, External	3	0	0	2	3	1	2	2	3	43%
Fire, Internal	1	0	0	3	3	3	2	3	2	18%
Flood, External	0	0	0	1	2	2	3	3	3	0%
Flood, Internal	0	0	0	0	2	2	3	2	2	0%
Forensic Admission	1	0	0	0	0	1	1	1	2	6%
Gas / Emmissions Leak	1	0	0	1	1	1	2	2	2	10%
Generator Failure	1	0	0	0	1	1	2	2	2	9%
Hostage Situation	1	0	0	3	0	3	2	2	3	14%
Hurricane	0	0	0	3	3	3	3	3	3	0%
HVAC Failure	2	0	0	1	1	1	2	1	1	16%
Incllement Weather	3	0	0	1	1	1	1	1	2	23%
Infectious Disease Outbreak	2	0	0	2	0	1	1	1	3	18%
IT System Outage	3	0	0	0	0	3	2	1	1	23%

Landslide	0	0	0	1	2	2	2	3	3	0%
Mass Casualty Incident - Hazmat	0	0	0	1	0	1	1	1	1	0%
Mass Casualty Incident - Medical	0	0	0	1	0	1	1	1	1	0%
Mass Casualty Incident - Trauma	0	0	0	3	0	1	1	1	1	0%
Medical Gas Disruption	1	0	0	1	1	1	2	2	1	9%
Natural Gas Disruption	1	0	0	1	1	1	2	2	1	9%
Pandemic	1	0	0	2	0	1	1	1	2	8%
Patient Elopement	2	0	0	1	0	1	1	1	1	11%
Patient Surge	1	0	0	1	0	1	1	1	1	6%
Picketing	0	0	0	0	0	1	0	0	2	0%
Planned Power Outage	3	0	0	0	0	0	1	1	0	7%
Power Outage	1	0	0	0	1	3	1	2	1	9%
Radiation Exposure	1	0	0	2	0	0	3	3	2	11%
Seasonal Influenza	3	0	0	1	0	0	1	1	1	13%
Sewage Failure	2	0	0	0	1	0	1	1	1	9%
Shelter in Place	1	0	0	1	0	2	1	1	0	6%
Strikes / Labor Action / Work Stoppage	0	0	0	0	0	0	0	0	3	0%
Suicide	2	0	0	3	0	1	1	1	0	13%
Supply Chain Shortage / Failure	2	0	0	0	0	0	2	1	1	9%
Suspicious Package / Substance	2	0	0	1	0	2	2	1	0	13%
Temperature Extremes	3	0	0	1	0	1	1	1	1	17%
Tornado	0	0	0	3	3	3	3	3	3	0%
Transportation Failure	0	0	0	1	0	0	2	1	1	0%
Trauma	0	0	0	1	0	0	1	0	0	0%
Tsunami	0	0	0	0	0	0	0	0	0	0%
Utility Failure	3	0	0	1	1	2	2	1	1	27%
VIP Situation	0	0	0	0	0	0	0	0	0	0%
Water Contamination	1	0	0	2	0	1	2	1	2	9%
Water Disruption	1	0	0	1	0	2	2	1	2	9%
Weapon	1	0	0	3	0	1	2	2	2	11%
Workplace Violence / Threat	1	0	0	3	0	2	2	3	3	14%

MMHD Bylaws

Summary of Changes

- Cover Page - Revised April 2026
- Page 2 - Added
 - 1.3.4. "Board Decision" is considered reflective of the majority when it is supported by more than half of the Directors present and voting at a duly convened meeting.
- Page 5 - 3.1.1 - Changed "Section" to "Article" and added "services"
- Page 10 - Addition of (4) Governance Committee.
- Page 11 - Propose change "Annually, on or before March 1st" to April 1st to align with the state filing requirement
- Page 16 - replaced "hospital" with "Healthcare District"
- Page 26 - Date will be inserted when adopted and change signature line to reflect the current Board President, Jeanne Utterback

Board Governance Committee – 2nd Reading

Purpose and Objectives

The primary purpose of the Board Governance Committee is to develop and maintain a robust governance framework that supports effective leadership and organizational excellence. The committee will focus on:

- Defining clear roles, responsibilities, and expectations for board members.
- Facilitating strategic recruitment, orientation, and succession planning for board members.
- Enhancing board education, self-assessment, and continuous improvement.
- Ensuring compliance with governing policies and legal requirements.
- Overseeing CEO evaluation process, including the CEO's performance and compensation.
- Promoting organizational culture aligned with our mission and values.

Scope of Responsibilities

The Governance Committee will undertake the following key responsibilities:

- Board Member education and development.
- Develop comprehensive job descriptions for board members and officers, outlining responsibilities and expectations.
- Identify and recruit qualified candidates to run for board vacancies.
- Plan and implement a structured orientation and mentorship program for new board members.
- Governance Policies and Bylaws.
- CEO evaluation and compensation

Board Effectiveness and Education

- Organize annual retreats and ongoing education initiatives to build governance capacity.
- Review the structure of the board and recommend adjustments to enhance effectiveness.
- Lead the annual board self-assessment process and oversee implementation of improvement actions.

Policy and Bylaws Review

- Review and recommend updates to bylaws and governance policies for full board approval.
- Lead succession planning for the President and other key board leadership roles.
- Facilitate with the CEO staff recruitment, retention, training, and foster a positive organizational culture.

CEO and Organizational Oversight

- Develop and oversee the CEO evaluation process.
- Review and recommend CEO compensation packages aligned with organizational goals and market standards.
- Ensure compliance with the Trustee Pledge and uphold governance integrity.
- Lead the recruitment process and onboarding of a new CEO when necessary.
- Review and update the CEO's job description periodically.

Creating a dedicated Governance Committee will strengthen our governance practices, support strategic leadership, and promote accountability across the organization. If the board elects to move forward with this committee, I will look forward to working with the board to establish this committee and to advancing our shared mission of delivering exceptional healthcare to our community.

DRAFT

EXECUTIVE SUMMARY

Highly vulnerable patients residing in Skilled Nursing Facilities (SNFs) are at risk of losing the use of lifesaving medical equipment, oxygen-generating devices, and a safe environment when power outages occur from a public safety power shutoff, an emergency, a natural disaster, or other causes. Therefore, Health and Safety Code (HSC) Section §1418.22 requires SNFs to have an alternate source of power to support the following loads for no fewer than 96 hours during any type of power outage:

- Equipment required to maintain safe temperature for residents,
- Life-saving equipment, and
- Oxygen-generating devices.

Assembly Bill (AB) 2511 (Chapter 788, Statutes of 2022) added HSC §1418.22. HSC §1418.22 requires that either the alternate power source(s) used to back up these loads be provided with sufficient fuel onsite to maintain power production for no less than 96 hours, or the facility is required make arrangements for fuel delivery to meet the 96 hours of operation during an emergency event. Acknowledging the fact that some of the loads need to be restored within 10 seconds, and that fuel delivery will take some time, we have included a code requirement for on-site storage of fuel sufficient to operate alternate sources for a minimum of 6 hours of operation at all times. The law stipulates that the alternate power source must operate during power outages that may result from a public safety power shutoff, an emergency, a natural disaster, or other cause.

AB 2511 became effective January 1, 2023 and required that all SNFs comply with the requirements of HSC §1418.22 by January 1, 2024. Senate Bill (SB) 1511 (Chapter 492, Statutes of 2024) and AB 116 (Chapter 21, Statutes of 2025) further amended the compliance dates in the law. Beginning January 1, 2026, the requirements are enforceable by CDPH for construction of **new** SNFs and for existing SNF facility additions and projects for certain remodels and/or replacement or addition of some equipment. These new requirements are voluntary for **existing** SNFs not undergoing the kinds of projects listed in Section 4 until some date in the future (yet to be determined) when they will become mandatory.

Prior to the passage of these laws, there were no building code requirements for cooling equipment to be backed up by alternate power. In previous codes, the terms “life-saving equipment” and “oxygen-generating devices” were not identified, and therefore, not specifically required to be backed up by an alternate power source. To meet the statute requirements, these systems all need to be on an alternate source of power effective July 1, 2024. The California Building Standards Code, Title 24, California Code of Regulations, 2022 Intervening Code Adoption Cycle added building code language to address the new statutory requirements.

SECTION 4

EXISTING SKILLED NURSING FACILITY ADDITIONS AND PROJECTS FOR CERTAIN REMODELS, AND/OR REPLACEMENT OR ADDITION OF EQUIPMENT

APPLICABLE SNF PROJECTS

SNF projects submitted to OSHPD after January 1, 2026 will be reviewed to determine whether the new requirements in Section 3 are applicable to their project. The review will include an informational comment for designs that do not address the alternate source of power requirements; however, enforcement will not occur until sometime in the future HSC §1418.22(f). The kinds of projects to which the requirements apply include, but are not limited to, the following:

- 1) Remodel projects, such as:
 - Adding or converting to SNF beds in an existing SNF.
 - Replacement of an HVAC system serving patient areas.
 - Addition of a new HVAC system serving patient areas.
 - Replacement of a generator.
 - Addition of a generator.
 - Addition or changes to on-site fuel storage.
 - Addition or changes to an alternate source of power.
 - Adding or replacing lifesaving equipment or oxygen generating devices.
- 2) Additions: An addition to a SNF that adds new patient beds or patient areas.

Unless the facility can demonstrate the requirements for Alternate Power for HVAC Systems, Life-Saving Equipment, and Oxygen-Generating Devices for the projects listed above are met through an assessment and worksheet as detailed in Appendix A and Appendix B, the facility will need to provide this capability.

A. HVAC SYSTEMS

In addition to the requirements for HVAC replacement in OSHPD's [How - To Guide 4, Expedited Building Permit Guide for Roof-Mounted HVAC Unit Replacement](#), or other building standards for HVAC equipment that is not roof-mounted, mechanical equipment required to maintain a safe temperature for residents must be powered by an alternate power source. Refer to CMC Section 325.0.

B. LIFE-SAVING EQUIPMENT

Subacute services within SNFs are already required to have emergency (red) receptacles at patient beds that could be utilized to provide power to bedside life-saving equipment in the event of a utility outage. For other SNFs, if life-saving equipment is provided, these systems must be backed up by alternate power.

C. OXYGEN-GENERATING DEVICES

Subacute services within SNFs are already required to have oxygen-generating devices connected to emergency power. For other SNFs, if they are provided, they must be backed up by alternate power.

D. ALTERNATE POWER SOURCE

There are new code requirements for SNFs that identifies equipment required to be backed up by alternate power sources which can be found in CEC Section 517.1(B) namely:

- 1) Equipment required to provide the safe temperature range for residents,
- 2) Life-saving equipment, and
- 3) Oxygen-generating devices.

The code does not specifically require that these systems (cooling, lifesaving, and oxygen-generating equipment) be backed up by essential power as can be seen above but does require that these items are backed up by an alternate power source. In the past the only loads required to be backed up by alternate power (essential power) were identified in Sections 517.43 and 517.44. The new loads identified in Section 517.1(B) are not included in the list of equipment required to be fed by essential power. So, for most existing facilities, cooling equipment, life-saving equipment and oxygen generating devices are not fed by essential power. For most existing SNF facilities there is insufficient capacity in the existing essential electrical system to support these new loads which are required to be backed up by an alternate power source.

For existing SNFs, an assessment can be provided to determine if there is life-saving equipment or oxygen-generating devices at each facility and how these loads are fed. Similarly, the assessment can be used to identify mechanical equipment required to cool patient care spaces and provide information on the existing emergency generator at the site. All of this information can be used to determine the “best” approach to bring facilities into conformance with the CEC.

In an effort to help with this process, OSHPD is providing three potential electrical system modifications. See Appendix C for Electrical Distribution Systems Solutions.

E. SPECIAL SEISMIC CERTIFICATION (SSC)

If a new alternate power system is required, the equipment and components must be seismically certified per CBC Section 1705.14.3.1.

Please see [PIN 55 - Special Seismic Certification Preapproval \(OSP\)](#) for further details of SSC requirements.

PROJECT SUBMITTAL INSTRUCTIONS

In addition to code citations listed in this Advisory Guide, as with all construction, remodeling and alteration of SNF buildings and structures are required to be designed in conformance with applicable codes as noted in [CAN 1-0 Enforceable Codes](#).

For those projects which are affected by local planning and zoning, evidence of approval is required as part of the submittal to OSHPD. See OSHPD [CAN 2-0 Jurisdiction](#).

The Assessment in Appendix A and Worksheet in Appendix B of this Advisory Guide, or portions thereof, may be useful as a checklist or guide in the preparation and submission of project documents to aid in determining compliance with CBC Section 1705.14.3.1, CEC Section 517.1, and CMC Section 325.0. Inclusion of this assessment with all OSHPD submittals for projects related to equipment required to provide safe temperatures for residents, for life-saving equipment, oxygen-generating devices, alternate power sources, fuel storage, and other related projects will facilitate a more expeditious review.

OSHPD projects that are created with an open project number via the eServices Portal that are related to patient care directly or indirectly must have a functional program (refer to CAC Section 7-119), and either a preliminary submittal (refer to CAC Section 7-123) or final submittal (refer to CAC Section 7-125), to be received by the Office within 10 days. Open OSHPD project numbers not accompanied by a submittal within 10 days of the creation of said numbers will be cancelled.



RESOLUTION NO. 2026-09

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING**

**Awarding Contract for General Contractor Service for Fall River Rural Health Clinic
Remodel, Day Care Remodel and Ancillary Projects**

WHEREAS, Mayers Memorial Hospital District (MMHD) issued RFQ/RFP for the General Contractor Service for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects and two qualifying responses were received; and

WHEREAS, a committee consisting of Board of Directors and MMHD staff recommended to the Board of Trustees the award of contract for General Contractor Service for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects to Mack Construction of Millville, California in the amount of \$2,406,000;

NOW, THEREFORE BE IT RESOLVED that the MMHD Board of Trustees authorizes award of contract to Mack Construction of Millville, California in the amount of \$2,406,000 for the General Contractor Service for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects.

DULY PASSED AND ADOPTED this 29th day of April 2026 by the Board of Trustees of Mayers Memorial Healthcare District by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Lisa Neal
Clerk of the Board of Directors

**FR RHC Remodel & Ancillary Projects
Budget**

Attachment L

Classification	Original Budget	To Date Actual	Notes
Administrative & Legal Expenses	\$ 14,698.00		
Building Permit & Fees (OSHPD & Co.)	\$ 58,792.00		
Consultants - Project Management	\$ 226,136.00		
Special Inspection & IOR	\$ 15,925.00		
Equipment	\$ 95,000.00		
Misc.			
Total Soft Costs	\$ 410,551.00		
	Budget		
Design	\$ 146,980.00		
Construction	\$ 2,406,000.00		
Deferred Submittals	\$ 75,000.00		*Fire Alarm Panel in Burney and PG&E Work
Contingency	\$ 523,720.00		
Total Construction Costs	\$ 3,004,720.00		
Total Cumulative Costs	\$ 3,415,271.00		



RESOLUTION NO. 2026-08

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HOSPITAL DISTRICT**

**Awarding Contract for MMHD Project Management Services for Fall River Rural Health
Clinic Remodel, Day Care Remodel and Ancillary Projects**

WHEREAS, Mayers Memorial Healthcare District (MMHD) issued RFP/RFQ for the Project Management Services as part of our MMHD Project Management Services for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects and one qualifying response was received; and

WHEREAS, a committee consisting of staff recommended to the Board of Trustees the award of contract for MMHD Project Management Services for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects to Kasa Healthcare Management in the amount of \$226,136;

NOW, THEREFORE BE IT RESOLVED that the MMHD Board of Trustees authorizes award of contract to Kasa Healthcare Management of Stateline, Nevada in the amount of \$226,136 for the MMHD Project Management Services for Fall River Rural Health Clinic Remodel, Day Care Remodel and Ancillary Projects.

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 29th day of April, 2026.

- AYES:
- NOES:
- ABSENT:
- ABSTAIN:

Jeanne Utterback, President
Board of Trustees, Mayers Memorial Healthcare District

ATTEST:

Lisa Neal
Clerk of the Board of Directors



RESOLUTION NO. 2026-10

**A RESOLUTION OF THE BOARD OF TRUSTEES
OF MAYERS MEMORIAL HEALTHCARE DISTRICT RECOGNIZING**

**VOTING MEMBER APPOINTMENT OF THE CEO
TO ALL SUB-COMMITTEES OF THE BOARD**

WHEREAS, the Board, within its power, hereby appoints Ryan Harris, Chief Executive Officer (CEO), as a voting member to all sub-committees of the Board;

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Fall River Mills, California, on the 29th day of April 2026.

PASSED AND ADOPTED on April 29, 2026, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Jeanne Utterback, President
Board of Directors, Mayers Memorial Healthcare District

ATTEST:

Lisa Neal
Clerk of the Board of Directors



Administrative Reporting Regular Board Meeting

Division: Chief Operations Officer

Submitted By: Jessica DeCoito

Reporting Month & Year: April, 2026

Summary:

Projects Bid Package

As outlined on your agenda, we have an action item to award the General Contractor contract for the Fall River Rural Health Clinic Remodel, Day Care Remodel, and ancillary projects to Mack Construction. Both Mack Construction and the MMHD team are prepared and eager to move forward with this project.

Project Management Firm

Also on your agenda is the action item to award Project Management Services to Kasa Healthcare Management. Our teams are ready to hit the ground running and advance these projects efficiently.

Masonic Hall

While installation of the mini-split systems and window replacements is still pending, the hall is now available for meetings and events. Several Mayers Healthcare Foundation events have already been successfully hosted in the refreshed space. Tables, chairs, and chair racks have been installed, and we continue to explore and utilize the enhanced features of the OneScreen system.

Business and Hospice Office Remodel

The maintenance team is nearing completion of the remodel. Planning is underway for the transition of the Business Office and Hospice teams, including workspace organization and layout. We look forward to providing staff with an updated and improved work environment.

Hatcher's Office Remodel

We recently walked the newly acquired building to start design concepts for the space. We will set up space for team members from the Rural Health Clinic team.

Tri-County Community Network

TSSC Tractor & Asphalt Services has completed repairs to the approach at the TCCN parking lot, resulting in a smoother and safer exit for all visitors.

Master Plan Update

We continue refining concepts and design elements for the revised master plan in collaboration with our architectural team. Recent efforts have focused on the proposed office building to house Administration and Station 3 Hall staff. This includes an NPC evaluation of



the existing generator to determine whether it can support the expanded facility needs. Once finalized, we will partner with Wipfli to conduct a feasibility study assessing the financial viability of the updated plan.

Seismic Compliance Plan & AB 869 Extension

An adjusted milestone schedule has been submitted to HCAI for review and consideration. We are currently awaiting feedback and approval for both the seismic compliance plan and the extension request.

Visiting Nurse Services

The team continues to make steady progress on the Visiting Nurse Services (VRN) program. Policies are in the final stages of review, charges have been developed and tested, and a job description is ready for posting.

Operations Teams

Operations teams are focused on survey readiness in preparation for annual relicensing. Efforts include conducting walkthroughs of skilled nursing facilities to assess physical environment needs, reviewing and updating policies and procedures, and re-educating staff to ensure compliance and readiness.

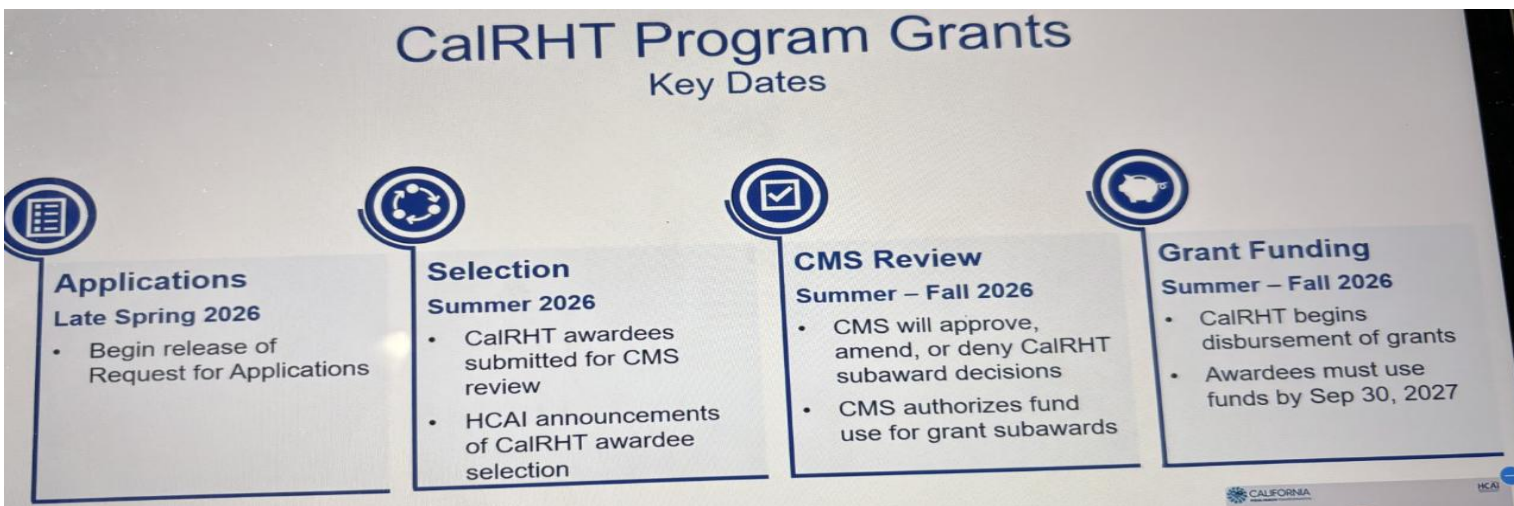
Dietary

Special recognition goes to the Dietary teams at both Fall River and Burney for hosting an outstanding Cruise Day for residents—an annual tradition now in its third year. This year's destinations included Hawaii, Brazil, and Australia. In collaboration with Activities, the teams created an engaging dining experience featuring themed foods, beverages, decorations, and activities representing each location.

Finance Notes March FY 26

Ratios	FY 26	FY 25 Average	
Cash on Hand	322	268	Avg PY
Net Income	-1,051,377	366,667	Avg PY
Current Ratio	14		
AR Days	67.18	86	Avg PY
Accounts Payable	1,266,761	830,660	Avg PY
Daily Gross Revenue	188,230	173,009	Avg PY
YE% of Gross Revenue Collected	59% YTD	61%	Avg PY

- 1) AR days, as these notes are 64.2 days, since we just received our SNF payment. The billing department has been working hard to reduce AR, as you can see on the deposit tab, with over 4 million in patient payments last month. One note on the % of revenue collected: with SNF revenue down, the overall percentage collected falls, since we collect 95% of SNF revenue, as the charges are barely over the daily rate.
- 2) CalRHT (California Rural Health Transformation) had a webinar on the 21st to go over timelines for application release, when they are due, reviewed, and when funds will be released. Unfortunately, the application wasn't shown, and there wasn't much new detail. DHLF made a budget based on CalRHT's CMS approval to show where funds will be allocated. Almost 43 million will be given to contractors to help rural providers with change management for transformative care, EHR assistance, and rev cycle assistance. The admin fee from the state is 23.9 million.



CalRHT Year 1 Budget

Year 1 Funding Available for Subrecipients (Grants)

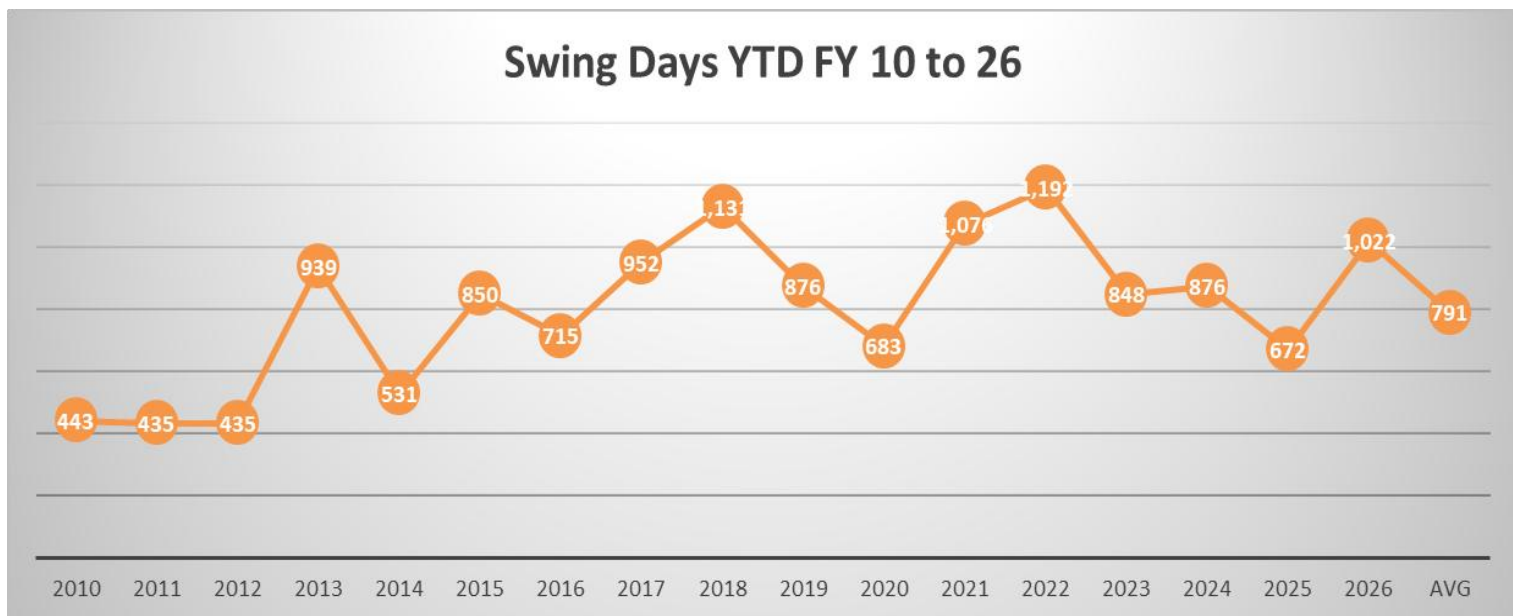
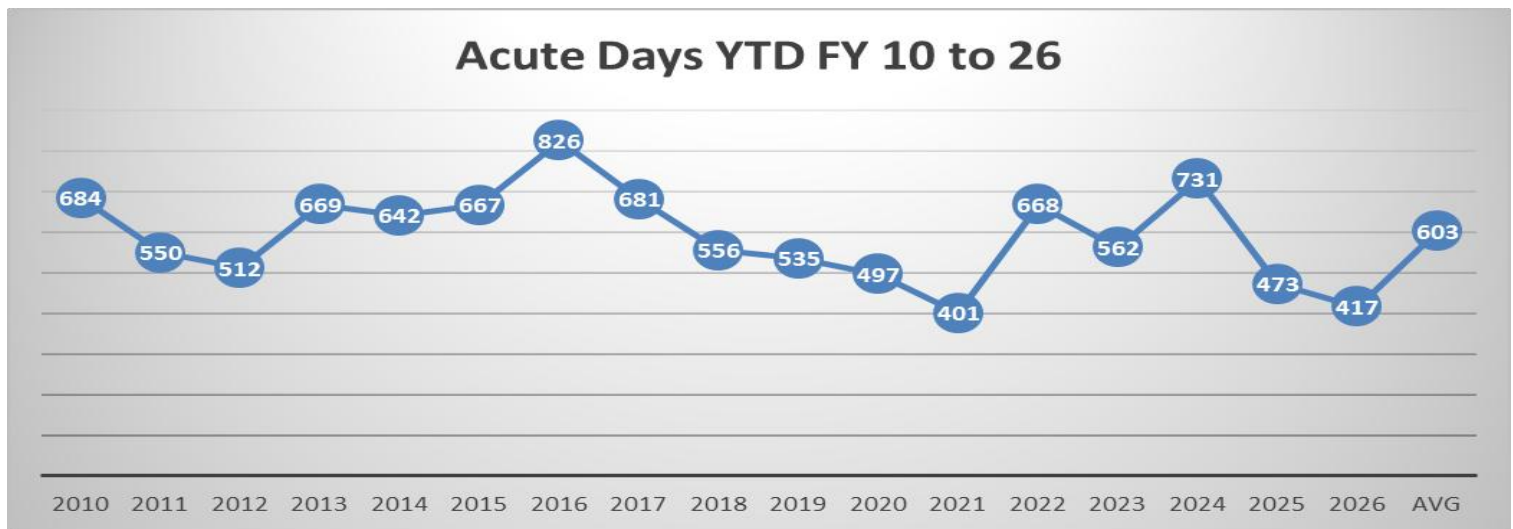
Initiative	Purpose	Year 1
Transformative Care Model	Transformation Payments to Support Strategically Located Hospitals	\$ 35,000,000
Transformative Care Model	Establish Hub-and-Spoke Networks	39,010,000
Transformative Care Model	Expand Rural Health Train-the-Trainer	2,000,000
Transformative Care Model	Expand and Support Rural Workforce Capacity	6,500,000
Transformative Care Model	Expand and Support Tribal Workforce Capacity	5,000,000
Workforce Development	Career Pathways Grants	6,990,000
Workforce Development	Rural Clinical Placement Support and Training Pathways	6,400,000
Workforce Development	Expand Rural Provider Retention and Relocation	54,170,000
Technology & Tools	EHR Modernization Grants	11,650,000
Subtotal - Funding Available for Subrecipients		\$ 166,720,000
Year 1 Funding for Contractors & Consultants Supporting Initiatives		\$ 42,997,250
Year 1 Funding for Support & Administrative Needs		\$ 23,922,008
Total RHTP Year 1 Award Budget		\$ 233,639,258

- 3) Meeting with and answering questions from the department managers as we work on the FY 27 budget.
- 4) The DHDP (District Hospital Directed Payments) and QIP (Quality Incentive Pool) payments arrived earlier than expected. Medical Managed Care entities can hold onto funds for 60 days before distributing them, which many do to earn interest income. Partnership Health is good at getting those funds out in a timely manner, which is appreciated. These are the last large supplementals for this fiscal year.
- 5) We should have received some HQAF 2025 (Hospital Quality Assurance Fee) grant payments, but the private hospital program proposed to CMS was rejected. If the state can get the revised, scaled-down program approved, we should receive those payments, totaling around a million, next year.
- 6) Starting work on our interim cost report, which will result in a large repayment to Medicare, given that our Swing days and Outpatient visits are up from the prior year.
- 7) The Retail Pharmacy is having a great year with a 915K bottom line YTD.
- 8) The Rural Health Clinic has had four positive months in a row and is only 4,911 negative for the year, which is impressive given its use of traveler physicians.
- 9) There has been quite a bit of work around the DHDP program, as I have to analyze the DHCS files to make sure that the number of visits and days are close to what we have for those six-month periods, and then later to make sure that the files all show that the appropriate visits are marked in a contracted status. Right now, I'm working on two 6-month periods to help the state catch up, which makes it harder on hospitals and Medi-Cal Managed Care entities, who must analyze and administer. It will be nice to get three DHDP payments next year, rather than the usual two.
- 10) I attended the Office of Health Care Affordability (OHCA) Advisory Committee meeting, where significant discussion centered on the Performance Improvement Plan (PIP) process. Concerns were raised about the administrative burden of responding to OHCA when organizations exceed the 3.5% cost growth target. This includes providing detailed justification for variances and, if selected for a PIP, developing a comprehensive narrative outlining corrective actions and timelines for achieving compliance.

Hospital representatives expressed concern that many organizations are exceeding the target due to common, well-documented cost drivers—such as state-mandated healthcare wage increases, rising pharmaceutical and supply expenses, and increasing benefit costs—and questioned the necessity of each hospital submitting duplicative documentation. OHCA staff emphasized the need for organization-specific detail despite these shared challenges.

Additional discussion focused on statutory adjustments that increase allowable targets for unionized labor cost growth. I noted that hospitals must often align wages with union-negotiated rates to remain competitive in the labor market, even for non-union employees. As such, I advocated for OHCA to more broadly account for overall wage growth when evaluating hospital performance relative to the 3.5% target.

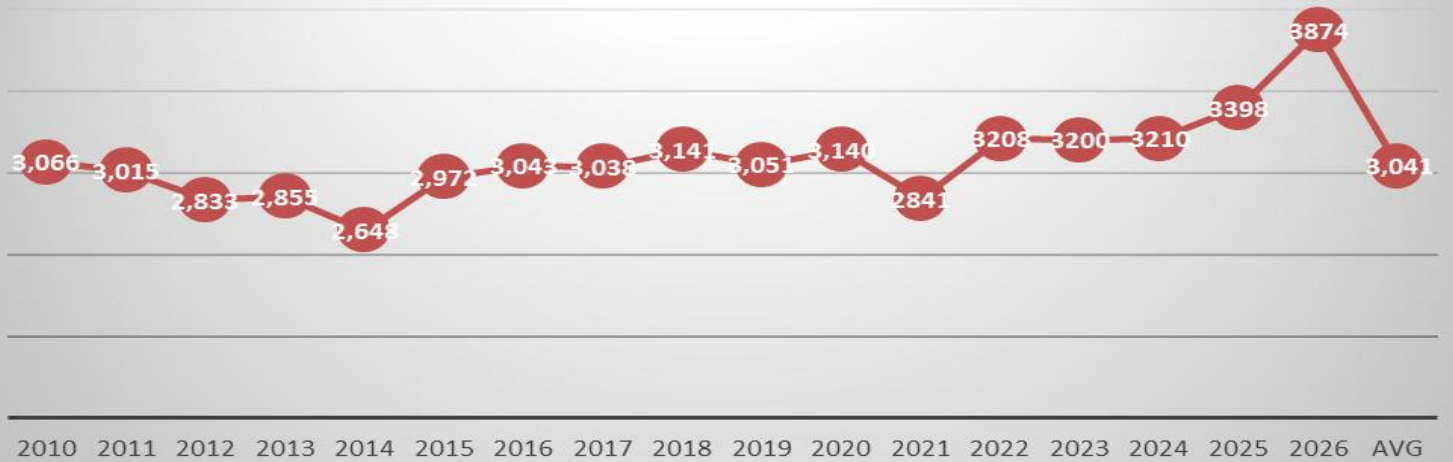
Stats



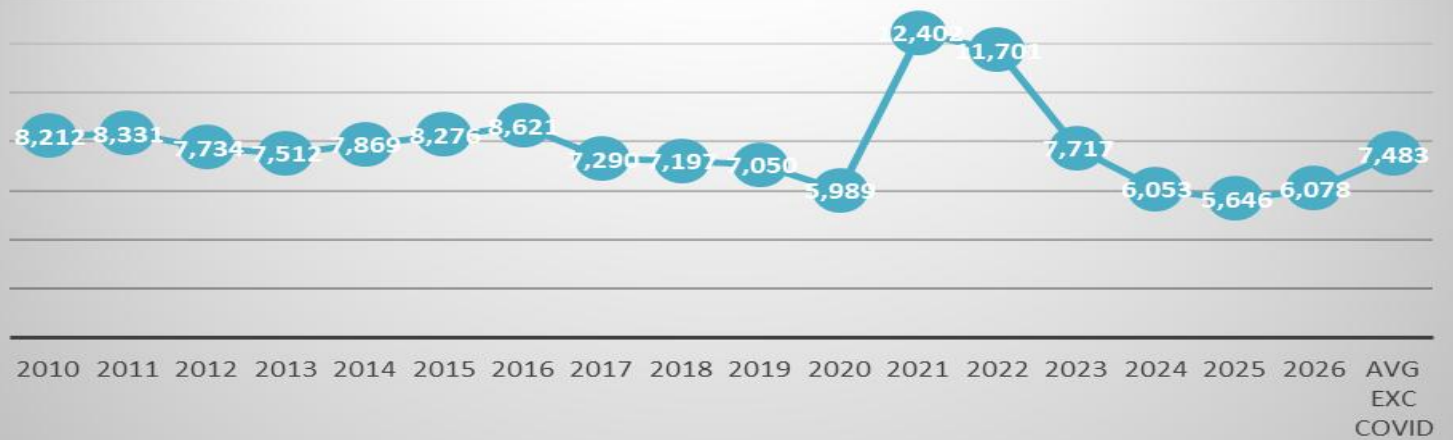
SNF Days YTD FY 11 to 26



ER Visits YTD FY 10 to 26



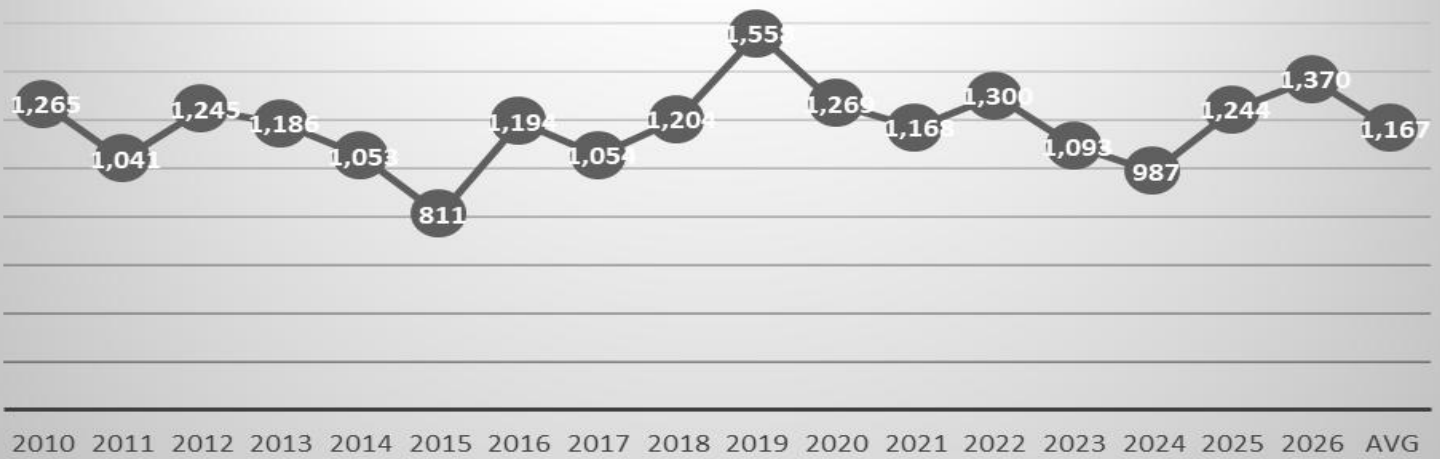
FY 10 to 26 YTD Labs



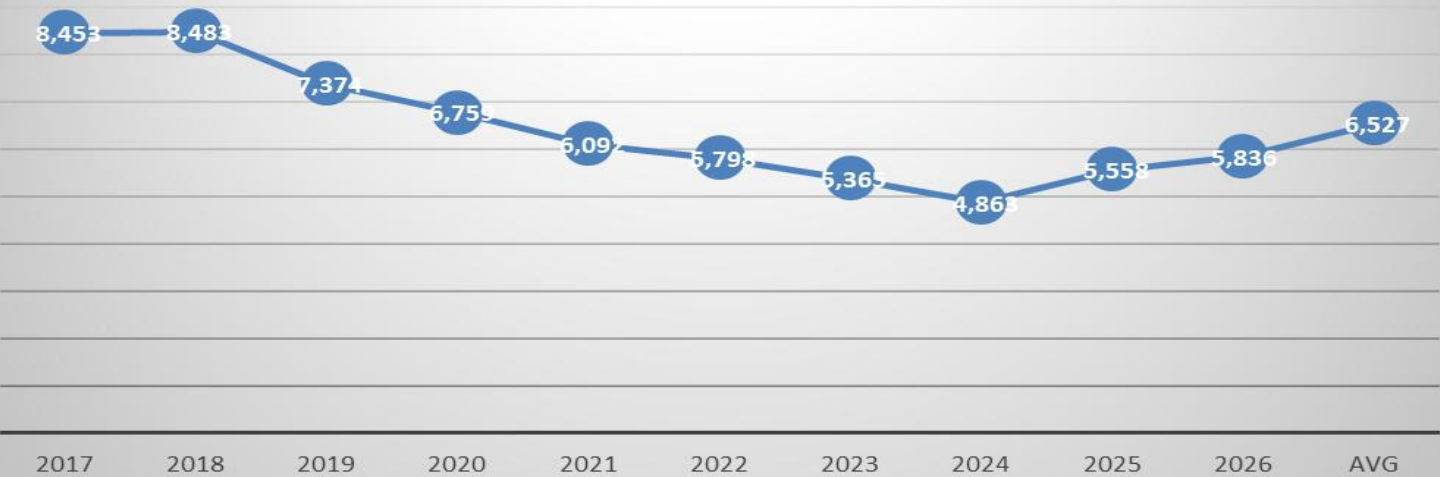
Rad Procedures FY 10 to 26 YTD



OPM Procedures FY 10 to 26 YTD



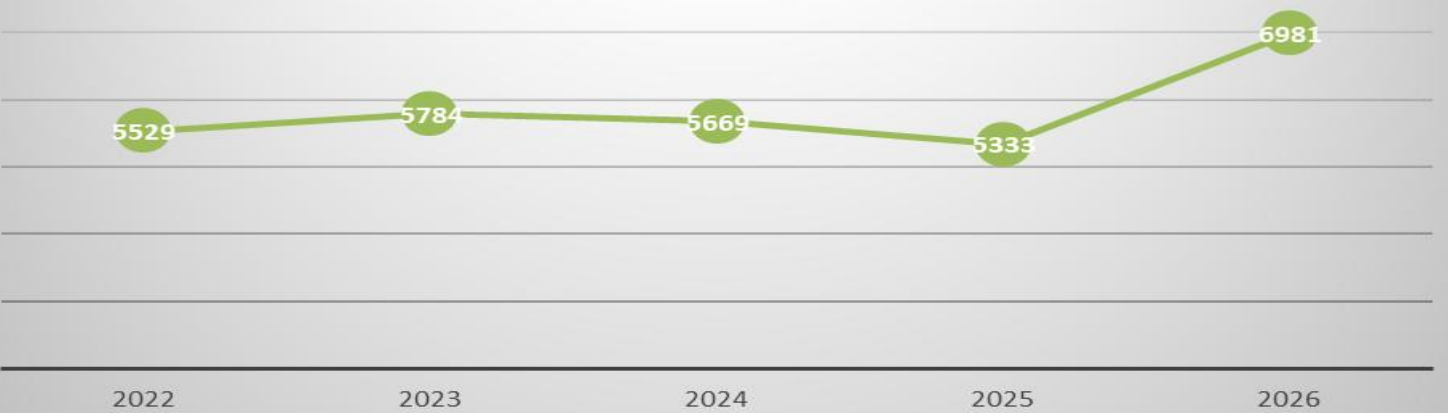
PT Procedures FY 17 to 26 YTD



Ambulance Runs FY 10-17,24-26 YTD



Clinic Visits FY 22 to 26 YTD



Hospice Days FY 10 to 26 YTD



Income Statement

- 1) Acute Revenue YTD is up 23% due to a large increase in Swing patient days.
- 2) SNF Revenue is down 9.6% with our lowest SNF average census over the last 16 years. Besides the drop in cash collections, it will also reduce our supplemental payments in the upcoming years.
- 3) Outpatient Revenue is up as almost all outpatient departments have had increased visits and procedures.
- 4) Contractuals are up for the month as there isn't a large rate range receivable offsetting them since it was received in February.
- 5) Salaries and Wages are up 4.29% due to the state-mandated wage increases that go into effect July 1st every year.
- 6) Employee Benefits jumped up quite a bit due to some large claims over the last month. Being self-funded is a bit of a roller coaster, but it's always penciled out as less expensive than fully insured plans.
- 7) Supplies are up, which is to be expected as we have more outpatient visits and are using more supplies.
- 8) Pro Fees are up mostly due to increases to physicians. This category will increase even more next year due to ER physician wage increases.
- 9) Travelers overall are up 2.3% due to more than doubling Acute travelers from the prior year.
- 10) Other Purchased Services are up due to locum docs in the clinic and the radiology group that charges us to read studies.
- 11) Utilities are trending in the right direction with a 10% reduction due to the solar project. I expect larger savings as we get longer days.
- 12) Insurance is up with increases in liability and property insurance. Property is projected to decrease next year as we have that laundry fire claim rolling off.
- 13) Other Expenses are mostly up due to software subscriptions and some minor increases in outside training and advertising.
- 14) Total Operating Expenses are in line with last year's budget at a 4% increase.
- 15) Interest Income is 107K from the prior year.
- 16) Non-Operating Revenue is up due to the retail pharmacy revenue jumping 35% and the QIP receivable, which we didn't get in the prior year.
- 17) Non-Operating Expenses have increased due to the increased Supplies/Pharmaceutical spend in Retail Pharmacy, which closely mirrors the increase in revenue.
- 18) Net Income is 8 million, but I expect that to decrease over the next few months with a Medicare repayment and larger contractuals now that we have gotten our rate range. We will still end with a very positive bottom line.

Balance Sheet

- 1) Cash is up 7.3 million from the same point last year, when you add in the Mortgage-Based Securities.
- 2) Patients' Accounts Receivable is down by almost two million as AR is getting down to the industry average for California CAHs (critical access hospitals).
- 3) Inventories are up due to higher drug inventory in retail pharmacy and stocking more of the items we are concerned about with the war in Iran.
- 4) The Medicare/Medi-Cal settlement will mostly be cleared out in April since we have received our DHDP and QIP payments.

- 5) Land and Building Improvements went up, and Construction in Progress went down as the Solar Project went live. I think I forgot to note that in the prior months' notes.
- 6) Our current ratio is 13.97, which is well ahead of the California CAH average of 2.77.



Chief People Officer Board Report

Reporting Period: April 2026

Prepared by: Libby Mee, Chief People Officer

Overview

During the reporting period, the Human Resources, Payroll, and Benefits Department has remained a pivotal partner in supporting our growing and dynamic workforce. Our ongoing efforts have been centered around key recruitment, retention, and engagement initiatives, all of which are carefully aligned with the broader organizational objectives.

In addition to strengthening our workforce, we have maintained a strong focus on quality. We are committed to fostering an environment that values continuous improvement, personal development, and excellence in all areas of our work. Through strategic recruitment efforts and ongoing employee support, we aim to enhance both individual and organizational performance, ensuring that quality remains at the core of everything we do.

Workforce Overview & Recruitment

The Human Resources Department currently supports a workforce of 325 employees across all departments. Recruitment activity remains robust, with 19 active requisitions covering 20 open positions in clinical, administrative, and support service areas.

While hiring demand continues across multiple departments, several critical roles—particularly in clinical leadership and specialized care—remain the priority.

Current Open Positions

- Administration: Executive Assistant (1)
- Dietary: Registered Dietitian (1)
- Emergency Department: Medical Director/Physician (1)
Physician (1)
RN – Per Diem (1)
- Foundation: Clerk (1)
- Hospice Outpatient: RN – Temporary (1)
- Housekeeping: Environmental Services Aide (1)
- Medical/Surgical: CNA (1)
- Nursing Administration: Administrative House Supervisor (2)
- Quality Assurance: Clinical Informatics Analyst (1)
Director of Quality (1)
Quality Improvement Coordinator (1)
- Respiratory Therapy: Respiratory Therapist (1)
Respiratory Therapy Manager (1)
- Retail Pharmacy: Pharmacist (1)
- Rural Health Clinic: Physician (1)
- Skilled Nursing – Fall River: LVN (1)
- Skilled Nursing – Burney: MDS Coordinator (1)



Provider Relations

The Provider Relations Coordinator has initiated onboarding activities with the incoming Chief Medical Officer. All internal documentation requirements have been completed; onboarding is now pending finalization of his California medical licensure, anticipated within the next 2–3 months.

Recruitment efforts remain ongoing for key provider roles, including:

- Rural Health Clinic – Family Medicine Physician
- Emergency Department Providers
- Emergency Department Director

In parallel, the team is advancing development of provider performance scorecards, collaborating with the Director of Quality to improve data extraction and reporting capabilities. This initiative is expected to strengthen performance visibility and support data-driven decision-making.

Lastly, the Provider Relations Coordinator will be joining the Service Excellence team going into year two of the initiative. He will act as an employee Advisor (SEA), and member of the council as the Provider Super Coach.

Community Engagement & Workforce Development

The HR team continues to invest in long-term workforce development through community engagement. Recent outreach to local high schools promoted the “Grow Your Own” Summer Internship Program and Certified Nursing Assistant (CNA) training pathway.

- Internship applications close May 1
- Selected candidates will be announced during senior awards nights

These programs are critical to building a sustainable local talent pipeline and addressing future workforce needs.

A member of the HR team will be attending a Workforce Development Day in Round Mountain, focusing on connect tribal and community members with employers, workforce training programs and community resources.

These programs are critical to building a sustainable local talent pipeline and addressing future workforce needs.

Quality Department Update

The Cerner workflow optimization project is ongoing across departments. Current efforts are focused on:

- Identifying workflow gaps and system inefficiencies
- Submitting tickets for required corrections and clarifications
- Supporting departments adapting to the Cerner environment

While some departments continue to face challenges with system alignment, targeted optimization efforts are underway to improve usability, efficiency, and patient care delivery.



The team is in the final validation phase of the DHCS Quality Incentive Program (QIP) measures, with a current focus on Well-Child Visits (WCV).

Additional measures are under review to identify further opportunities for successful performance and potential incentive attainment.

Education & Professional Development

Members of the HR team will attend the American Society for Health Care Human Resources Administration (ASHHRA) Annual Conference in May. This conference provides:

- Access to current healthcare HR trends and best practices
- Opportunities to evaluate new tools and solutions
- Networking with industry peers
- Targeted education to enhance organizational HR strategy

Insights gained will support continued improvement in recruitment, retention, and workforce planning initiatives.



Administrative Reporting Regular Board Meeting

Division: Public Relations

Submitted By: Valerie Lakey, Chief Public Relations Officer

Reporting Month & Year: April, 2026

Summary:

Legislation/Advocacy

State Budget & Policy Environment

State budget discussions continue to signal potential fiscal challenges, with additional reductions anticipated. Legislative leaders are exploring a mix of spending cuts and new revenue strategies, including targeted assessments on large employers, to stabilize the state's financial outlook.

Office of Health Care Affordability (OHCA)

OHCA continues to advance cost control efforts, including discussions on labor cost adjustments, enforcement penalties, and spending targets. Hospitals are actively advocating for broader recognition of labor costs and caution against policies that could negatively impact operations. No quality or equity adjustments to spending targets are currently recommended.

Ballot Initiatives

Statewide healthcare-related ballot initiatives are progressing. The Health Care Worker Right to Vote initiative has collected nearly 1 million signatures and is moving toward verification. A competing measure related to executive compensation caps remains under review. Hospitals are encouraged to engage in advocacy efforts as these initiatives may significantly impact operations.

Key Legislation Highlights

Several bills of significance to rural hospitals and healthcare operations are advancing, including:

- **AB 1923 (Soria)** – Supports expanded funding and flexibility for the Distressed Hospital Loan Program.
- **AB 2353 (Pacheco)** – Would require financial impact analysis of new healthcare mandates.
- **AB 2405 (Gipson)** – Addresses law enforcement transport protocols to emergency departments.
- **AB 1970 / AB 2431** – Focus on insurance practices and payment transparency.
- **AB 2301 (Soria)** – Expands nursing education programs in underserved areas.



Additional legislation under consideration addresses artificial intelligence in healthcare, workers' compensation, and reimbursement structures, with varying levels of support and opposition from hospital advocates.

Grant/Scholarship Update

Scholarships

The application period for both community and employee scholarships is currently open through May 1. Scholarship recipients and award amounts will be announced following the May MHF Board meeting.

Department Awards

We are still awaiting final documentation from several 2025 departmental award recipients, including required receipts, photos, and self-attestation of volunteer hours with MHF. Completion of these requirements is necessary to remain eligible for 2026 funding. A final reminder will be distributed this week; Board members are encouraged to reinforce this message with their respective departments.

Grants

- The final report for the 2025–2026 SHIP funding cycle is in progress. A funding decision for the current SHIP application is still pending.
- A decision is pending on the McConnell Fund grant request of \$35,000 to support Thrift Store upgrades.
- A TCCN grant application has been submitted to Shasta County for \$55,000 to support Youth Prevention and Diversion Services.
- Work has begun on a pre-application for a rural health grant opportunity through AstraZeneca, with anticipated funding between \$200,000–\$250,000 (details are still being finalized).
- Participation in the HCAI Rural Health Transformation Program webinar provided early insight into the upcoming funding cycle. The first round of applications is expected to open in late spring with a short turnaround, as contracts must be executed by October. Funding will prioritize transformative, sustainable projects, with an emphasis on collaboration—particularly partnerships with tribal health providers.

Public Relations/Marketing

We have been using the AI feature on the website for a few month now. Here is a snapshot of the last 30 days:

Over the past 30 days, the AI assistant integrated on the Mayers Memorial website has demonstrated steady engagement and operational value:

- **User Engagement:**
 - 36 total conversations and 69 queries, averaging approximately 1.9 queries per interaction.
 - The majority of use was by **guests (35 of 36 conversations)**, indicating strong public utilization.



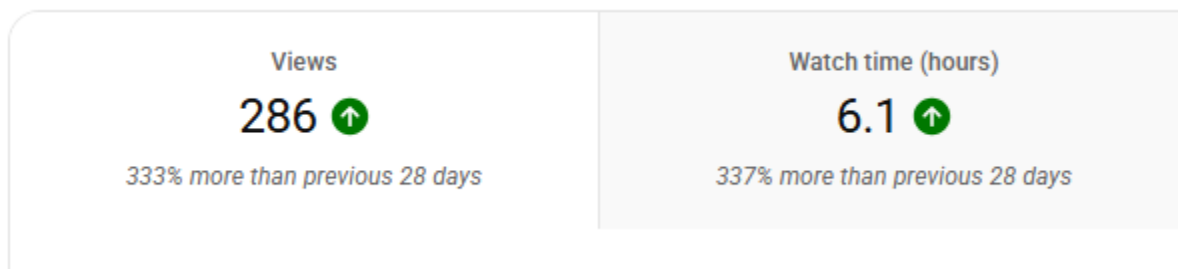
- **Efficiency Gains:**
 - The AI assistant saved an estimated **2 staff hours** this month by handling routine inquiries.
- **User Intent & Experience:**
 - Most interactions were **informational (62%)**, followed by troubleshooting (13%) and transactional (10%) requests.
 - Overall sentiment trends show a mix of neutral and positive interactions, with minimal dissatisfaction.
- **Usage Trends:**
 - Engagement occurred consistently throughout the month, with higher activity mid-week (notably Thursdays).
 - All usage originated from the **United States** and was conducted in **English**.
- **System Performance & Safety:**
 - High success rate of **97.2% completed interactions**, with minimal failures (2.8%).
 - No security incidents were reported; minor flagged content (7%) was limited to low-level issues such as profanity.
- **Operational Insights:**
 - All queries were submitted via embedded website access.
 - Link engagement shows periodic spikes in user interaction with provided resources, indicating effective navigation support.

The AI assistant is functioning as an effective front-line support tool, improving access to information for the public while reducing staff workload. Continued monitoring and content refinement may further enhance user experience and engagement.

Other PR/Marketing

We have featured 14 departments on Social Media, Website and YouTube channel with a lot of traction and positive results. We encourage you to subscribe to our YouTube channel. Content may be viewed here: <https://www.youtube.com/@mayersmemorialhealthcare>

YouTube views are growing each month:



Spotlights and department videos can also be found on our website:

https://www.mayersmemorial.com/getpage.php?name=Team_Mayers_Spotlights

The CPRO was asked to participate in a meeting with our website developer (FastHealth) addressing healthcare website AI features. The meeting is scheduled for Thursday, April 23 with Secretary Kennedy's office. Fast Health will be present in Washington DC. Mayers will be representing rural hospitals via ZOOM.



Mayers Healthcare Foundation

With the arrival of spring, Lucky Finds Thrift Store has experienced a noticeable increase in sales. This growth is attributed in part to a full seasonal transition from winter apparel to summer inventory. This significant effort was made possible through the dedication and hard work of our volunteers. Their continued commitment and resourcefulness remain essential to daily operations, and we are sincerely grateful for their ongoing support of our mission.

On April 16, 2026, the Mayers Employee Giving (MEG) luncheon was held to recognize and thank employees who contribute through the payroll deduction donation program. This program generates approximately \$10,000 annually and reflects the generosity and commitment of our staff to supporting MMHD departments. MEG donors recently gathered for a special luncheon where they reviewed departmental proposals and collectively selected this year's award recipients. This collaborative process reflects the heart of the program—employees supporting meaningful improvements for patients, residents, and fellow staff.

For 2026, funding has been awarded to the following departments and initiatives:

- **Outpatient Medical Services** – Supporting patient care through the purchase of diabetic offloading boots to assist with early wound care and limb preservation
- **Emergency Medical Services (EMS)** – Expanding public education and community outreach to improve awareness, prevention, and appropriate EMS utilization
- **Food & Nutrition Services – Resident Dining Enhancement** – Enhancing the dining experience and overall quality of life for residents
- **Human Resources** – Supporting recruitment and engagement efforts through job fair materials and outreach tools
- **Tri-County Community Network (TCCN)** – Increasing CPR certification capacity for students through the purchase of additional training mannequins
- **Mayers Healthcare Foundation** – Supporting improvements to the Thrift Store through exterior trim painting to enhance appearance and asset value

A more detailed report on these allocations will be presented at the next in-person Board meeting.

April also marks National Volunteer Week (April 19–25, 2026), providing an opportunity to recognize the invaluable contributions of volunteers throughout our organization and community. We extend our appreciation to our Board members for their continued service and leadership in support of the Mayers Healthcare Foundation. Our annual Volunteer Luncheon was held on April 20 in recognition of all those who give their time and talents.

Looking ahead, the Annual Health Fair is scheduled for June 13 at the Intermountain Fairgrounds. We welcome and encourage Board member participation and volunteer support for this important community event. We look forward to a successful day promoting health, wellness, and community connection.



Tri-County Community Network

Children's Programs

Progress continues on the Preschool/After School program, with the license application submitted to Community Care Licensing. Next steps include Live Scan fingerprinting for all staff. Additional indoor storage equipment has been secured through McConnell Foundation and MHF grant funding. Licensing review is ongoing, with final documentation being completed.

Bright Futures programming remains active, serving 26 children and 13 parents this quarter, with additional outreach through community events such as *Touch a Truck*, which provided free access to 72 families. The Safe Seats program continues to expand, with car seats distributed and installations scheduled. Summer programming will include Kid Fit 2026 and expanded services in Montgomery Creek.

Grants & Programs

- Kid Fit 2026 received \$5,000 in funding from the Burney Regional Foundation and will include expanded events and student-led implementation.
- Additional grant efforts include playground privacy improvements, a student food pantry in partnership with FRJUSD, and continued life skills and anti-smoking education serving approximately 200 students.
- TCCN has joined the Shasta Substance Use Coalition to support regional youth prevention efforts.

Enhanced Care Management (ECM)

The ECM program continues in partnership with HANC and Partnership HealthPlan, supported by a \$102,000 contract. Services are ongoing despite staffing transitions, with a new case manager starting May 1. Billing and system challenges are being addressed, and services have continued through interim leadership support. Year-to-date billable services total approximately \$16,485, with funding expected to sustain operations through June 2026.

Fundraising & Development

Fundraising efforts are focused on playground improvements, including potential partnerships with PG&E for a peer-to-peer campaign. Grant opportunities for expanded youth prevention and anti-smoking education (approximately \$50,000) are also being pursued.

Partnerships & Programs

- SMART Employment Services will resume in April.
- The IMAGE collaborative group will reconvene in May to address substance use and mental health education.
- The Peer Mentoring program continues to be successful, currently serving 14 mentors and 15 students.

Community Engagement & Communications

The TCCN website continues to expand with program updates, event promotion, and new



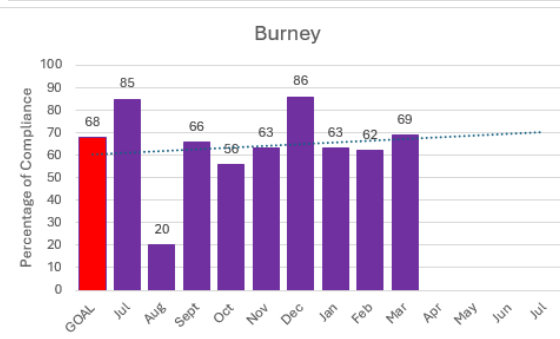
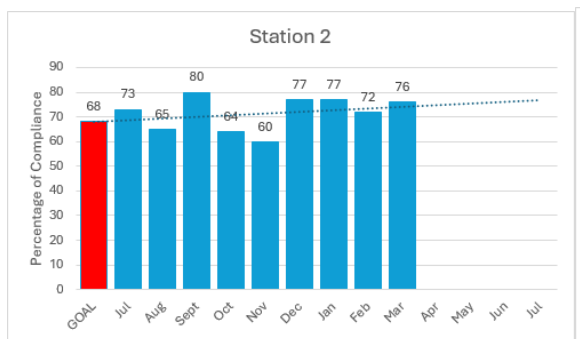
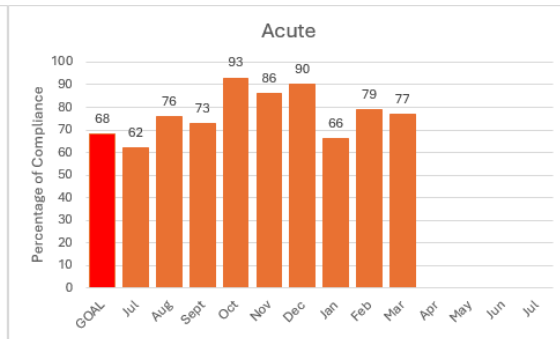
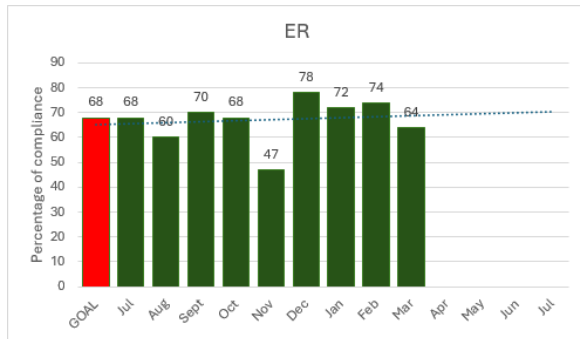
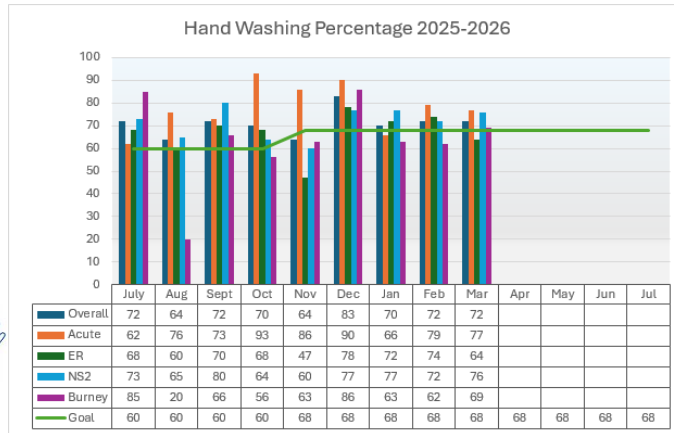
resources, including the care closet and substance use recovery services. Ongoing community programming includes weekly children’s activities, senior engagement events, wellness programming, and recovery meetings.



Clinical Services Division Board Report - April 22nd, 2026
Prepared by Tiffani McKain & Kevin Davie

Infection Prevention - submitted by Kristen Stephenson

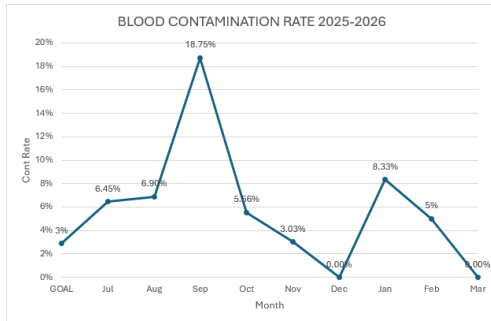
- Hand Hygiene: Facility overall 72% compliance for the month of March.
- New Spring signage placed on all the hand sanitizer dispensers throughout facility.





Blood Culture Contamination

- 0% in March with 16 cultures drawn (average is 28/month)
- New diversion device implemented on 4/9/2026 in the ER and Acute floor. This device is known to improve contamination rates. ER and Acute will be doing a 3-month trial with the device.



BLOOD CULTURE CONTAMINATION RATE									
	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
# Total Cultures	31	29	16	18	33	41	36	40	16
# Contaminated Cultures	2	2	3	1	1	0	3	2	0
# Positive Cultures	3	4	3	2	3	3	1	5	0

Blood Contamination Rate	
Month	Cont Rate
GOAL	3%
Jul	6.45%
Aug	6.90%
Sep	18.75%
Oct	5.56%
Nov	3.03%
Dec	0.00%
Jan	8.33%
Feb	5%
Mar	0.00%

Transmission-based Precautions Signage update

- The previous signs were outdated, less visually engaging, and did not provide as much helpful information as needed.
- The new signs have been redesigned to better support both staff and visitors.
 - Color-coded for quick and easy identification
 - Clear, concise information at a glance
 - Double-sided with additional guidance for staff and visitors



MRHC – submitted by Kimberly Westlund

- The Medically Tailored Meals Initiative has expanded to serve Fall River, McArthur, Dana, Cassel, Hat Creek, and areas beyond Burney proper. There are currently two referrals in progress.
- In addition to colonoscopy and Cologuard services, Shield is now available as a blood-based screening option for colorectal cancer.
- The Partnership medical record survey was successfully completed, with no deficiencies identified.
- The clinic hosted an information booth and participated in the Kindergarten Round-Up in Big Valley last Friday, providing families with information about available services and guidance on school-entry immunization requirements.



Service Excellence Initiative – submitted by Tiffani McKain

- During this reporting period, *Goat Madness* was successfully launched under the leadership of the SEAs and generated strong engagement across departments. The initiative resulted in more than 60 “Do It” submissions, with departments identifying and implementing actionable strategies aimed at enhancing patient, resident, and/or employee satisfaction.
- We would like to recognize and commend the following departments for their enthusiastic participation and thoughtful “Do It” submissions:

Activities • Acute • Business Office/HIM • Cardiac Rehab • ER • EVS • HR • Imaging • IT • MHF • MRHC • Pharmacy • PT • Purchasing • SNF. Their collective efforts exemplify a strong commitment to Service Excellence and continuous improvement.



- The winner of *Goat Madness* was the Acute Department for their innovative “White Rose Policy.” The Acute team identified a key opportunity for improvement: the absence of a standardized visual cue to clearly identify patients receiving hospice or comfort care. This gap led to inconsistent staff awareness and created the risk of unintended disruptions,



excess noise, or insensitive interactions during end-of-life care. To address this, the Acute team developed and implemented the White Rose visual cue program. A laminated image of a white rose is placed outside the room of patients receiving hospice or comfort care to clearly signal the need for a quiet, respectful, and compassionate environment. The policy outlines clear criteria for placement, defines staff responsibilities, and sets behavioral expectations to ensure consistency across all departments. This thoughtful and patient-centered initiative promotes dignity, empathy, and respect during some of the most critical moments of care, exemplifying true Service Excellence.

- Prepared training materials, binders, and recognition activities in support of the Year 1 Service Summit and the launch of Year 2. Supported courses and sessions: Leadership Briefing, SEC Refocus and Review Workshop (including worksheets), SEA Orientation for incoming Year 2 SEAs, Growth-Minded Leadership, and the Service Excellence Ambassador course.
- The Service Excellence Council completed the confirmation of the Year II Service Excellence Teams:

Team: Service Excellence Council		
	Name	Position
1	Theresa Overton	Chair
2	Jessica DeCoito	Vice-Chair
3	Dana Hauge	OASIS Super Coach
4	Euan Harrington	SEA Super Coach
5	Daniel Fischer	Provider Super Coach
6	Jack Hathaway	Survey Super Coach
7	Sharon Lyons	Ambassador Super Coach
8	Angelina Mercado	Note Taker
9	Michele King	Do It Champion
10	Moriah Padilla	Member
11	Kayla Ramlow	Member
12	Katrina Williams	Member
13	Bridget Bernier	Member
14	Emily Harper	CLS Education Coordinator
15	Ryan Harris	CEO
16	Tiffani McKain	Implementation Coordinator



Team: Service Excellence Advisors		
	Name	Department
1	James Harris	Maintenance
2	Alysa Kennedy	Admitting
3	Richia Castro Larsen	PT
4	Alyson Jones	Rural Health Clinic
5	Monica Lazur	Food & Nutrition
6	Brianna Toney	Food & Nutrition
7	Taylor Eiffert	EVS
8	Jeffrey Campanale	IT
9	Danny Fischer	Provider Relations
10	Erin Glebe	Clinical/HR
11	Jackson Perry	Ambulance
12	Lori Carlson	Scheduling
13	Rowan Dietle	Marketing
14	Tanya Walters	Fall River SNF
15	Shelby Vaughn	Burney SNF
16	Jasmine Garza	Burney SNF

Team: Service Excellence Ambassadors		
	Name	Department
1	Euan Harrington	IT
2	Katrina Williams	Pharmacy
3	Chris Gibson	ER
4	Jennie Robb	Nursing
5	Katelyn Agee	Nursing

Team: OASIS: Service Standards & Key Words		
	Name	Position
1	Harold Swartz	Captain
2	Daryl Schneider	
3	Susan Garcia	
4	Alex Johnson	
5	Lori Gibbons	
6	Sondra Comancho	
7	Sophia Rosal	
8	Jeff Miles	
9	Kevin Davies	
10	Amy Parker	
11	Kristi Schultz	
12	Chris Gibson/Ambassador	
13	Katelyn Agee/Ambassador	
	Keith Earnest	Executive Team Liaison



Team: OASIS: Onboarding		
	Name	Position
1	Hollie Lappin	Captain
2	Michelle Peterson	
3	Sherry Yochum	
4	Kristen Stephenson	
5	Gabe Shaw	
6	Lindsey Crum	
7	Britany Hammons	
8	Joey Marchy	
9	Kimberly Westlund	
10	Leanne Melang	
11	Marissa Martin	
12	Danielle Olson	
13	Jen Taylor	
14	Jennie Robb/Ambassador	
	Travis/Libby	Executive Team Liaison

Respiratory – submitted by Kevin Davie

RT Manager Recruitment

- Coordinating with Ashley to confirm availability for an in-person visit in May for candidate Tamara Reed.
- Site visit confirmed for candidate Kelly Harris on April 29, 2026.

Mask Fit Testing Compliance

- As of April 21, 2026, 91% of hospital staff have completed the second round of mask-fit testing.

Respiratory Therapy Skills Fair

- The Skills Fair was highly successful, with all applicants receiving strong evaluations.
- Candidates provided positive feedback on the RT team, particularly Noa and Ray, noting their adaptability and effective teaching approach.
- Training was tailored in real time based on participant background:
 - RN-focused sessions emphasized equipment use and operational questions.
 - LVN-focused sessions concentrated on Q&A and recent regulatory changes impacting practice.
 - Met with Tamara Reed and the Respiratory Therapy team to discuss the open RT Manager position.
 - Coordinating with Ashley to confirm availability for an in-person candidate visit in May.
 - Confirmed a site visit for candidate Kelly Harris.



- Mask Fit Testing Compliance
 - As of April 21, 91% of hospital staff have completed the second round of mask-fit testing.

Cardiac Rehab- submitted by Zita Biehle

- The department is actively working to expand the use of Zio Holter monitoring services through targeted outreach to providers. Efforts are underway to increase awareness and referral volume. In collaboration with Rowan, Mayers Memorial Hospital branding is being added to Zio educational brochures. These materials will be distributed to local providers to strengthen program visibility and support referral growth.
- Successfully restarted its monitored program utilizing a new monitoring system. This system represents a significant advancement in care delivery, allowing staff to remain physically present with patients while monitoring cardiac activity in real time, rather than being stationed at a central monitoring computer. This change improves patient safety, supports more immediate clinical response, and enhances patient engagement during exercise sessions.

Pharmacy – submitted by Keith Earnest

- CHC, Mayers’ Group Purchasing Organization (GPO), is facilitating the contract renewal process with the pharmacy wholesaler, McKesson. The new contract is expected to generate approximately \$6,000 in annual cost savings.
- The hospital continues to prioritize safety and efficiency by converting IV medications to premixed formulations whenever possible. Recently, the pharmacy transitioned to premixed Piperacillin/Tazobactam (antibiotic) and is currently in the process of converting to premixed Calcium Gluconate (electrolyte) IV piggybacks.
- Gary Pinkley, Pharm.D., hospital pharmacist, is also updating the ischemic stroke policy to include tenecteplase, a “clot buster” administered as an IV push rather than an infusion. This more efficient administration method may help reduce treatment complexity and minimize delays in transferring patients.

Pharmacy - submitted by Kristi Shultz

- Pharmacy System Downtime & Ongoing Performance Issues (03/24/2026 – Present)
Following the previously reported system outage from March 11–13, 2026, the pharmacy experienced an additional critical system failure on March 24, 2026, when the pharmacy server crashed and temporarily took the Liberty pharmacy system offline.
- Internal IT partnered closely with the pharmacy team and responded promptly, restoring system access on March 25, 2026, by transitioning the pharmacy server to a virtual environment. This collaborative effort allowed operations to resume; however, the system



has continued to experience performance challenges, including slower processing speeds that have impacted workflow efficiency and limited prescription throughput.

- Pharmacy staff and IT have continued to work together to adapt workflows in real time to maintain patient care and service standards while these issues persist. As of April 20, 2026, IT is coordinating the arrival and implementation of upgraded internet infrastructure, which is expected to significantly improve system performance and restore functionality to expected levels.
- Welcomed Gabe Sutton as a new Retail Clerk. Please join us in welcoming him to the Mayers team.
- Pharmacist update: R’Kia is no longer with the organization. We currently have an open pharmacist position and are actively working to recruit and fill the role.
- The retail pharmacy successfully completed an audit conducted by OptumRx with no findings. This outcome reflects the team’s strong compliance practices and continued commitment to operational excellence.
- Prescription volume remains elevated, increasing demand on staff and workflows; however, the team has continued to maintain continuity of care and prioritize patient access to medications despite ongoing system challenges.

Physical Therapy- submitted by Daryl Schneider

- The Physical Therapy Department is pleased to share several positive updates highlighting our commitment to education, patient engagement, service excellence, effective communication, and community connection.
- Supported nursing education by leading the Physical Therapy station at the Annual Nursing Skills Fair. The station reinforced safe patient mobilization, including gait belt use, transfers, assistive devices, and mobility best practices. The Disney-themed approach enhanced engagement, and nearly all RNs and LVNs across both campuses participated.
- The department launched a new initiative to collect patient feedback by sending letters to recently discharged patients, soon to be provided at discharge. Letters include a pre-stamped return envelope and invite testimonials. This effort aligns with Marketing to highlight patient experiences and improve outreach through channels such as social media.
- The OASIS team has achieved 81% compliance with voicemail standards, with 96 of 119 audited voicemails meeting criteria. Remaining issues are being addressed with IT after some recordings reverted to automated messages. Corrective actions are underway to maintain compliance.
- A community bulletin board was added to promote hospital-supported and local events, encouraging patient and community engagement. Examples include the TCCN Touch-a-Truck event and a hospice-benefiting fishing tournament. Only hospital and community-related events are permitted to ensure alignment with organizational values.



Administrative Reporting Regular Board Meeting

Division: CNO Nursing Division

Submitted By: Theresa Overton, RN BSN

Reporting Month & Year: April, 2026

Summary:

CNO Highlights – March 2026

SNF

Census - 68

Staffing Overview:

- 3 UA's, 2 RN's, and 1 LVN hired.

Incidents

- SOC-341 – 1 Family/Res and 1 Res/Res
- Falls (BA & FR)
 - Witnessed – 4
 - Un-witnessed – 5
 - CDPH visit for complaint. Plan of Corrections completed.

Ongoing collaboration with Richter to optimize staff role alignment; this is a comprehensive effort that will require additional time to fully implement.

Activities Department Update

Each unit maintains 6–8 structured group activities daily to support resident engagement. Process improvements have focused on increasing individualization and 1:1 engagement, along with enhancements to sensory programming, including servicing the piano to support music-based activities. Program development efforts continue to expand sensory and individualized programming, with an emphasis on strengthening supporting documentation.

Acute

March 2026 Performance Dashboard

- Acute ADC: 1.16
- Acute ALOS: 6.83
- Swing Bed ADC: 3.83
- Swing Bed ALOS: 14.21
- OBS Census Days: 3



Staffing Overview

- Use of Registry: 2 FTE RNs
- New Hires: 2 newly graduated RNs currently participating in a 12-week orientation program

Initiated Quiet Hours Campaign through education with staff, including implementation of noise stop light meter and distribution of new policies in alignment with program.

Submitted 14 Do-IT projects for GOAT Madness, with participation from nearly all staff. This initiative supported team engagement, frontline problem-solving, and culture of continuous improvement.

Quality / Risk / Compliance

- Medication Errors: 1
- Falls: 3

Emergency Services

Census for March 2026

- Total patients treated: 365
- In-Patient Admits: 9
- Transferred to higher level of care: 25
- Pediatric patients: 71
- AMA: 8
- LWBS: 2
- Present to ED vis EMS: 48

Staffing Overview

- 2 NOC RNs on Orientation currently
- Use of 2 NOC RNs Registry Staff

MICN training completed for 2 RNs that will be the educators for the remaining RNs. HALO event preparation has begun

Ambulance Services:

Volume:

- 38-911 calls with 20-Interfacitliy Transfers= 58 calls for service
- Average: 1.93 calls a day

Equipment Mayers II down to smog equipment. working on quotes.

Regulatory activity (surveys, audits, etc.) Getting ready for SSV permits and inspections.

Community or partnership activities: Touch the Truck Event at the fairgrounds

Training Completed This Month: The EMS team is now required to complete hands-on training with the GLIDESCOPE, including performing mannequin intubations and documenting each session through a tracking process.



Surgery:

Volume

- Incoming referrals: 26
- Monthly patient census: 15
- Monthly procedures performed: 19
 - 4 patients underwent more than 1 procedure, such as EGD and colonoscopy

Implemented a new forced air scope drying unit to comply with current best practice per AAMI (Association for the Advancement of Medical Instrumentation) infection control standards

ATP audit results demonstrate effective manual cleaning of scopes prior to high-level disinfection, with readings ranging from 0–2 PPM, indicating appropriate removal of residual organic material.

Outpatient Medical

Census

- March 148 patients

Plan for Cerner Optimization for OPM for identifying barriers within the system.

Social Services

- Burney Annex- 6-female beds up front, 1 female and 1 male bed open in Memory care
- Fall River- 4-female and 3-male beds open
- Meet and Greets: 4 visits all resulting in admission

Clinical Education

- Successful Nursing skills fair Mar 23 & 24th
- Trainings completed this month:
 - BLS - 8 staff members attended
 - NATP class ended on March 9, 2026, with all 3 students completing successfully completed
- Ongoing education initiatives
 - Continued post–mock survey education to support preparation for the current state survey and reinforce best practices in patient/resident safety, including:
 - Narcotic management
 - HIPAA compliance (nurses)
 - Nutrition and hydration monitoring (especially residents consuming <50%)
 - Core nursing practices: documentation, infection control, medication safety, fall prevention, pressure ulcer prevention, and communication

Respectfully Submitted by Theresa Overton, CNO



Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

The District continues to demonstrate stability and progress across key areas. Our financial position remains strong, with 322 days of cash on hand and a notable reduction in accounts receivable days, now as low as 64.2 days. Outpatient departments continue to excel, particularly in wound care and radiology, while our rural health clinic has shown sustained growth and positive patient feedback. Emergency Department visits remain high, reaching levels not seen in the past 16 years. One area of concern is our low census in the skilled nursing facility and the decline in admissions. The team is actively working on partnerships with Partnership Health and increasing advertising efforts to enhance exposure for our skilled nursing facility. Currently, we have several pending admissions.

Progress on FY2026 strategic priorities continues to be solid, with only one outstanding item related to our people's pillar that still needs to be achieved. We are currently on track to meet all FY2026 strategic goals. Additionally, work has already begun on FY2027 priorities, which will be recommended to the board of directors as we shift our focus toward future initiatives.

Infrastructure projects are making good progress, including upcoming contract awards for the Fall River Rural Health Clinic Remodel and Day Care expansion. The Business and Hospice Office remodel is nearly finished, and planning is underway for the Hatcher's Office. Work on our current seismic compliance project is ongoing, with plan reviews happening throughout the month.

Progress continues in clinical programs, including starting Visiting Nurse Services, awareness of cardiac monitoring offerings in Cardiac Rehab, and improvements in pharmacy safety and efficiency. Our Service Excellence initiatives, including the successful "Goat Madness" campaign, foster a culture of continuous improvement and patient-centered care.

Financially, the District remains strong with a net income of \$8 million. Revenue growth is driven by increased outpatient visits and swing bed utilization, while Skilled Nursing revenue declines due to census drops. Expenses are in line with budget, with strategic investments such as the solar project yielding utility savings. The balance sheet is robust, with cash reserves up by \$7.3 million and a current ratio of 13.97.

Our team of 325 employees is supported by ongoing recruitment efforts, focusing on critical clinical leadership roles. We are onboarding new providers and expanding community outreach through internship and CNA programs to build a strong local talent pipeline. The Provider Relations team is finalizing onboarding for our new Chief Medical Officer and actively recruiting for key positions, including a physician for the rural health clinic. We have also made progress in reorganizing the Chief Public Relations division, with staff duties reassigned and interviews underway to fill remaining vacancies. Additionally, the Chief People Officer and I have interviewed several promising candidates for the Director of Quality position, with a site visit scheduled for May 6th. We are also collaborating on future staffing models to establish a framework for the organization's long-term staffing needs.



We continue to track legislative developments that impact rural healthcare, focusing on labor costs, reimbursement, and cost management efforts. Advocacy remains a key priority as policies change. We are actively involved in statewide programs and exploring new funding opportunities, including rural health grants and initiatives to support transformative care. Additionally, the leadership team has met or plans to meet with candidates for the upcoming Congressional District 2 election to ensure they are aware of the critical issues facing rural healthcare. The district will also host HCAI on May 7th for a tour, highlighting the vital role our rural hospital plays in the community.

I am pleased to share that, based on recent interviews with myself and other candidates, the District Hospital Leadership Forum (DHLF) Executive Committee plans to recommend my appointment as the seventh member of their Executive Committee. This opportunity reflects recognition of our organization's leadership in rural healthcare. The recommendation will be presented at the May 19th DHLF Board meeting with the full board voting on my appointment at that meeting.

I also enjoyed my rounding with board member Les Cufaude. Interacting with board members has been very positive, and our staff has appreciated the opportunity to showcase the good work they are doing and the quality care we provide to our community. Additionally, the District's board president and I met with our accreditation consultant to discuss potential changes to our bylaws. Cindy offered valuable guidance, and I expect the board president will provide an update at the next meeting. Overall, our District remains resilient and focused on the future, effectively balancing operational needs with strategic growth and community engagement. We are well-positioned for continued success despite ongoing legislative challenges.