MAYERS MEMORIAL
HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Agenda
August 26, 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 – July 29, 2026		**Attachment A**	**Action Item**	1 min.
4	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS**					
	4.1	Resolution 2026-18 July Employee of the Month		**Attachment B**	**Action Item**	1 min.
	4.2	Skilled Nursing Facility - Written report provided. Questions pertaining to the written and verbal report.	Sharon Lyons	**Attachment C**	Report	2 min.
	4.3	Activities - Written report provided. Questions pertaining to the written and verbal report.	Sondra Camacho	**Attachment D**	Report	2 min.
	4.4	Hospice Quarterly Report – Written report provided. Questions pertaining to the written and verbal report.	Keith Earnest	**Attachment E**	Report	2 min.
5	**BOARD COMMITTEES**					
	5.1	**Finance Committee**				
		5.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.
		5.1.2 Board Quarterly Finance Review			**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 Committee Meeting Report: Chair Hathaway No meeting in August			Report	1 min.

	5.4	**Governance Committee**			
		5.4.1 Committee Meeting Report: Chair Hathaway No meeting in August		Report	1 min.
6	**NEW BUSINESS**				
	6.1	Resolution 2026-19 Authorizing Application for Rural Health Clinic License	**Attachment F**	**Action Item**	2 min.
	6.2	Resolution 2026-20 Authorizing Application for and Receipt of CalRHT Grant	**Attachment G**	**Action Item**	2 min.
7	**ADMINISTRATIVE REPORTS**				
	7.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items.			
		7.1.1 Chief Operations Officer- Jessica DeCoito	**Attachment H**	Report	5 min.
		7.1.2 Chief Financial Officer – Travis Lakey		Report	5 min.
		7.1.3 Chief People Officer – Libby Mee		Report	5 min.
		7.1.4 Chief Clinical Officer – Keith Earnest		Report	5 min.
		7.1.5 Chief Nursing Officer – Theresa Overton		Report	5 min.
		7.1.6 Chief Executive Officer – Ryan Harris		Report	5 min.
8	**OTHER INFORMATION/ANNOUNCEMENTS**				
	8.1	Board Member Message: Points to highlight communications to staff and on social media		Discussion	2 min.
9	**MOVE INTO CLOSED SESSION**			**Action Item**	2 min
10	**CLOSED SESSION**				

	10.1	Update on Existing Litigation (Gov. Code § 54956.9)
		• Two Cases
		  ○ Case name withheld pursuant to Government Code § 54956.9
		  ○ Case name withheld pursuant to Government Code § 54956.9			

	10.2	Update on Real Estate (Gov. Code §54956.8) • Property: APN 028-340-048-000			
11	**RECONVENE OPEN SESSION**			**Action Item**	2 min.
12	**ADJOURNMENT:** Next Regular Board Meeting September 30, 2026				

Posted: 08.20.26

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Minutes
July 29, 2026 @ 1:00 PM
Fall River Boardroom at MMHD Hall
43579 Highway 299 East
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 July 29, 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:	**STAFF PRESENT:**
Jeanne Utterback, President	Ryan Harris, CEO
Abe Hathaway, Vice President	Theresa Overton, CNO
Lester Cufaude, Secretary	Travis Lakey, CFO
Jim Ferguson, Director	Keith Earnest, CCO
	Libby Mee, CPO
ABSENT:	Lisa Neal, Board Clerk
Tami Humphry, Treasurer	

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 June 24, 2026, as corrected, was made, seconded, and carried.	**Cufaude/ Ferguson**	**Approved by All**

4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	Resolution 2026-17 June Employee of the Month: Cathy Drenon - It is difficult to pick just one in the I RESPECT model. Cathy Drenon consistently embodies the values of Mayers Memorial Healthcare District through her reliability, compassion, and commitment to excellence. She is always willing to cover open shifts or come in when a coworker is ill, ensuring our patients never feel the impact of short staffing. Cathy thinks outside the box to achieve the best possible patient outcomes and approaches every situation with kindness, fairness, and professionalism. She is a collaborative team player who is always willing to help, support her coworkers, and work across disciplines to provide exceptional patient care. Her dedication, compassionate nature, and unwavering commitment to our patients and team make Cathy truly deserving of Employee of the Month. A motion to accept the June Employee of the Month was moved, seconded, and carried.	**Ferguson / Cufaude**	**Approved by All**

4.2 HLI Certificates Presentation – CEO Ryan Harris thanked the managers for their participation in the program. Executive Leaders presented the program to staff within their respective divisions, and the Board recognized and expressed its appreciation for their dedication to Mayers. Executives, Directors, and most of the management team have completed the program, with new managers expected to participate in future HLI cohorts.

4.3 Outpatient Surgery – written report submitted by Leanne Melang, Outpatient Surgery Manager. Some future considerations include replacing the colonoscopy equipment by the end of the year and discussing bringing in another surgeon for endoscopies, as the current surgeon is considering retirement.

4.4 Patient Access – written report submitted by Amy Parker, Patient Access Manager.

4.5 Health Information Management – written report submitted by Lori Gibbons, Health Information Management Manager. Danielle Olson, Director of Revenue Cycle, was available to address questions.

5 BOARD COMMITTEES

5.1 **Finance Committee**

5.1.1 Meeting Report: Sub-Chair Hathaway. Cash on Hand is approximately 320 days, and the finalized numbers will be available in next month's year-end reports.

5.2 **Quality Committee**

5.2.1 Meeting Report: Chair Cufaude. During this morning's meeting, the Board requested modifications to the graphs for Abuse (staff-to-patient and patient-to-patient) and Falls (with and without staff involvement). Press Ganey scores have declined slightly, with no significant concerns identified; Director of Quality Megan Holte is reviewing and streamlining procedures. Quality Environment of Care (EOC) rounding has begun, with collaboration across Facilities, Infection Prevention, and Nursing. From a risk management perspective, efforts are underway to streamline RL6 reporting and ensure data is accurately categorized within the appropriate Inpatient and ED buckets.

5.3 **Strategic Planning Committee**

5.3.1 Committee Meeting Report: Sub-Chair Utterback provided a report for the July 20, 2026, meeting. Update shared on Master Planning, Deferred Maintenance, and Construction Projects, with continued refinement of the Master Plan and cost estimates, evaluation of HVAC, generator, battery backup, and ongoing coordination with HCAI, architects, and engineers. Current construction projects are progressing, including work at MMHD Hall, the Burney Annex, and FR Clinic, while ancillary projects face potential delays related to fire/smoke dampers and field conditions. Strategic priorities remain focused on quality, people, growth, communication, and financial performance, including continued progress on the Service Excellence Initiative, recruitment and development of Visiting Nursing and Echo services, exploration of a Burney Retail Pharmacy and potential collaboration with Shasta Regional Medical Center, and implementation of the new chargemaster contract and upcoming audit. The Board was also informed of an opportunity to apply for California Rural Health Transformation grant funding and the CEO's upcoming participation in a Renown CEO Retreat.

5.4 **Governance Committee**

5.4.1 Committee Meeting Report: Chair Hathaway
No meeting in July

6 NEW BUSINESS

6.1 Sierra Health Network. CEO Ryan Harris provided an overview of the Sierra Health Network collaboration following discussions with SHC leadership. MMHD would be the second organization from the Northern California Regional CEO group to join. Participation would provide opportunities for joint vendor and contract negotiations, including potential use of the group for Hub & Spoke initiatives. The District would have the ability to opt in or out of individual initiatives. The proposed membership includes a one-time $50,000 fee, an ongoing $5,000 quarterly fee, and participation-based costs, with fees expected to decrease as the collaboration expands. The Network's board has expressed interest in Mayers joining and has discussed opportunities for collaboration.

Ferguson / Cufaude **Approved by All**

A motion to submit an application to join the Shasta Health Collaboration as a member was moved, seconded, and carried.

7 ADMINISTRATIVE REPORTS

7.1 **Chief Reports:** ***Written reports provided. Questions pertaining to the written and verbal reports of any new items.***

	7.1.1	Chief Operations Officer: Written report submitted by Jessica DeCoito. A verbal update was provided on upcoming change orders, including concrete sidewalk, wall modifications, and gas line work pending PG&E. The PIN 74 and Daycare projects are progressing, and the fire damper work is underway. At MMHD Hall, mini-splits have been installed, and acoustic tiles and fans have been ordered for installation, along with a change order for window installation. The new Burney Annex office space is progressing well, with networking equipment on order; it will support care coordination, medical referrals, the Director of Clinical Services, and two hot desks. Planning continues for the permanent location of the mobile MRI trailer. New HCAI seismic standard options are being reviewed. Legislative activities are currently in recess, with work continuing behind the scenes. The Board also discussed the potential addition of solar systems to recently purchased District buildings and future property acquisitions.		
	7.1.2	Chief Financial Officer: Written report submitted by Travis Lakey.		
	7.1.3	Chief People Officer: Written report submitted by Libby Mee.		
	7.1.4	Chief Clinical Officer: Written report submitted by Keith Earnest. A verbal update was provided, and the Board recognized Imaging/Radiology Manager Harold Swartz and his team for their ongoing efforts to advance the success of Imaging/Radiology services and the mobile MRI program. The CT scanner was brought back online on Saturday and is currently functioning. The scanner has an expected useful life of approximately 10 years and is currently seven years old.		
	7.1.5	Chief Nursing Officer: Written report submitted by Theresa Overton. A verbal update provided that an MDS Coordinator was hired and she started this week.		
	7.1.6	Chief Executive Officer: Written report submitted by Ryan Harris for Public Relations, and an Administration update provided (see Exhibit A attached). In negotiations with Heritage to increase our Mobile MRI days from every other week to 2 days every week. A review of Burney Clinic provider capacity and productivity was completed, with the decision made not to add a provider at this time. Provider needs will be re-evaluated quarterly, and consideration will be given to adding a provider once the average productivity reaches 12 patients per provider. We have worked with the state and confirmed that all of the CNAs' licenses are valid and not at risk during the time the program was revoked, which was unknown to us. Ryan will be adding Executive Discharge Rounding for implementation with the executive leadership team.		
8	**OTHER INFORMATION/ANNOUNCEMENTS:**			
	8.1	Board Member Messaging: • Employee of the Month – Cathy Drenon • Golf Tournament Aug 7 • TCCN events • Recognition of Managers Who Completed HLI • 4-Star Clinic Rating		
9	**MOVE INTO CLOSED SESSION. 3:10 PM**			
	9.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials **MEDICAL STAFF APPOINTMENT** 1. Kokwaro, Alfred Harold, MD		
	9.2	Update on Existing Litigation (Gov. Code § 54956.9) • Two Cases ▪ Case name withheld pursuant to Government Code § 54956.9 ▪ Case name withheld pursuant to Government Code § 54956.9		
	9.3	Personnel (Gov. Code §54956.8) • CEO Evaluation		
	9.4	Update on Real Estate (Gov. Code §54956.8) • Property: 37443 Enterprise Dr, Burney, CA 96013		
10	**RECONVENE OPEN SESSION:** Moved into Open Session at 5:13 pm. A motion to accept the medical staff credential was moved, seconded, and carried.		**Hathaway / Ferguson**	**Approved by All**

11	**ADJOURNMENT:** A motion to adjourn at 5:14 pm was moved, seconded, and carried. Next meeting is August 26, 2026.	**Cufaude / Ferguson**	**Approved by All**

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

EXHIBIT A

CEO Board Report

To: Board of Directors, Mayers Memorial Healthcare District (MMHD)

From: Ryan Harris, MBA, Chief Executive Officer

Reporting Period: June 24 – July 22 (Last 4 Weeks)

Executive Summary

Mayers Memorial Healthcare District (MMHD) has demonstrated sustained progress across its strategic priorities, emphasizing clinical excellence, operational efficiency, workforce stability, infrastructure modernization, and regional collaboration. During this period, the organization has maintained stable clinical operations, achieved notable recognition for patient satisfaction, advanced key infrastructure projects, and strengthened regional partnerships. Financial discipline, regulatory compliance, risk management, and workforce development remain core focus areas to ensure long-term sustainability and community access.

Key Highlights

- **Stable Clinical Operations:** Achieved successful MRI stabilization, 100% MICN certification among nursing supervisors, and expanded pharmacy services.
- **Patient Satisfaction:** Earned recognition via a 4-Star National Rural Rating System Award for patient satisfaction.
- **Infrastructure Progress:** Advanced key projects, including the Fall River Rural Health Clinic remodel and MRI improvements.
- **Regional Partnerships:** Actively pursued regional funding and partnership opportunities, notably the Mobile MRI collaborative and growing partnerships with Pit River Health, Renown, and Shasta Regional Medical Center.
- **Workforce Development:** Experienced recruitment successes alongside ongoing efforts in leadership transition, employee development, and staffing optimization.
- **Quality & Safety:** Maintained a strong focus on quality, safety, infection prevention, and compliance.
- **Operational Oversight:** Addressed operational challenges such as CT outages and ongoing risk and legal oversight.

Strategic Initiatives & Operational Progress

1. Mobile MRI Collaborative & RHTP Funding Summary

- **Regional Collaboration:** MMHD partnered with Northern California rural hospitalists to advance the regional mobile MRI network and secure transformation funding.
- **Funding & Support**: Submitted letters of support and coordinated application details for the Rural Health Transformation Program (RHTP) to help secure funding for the MRI collaboration.
- **Long-Term Planning:** Internal discussions focused on long-range MRI deployment, vendor agreements, contract terms, and expanding service access from biweekly to weekly.

2. Regional Partnership Development

- **Strategic Relationships:** Strengthened connections and built strategic relationships with Renown Health, Sierra Health Network, and Shasta Regional Medical Center.
- **Collaborative Initiatives:** Explored shared services and collaborative projects designed to improve care coordination and enhance long-term organizational sustainability.
- **Rural Health Advocacy:** Maintained active participation in statewide rural health advocacy and legislative initiatives.

3. Workforce & Organizational Development

- **Staffing & Operational Assessment:** Initiated discussions with external consulting firm Wipfli to conduct a district-wide staffing assessment in response to anticipated reimbursement and funding pressures. The review will evaluate department levels, identify efficiencies, and align staffing with patient care and internal goals.
- **Leadership Transitions:** Managed leadership transitions following the retirements of the Chief Public Relations Officer and the Director of Quality, ensuring stability and operational continuity.
- **Key Recruitment:** Completed the recruitment of a new Chief Medical Officer, successfully onboarded a 340B Coordinator and Pharmacist, and advanced clinical support staffing.
- **Retirement & Retention:** Held ongoing discussions regarding retirement plan enhancements to strengthen overall recruitment and retention efforts.

4. Clinical Operations & Provider Productivity

- Completed a provider productivity review, confirming organizational stability and informing future recruitment aligned directly with patient volume thresholds.
- Evaluated scheduling and access capacity to optimize provider efficiency and patient access.
- Monitored CT equipment downtime, including computer replacements for the CT system.

5. Regulatory & Compliance Activities

- **Provider Productivity Review:** Completed a comprehensive provider productivity review, confirming organizational stability and guiding future recruitment efforts aligned directly with patient volume thresholds.
- **Access & Scheduling Optimization:** Evaluated scheduling workflows and access capacity to optimize provider efficiency and enhance patient access to care.
- **Diagnostic Equipment Monitoring:** Closely monitored CT equipment uptime and performance, coordinating necessary hardware updates, including computer replacements for the CT system.

6. Risk Management & Legal Oversight

- **Claim Responsibility & Oversight:** Clarified insurance claim responsibilities and thoroughly investigated prior claims and coverage to strengthen overall organizational oversight.
- **Proactive Legal Management:** Engaged outside counsel as needed to manage legal and liability issues proactively.

Key Issues & Risks

- **Opportunities:** Expanding regional MRI access, securing rural health transformation funding, optimizing workforce deployment, and enhancing regional partnerships.
- **Risks:** Reimbursement uncertainty, workforce recruitment challenges, aging clinical infrastructure, and ongoing regulatory compliance pressures.

Good News & Notable Updates

- **CNA Program Continuity:** Working with CDPH confirmed that existing Nurse Aide Training Programs can safely continue despite NATCEP loss, protecting current

trainees and employed CNAs trained prior to formal notification. Also confirmed that Certified Nursing Assistants who completed training and were employed prior to the formal notice may continue working without interruption. Their certification and employment status remain unaffected by the retroactive NATCEP loss.

CEO Outlook & Priorities for Next Reporting Period

- **Funding Applications:** Finalize and advance funding applications for the Rural Health Transformation program and Mobile MRI initiative.
- **Regional Partnerships:** Evaluate participation levels and potential leadership roles in regional healthcare partnerships.
- **Operational Assessments:** Initiate comprehensive workforce and operational efficiency assessments.
- **Risk & Legal Oversight:** Continue rigorous legal, insurance, and risk management oversight.
- **Regulatory Preparation:** Prepare proactively for evolving reimbursement, regulatory, and accreditation requirements.
- **Strategic Alignment:** Ensure FY27 priorities and the strategic plan remain at the forefront of all operational decision-making.

MAYERS MEMORIAL
HEALTHCARE DISTRICT

RESOLUTION NO. 2026-18

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

DeAn Carter

As July 2026 EMPLOYEE OF THE MONTH

WHEREAS, the Board of Directors 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 DeAn Carter is hereby named Mayers Memorial Healthcare District Employee of the Month for July 2026; and

DULY PASSED AND ADOPTED this 26th day of August 2026 by the Board of Directors of Mayers Memorial Healthcare District 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

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Sharon Lyons DON

Reporting Month & Year: August, 2026

Summary:

Top Projects (1-3):

Implement the CAHPS (Consumer Assessment of Healthcare Providers & Systems) nursing home survey to identify and address concerns, focusing on improving resident/family satisfaction in selected nursing care areas.

Reduce medication errors caused by nurses not following ordered parameters by reinforcing education, auditing compliance, and providing real-time feedback.

Wins (1-2):

- Focused on improving resident quality of life through resident-centered care, staff engagement, interdisciplinary collaboration, and enhanced communication.
- Reinforced expectations for staff communication, active listening, responsiveness, and meaningful interactions with residents and families.
- Continued education and coaching with nursing staff regarding pain assessment, timely interventions, resident advocacy, and follow-up to ensure resident comfort needs were addressed.
- Encouraged collaboration between Nursing, Activities, Social Services, Dietary, and other departments to improve the overall resident and family experience.
- Resident satisfaction increased from 57.6% to 70.4%, representing a 22.2% improvement.
- Family satisfaction increased from 63.7% to 70.7%, representing an 11.0% improvement.

Through focused education, medication pass observations, routine auditing, QAPI review, and real-time coaching, the Skilled Nursing Facility successfully achieved its FY26 medication safety goal and maintained full compliance with Tag F0759 (42 CFR §483.45(f) – Medication Errors). Staff education focused on medication parameters,

high-risk medications, documentation requirements, medication verification, and safe medication administration practices. Despite increases in resident census and medication administration opportunities throughout the fiscal year, the facility maintained an overall medication error rate of 1.35%, substantially below the 5% regulatory threshold

Challenge (1):

Falls- We continue to see falls- we are working closely with HSAG and Quality. We have implemented 2 nurses in the unit d/t high acuity and the falls have decreased. We will be initiating a fall committee in the near future.

Department Reporting
Managers' Meeting and Regular Board Meeting

Manager & Department: Sondra Camacho- Activity Department

Reporting Month & Year: August, 2026

Summary: The Activities Department continues to focus on improving resident quality of life through group, individual and person-centered programming, increased resident engagement, team collaboration, and continued development of the facilities transportation and activity workflows. Recent changes to activity calendars and daily routines continue to be evaluated and adjusted based on resident needs, participation, and facility feedback. The department remains focused on consistency, communication, safety, and creating opportunities for person centered resident and patient engagement across all locations.

Top Projects (1-3):

1. Activity Program & Calendar Improvements

Continuing implementation and evaluation of revised activity calendars and workflows across Burney Annex, Memory Care, and Fall River. Staff are focusing on increased program visibility through overhead announcements, room-to-room invitations, dining-room encouragement, new activity ideas, activities out of the day room in memory care for higher functioning residents and being prepared in activity areas prior to scheduled programs.

2. Resident Transportation & Van Program

Continuing to strengthen and rebuild the non-emergency transportation program through clearer scheduling and communication processes, ongoing safety improvements, and Team coordination. Quarterly van training is being implemented to support continued staff competency and transportation safety.

3. Resident Quality-of-Life Projects

Continuing implementation of resident-centered projects and resources, including environmental enhancements, wall decals in memory care, sensory and non-pharmacological intervention resources, music opportunities, and expanded activities designed to support residents with varying cognitive and functional abilities.

Wins (1-2):

1. Team Collaboration

Activities continue to strengthen collaboration with Nursing, Social Services, CNAs, and other departments. Recent discussions have helped identify opportunities to improve communication surrounding resident transportation, scheduling, participation, and individual resident needs.

2. Continued Growth in Resident Programming

The department continues to expand person centered activity opportunities and evaluate what works best at each location. Staff have remained most what flexible through recent program changes and continue working toward stronger consistency, resident participation, and individualized engagement.

Challenge (1):

Communication and Consistency During Program Growth

As new activity process and transportation workflows are implemented, maintaining consistent communication and clearly defined responsibilities across departments remains an area of continued focus. The department is addressing this through increased communication, clarification of scheduling processes, staff education, and Team collaboration.

Hospice Quarterly Report
Regular Board Meeting

Leader: Keith Earnest, Pharm.D., Chief Clinical Officer

Reporting Month & Year: FY26 Q4

General

- Lindsey Crum, RN, Hospice Manager, is expected to return from leave in early September.
- The hospice office has moved from rented space uptown to the former thrift store building. The new location provides additional space for team meetings. Thank you to the maintenance staff for their work remodeling the space and assisting with the move. IT staff was also very helpful in getting computers and networks set up in the new space.
- The hospice "Fountain of Memories", now a planter, at the Intermountain Fairgrounds has been planted, groomed, and watered by hospice staff and volunteers. It is looking beautiful, just in time for fair.

Regulatory Requirements

- California regulations, as of June 22, 2026, require a *Director of Patient Care Services* with very specific qualifications. Staff member Sheri Crockett, RN meets the qualifications and has assumed this role.

Fundraising/Community

- Ulysses Alvarez donated the proceeds of his senior project, a fishing derby, to hospice. Thank you Ulysses!

Average Patient Days

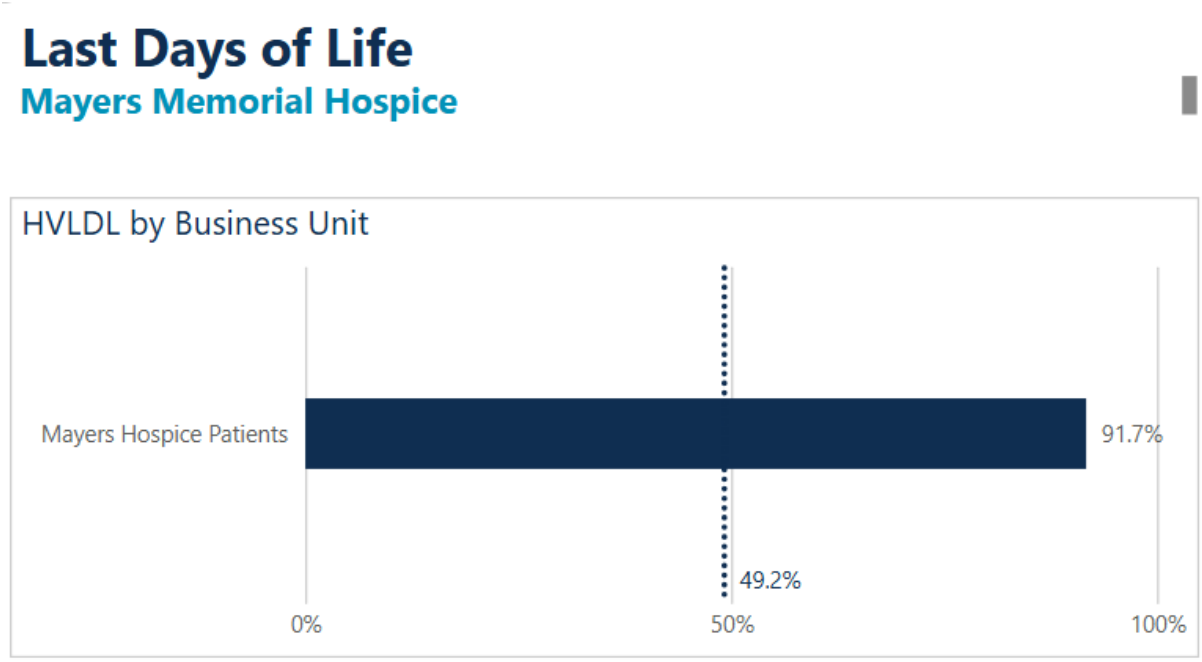
- For fiscal year 2026, average patient days were 4.33. Goal of 3.4. FY25 was 4.71.

Length of Service

- For fiscal year 2026 average length of service was 36.6 days. National average is 79 days. Last year was 48.1 days. The hospice team and medical staff has discussed ideas on how to get referrals earlier.
- To qualify for hospice the patient has to have an estimated prognosis of 6 months or less.

Visits When Death is Imminent

- A quality measure for hospice is *visits when death is imminent*. Hospice patients and families need more support during end of life. The national average is 49.2% of hospice patients receive at least 2 visits in the last 3 days of life. Our hospice score is 91.7%.



Hospice and Skilled Nursing

- Hospice and Skilled Nursing staff set a goal to increase referrals in the SNF setting. The national benchmark is 40% of deaths in skilled nursing are with hospice care. This goal is being achieved with the rate of 41.2% in the first 6 months of 2026.
- The length of stay for skilled nursing hospice patients is less than the length of stay for patients care for at home indicating the opportunity for earlier referrals.
- The Donor Network: For deaths in skilled including hospice, our practice was to call the Donor Network. It is no longer required, relieving a burden on staff and families at the time of death.

MAYERS MEMORIAL
HEALTHCARE DISTRICT

RESOLUTION NO. 2026-19

A RESOLUTION OF THE BOARD OF DIRECTORS OF MAYERS MEMORIAL HEALTHCARE DISTRICT

AUTHORIZING APPLICATION FOR RURAL HEALTH CLINIC LICENSE

WHEREAS, the Board of Directors of Mayers Memorial Healthcare District has determined that it is in the best interest of the District to submit a new Rural Health Clinic application for Mayers Rural Health Clinic Fall River; and

WHEREAS, the Board of Directors desires to authorize an officer to act on behalf of Mayers Memorial Healthcare District to handle all decisions concerning the daily operation of Mayers Rural Health Clinic Fall River.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. **Authorization of CEO**
   Ryan Harris, Chief Executive Officer of Mayers Memorial Healthcare District, is hereby authorized and directed to prepare, execute, submit, and file any and all applications, forms, supporting documents, agreements, and other materials necessary to apply for and obtain a Rural Healthcare Clinic License for Mayers Rural Health Clinic Fall River, on behalf of Mayers Memorial Healthcare District.

2. **Authority to Act**
   The CEO is further authorized to act on behalf of Mayers Memorial Healthcare District and to handle decisions concerning the daily operation of Mayers Rural Health Clinic Fall River, consistent with applicable law, regulations, District policies, and directives of the Board of Directors.

3. **Ratification**
   Any prior actions taken by the CEO or authorized representatives of Mayers Memorial Healthcare District in connection with the Rural Health Clinic License application are hereby ratified, confirmed, and approved.

4. **Effective Date**
   This Resolution shall become effective immediately upon adoption.

PASSED AND ADOPTED on August 26, 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

RESOLUTION NO. 2026-20

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

AUTHORIZING APPLICATION FOR AND RECEIPT OF CalRHT GRANT

WHEREAS, the Board of Directors recognizes the importance of supporting and advancing rural health services through the California Rural Health Transformation (CalRHT) Program; and

WHEREAS, MMHD may apply for, receive, and administer grant funds made available through the Rural Health Transformation Program, in such amounts as may be determined and awarded by the applicable grantor; and

WHEREAS, the Board desires to formally authorize MMHD's receipt and administration of such grant funds and to confirm MMHD's ability to manage the funds in accordance with applicable grant requirements, laws, regulations, and grant agreements; and

PASSED AND ADOPTED on August 26, 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

Executive Leadership Reporting
Regular Board Meeting

Executive Leader: Jessica DeCoito, COO

Reporting Month & Year: August 2028

FR Rural Health Clinic Remodel & Ancillary Projects
The Owner, Architect, and Contractor (OAC) team continues to meet weekly to review project progress and maintain alignment among all stakeholders.

The FR Rural Health Clinic (RHC) Remodel project continues to progress as planned, with HVAC installation scheduled for this week. We anticipate the boring contractor being onsite next week to coordinate and finalize details prior to beginning the work.

The PIN 74 and FSD projects are scheduled to begin in early October, with the daycare remodel slated to begin in mid-October.

Masonic Hall Update
The mini-split systems have been a great addition to the building, providing a much more comfortable environment for staff and visitors. We have received the acoustic ceiling tiles and will install them once the crew has completed the Hatcher office remodel.

Hatcher's Office
The crew has made great progress on the remodel. Flooring installation is expected to begin this week, with finishing details to follow. We anticipate the remodel will be completed by the end of August.

Fiber installation for the building has been approved; however, it will not be completed by our scheduled move-in date. To keep the project on schedule, we will install Ubiquiti systems to provide the necessary connectivity for team members to move in and begin working at the end of August. The permanent fiber installation will be completed afterward.

MRI Trailer Location
We have continued to work with Aspen Street to help us create a set of engineered drawings for the relocation of the power connection for the MRI trailer in it's new location.

Master Plan Update
Our architects and engineers continue to assess the structural and non-structural improvements needed to meet current seismic requirements. Their evaluation will provide estimated costs for the necessary upgrades and help us develop additional Master Plan options for the Board to consider, including potential opportunities to leverage Small and Rural Hospital Relief funding.

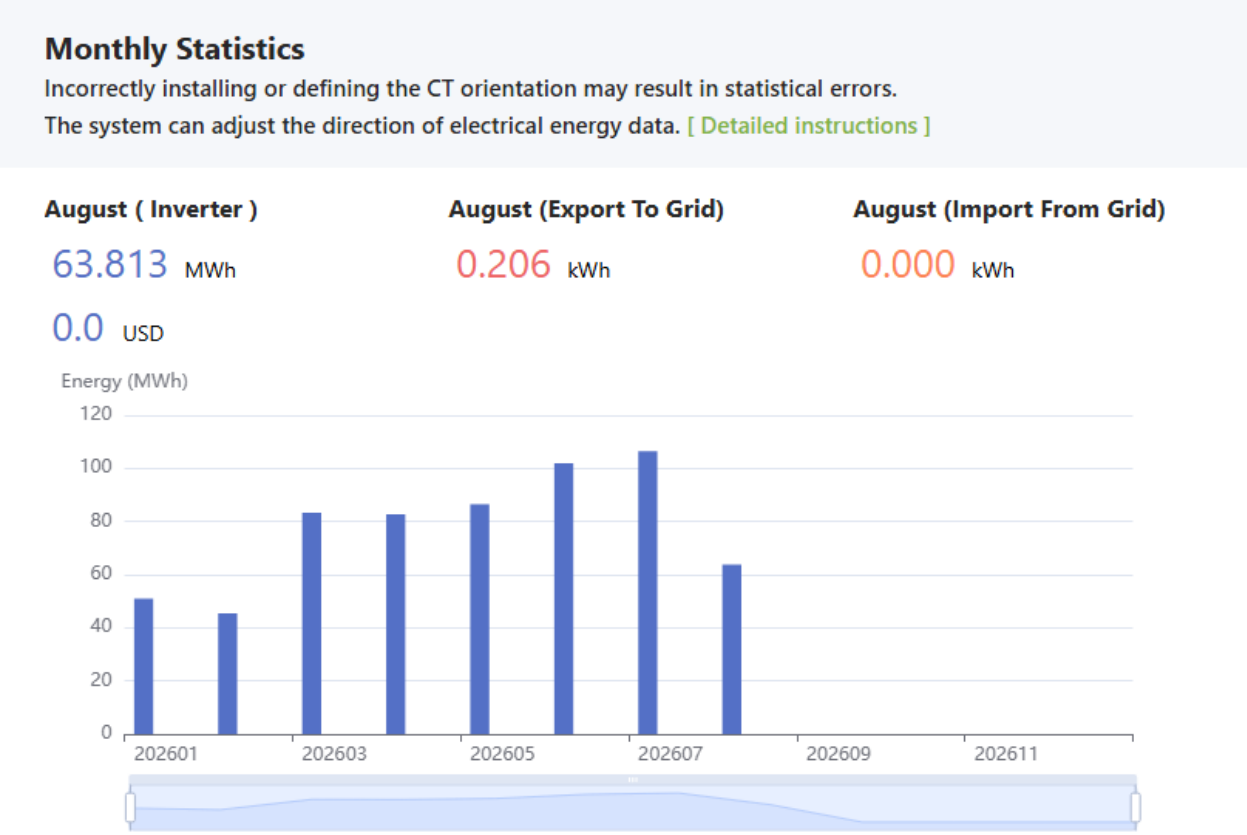
Legislation
I continue to participate in the California Hospital Association (CHA) Advocacy and Legislative Strategy Group calls each week to stay informed on legislative developments affecting rural healthcare.

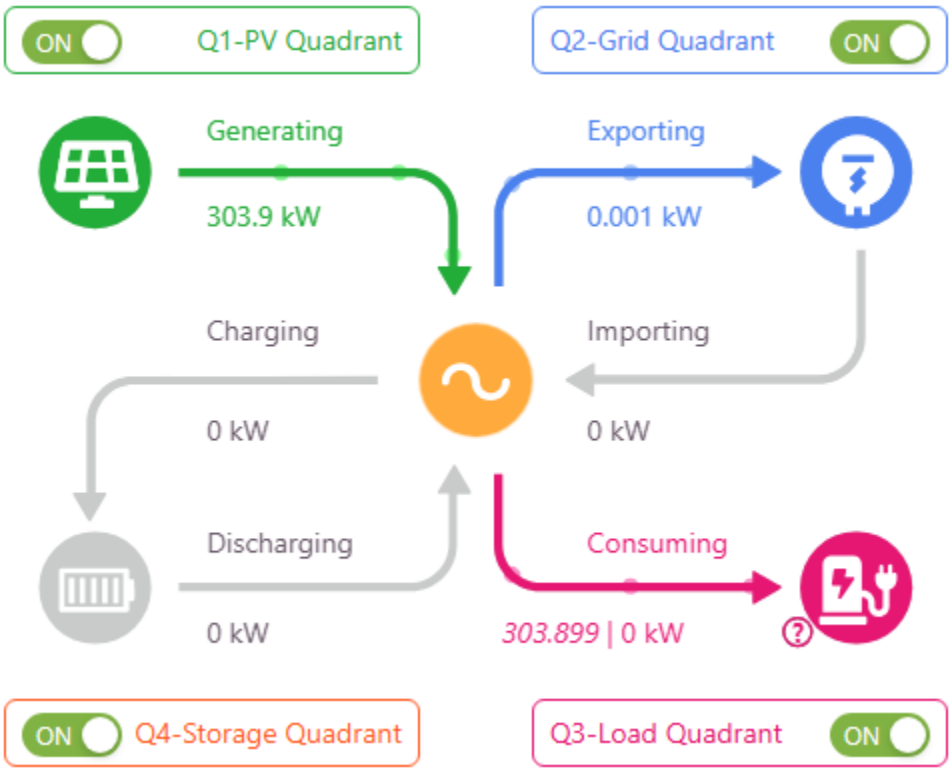
Current topics of significance include:

- **Office of Health Care Affordability (OHCA):** We continue to focus on discussions with OHCA, urging them to reconsider proposed spending targets and procedural penalties.
- **AB 2575:** A strong push to engage with legislators and communicate our concerns regarding this bill, which would impact the use of AI tools in support of patient care.
- **AB 2975:** This legislation requires general acute care hospitals to install weapons-detection systems at key public entrances to help address workplace violence. The requirements will be enforced beginning March 1, 2027. We are awaiting the release of OSHA's proposed requirements and anticipate a public comment period once they are available.

Survey Preparation
Operations departments have joined forces with the Director of Quality to conduct weekly rounding throughout the SNF to ensure we remain prepared for survey. Our teams have been diligent in their preparation and continue to stay engaged, proactive, and survey-ready.

Solar




ON
Q1-PV Quadrant
Q2-Grid Quadrant
ON
Generating
303.9 kW
Exporting
0.001 kW
Charging
0 kW
Importing
0 kW
Discharging
0 kW
Consuming
303.899 | 0 kW
ON
Q4-Storage Quadrant
Q3-Load Quadrant
ON

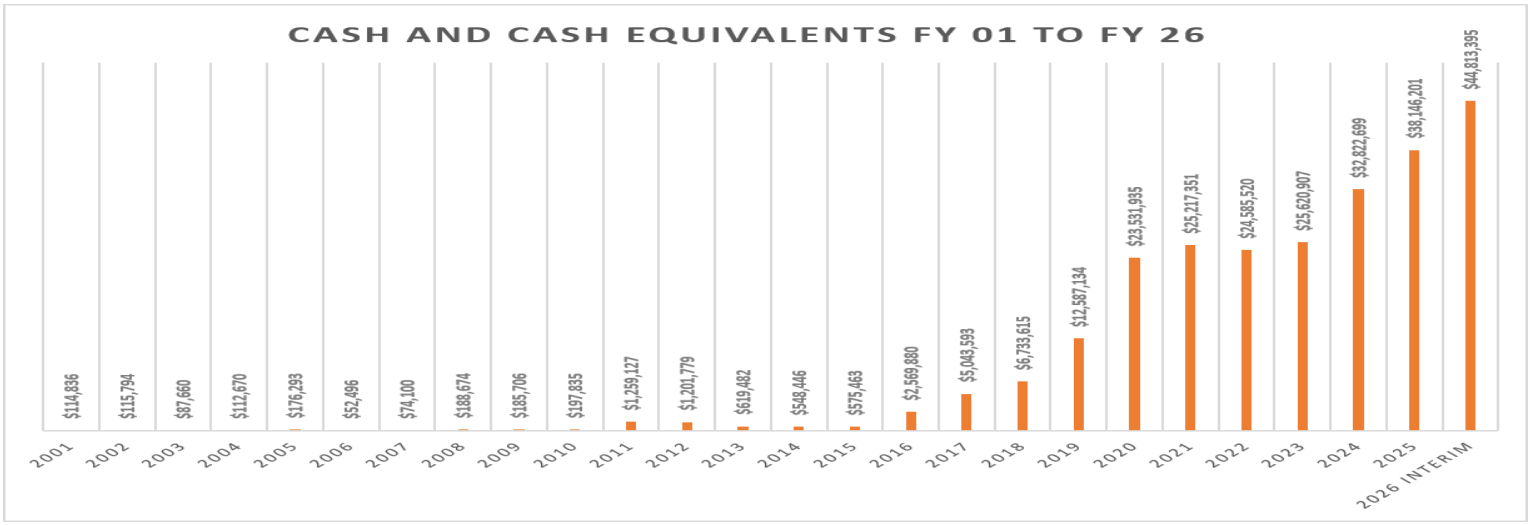
Executive Leadership Reporting
Regular Board Meeting

Executive Leader: Travis Lakey CFO

Reporting Month & Year: August 2026

Ratios	FY 26 YE	FY 25 YE	
Cash on Hand	311	298	YE
Net Income YE	4,940,466	5,772,091	YE
Current Ratio	9.3	9.3	YE
AR Days	64.3	70	YE
Accounts Payable	1,389,341	1,097,375	YE
Daily Gross Revenue	194,326	173,009	YE
YE% of Gross Revenue Collected	62% YTD	61%	YE

1) This month's financial report includes additional commentary, as it covers both the interim FY 2026 year-end results and the first month of FY 2027 financials. I will begin with the FY 2026 year-end notes, followed by the July FY 2027 financial charts and related commentary. Because the FY 2026 year-end charts were provided last month, I have not included them again in this report. This should help reduce the amount of material to review, particularly since there are two financial packets this month.
2) High level overview we had a great year financially and historically for the district with a great bottom line and strong financial metrics. Obviously, we are still working on getting the revenue cycle back to pre-Cerner go live but we have made good progress and will benefit greatly from our chargemaster audit where Corro-Health will meet with all the departments. Below I've included some charts for a historic perspective.


CASH AND CASH EQUIVALENTS FY 01 TO FY 26
$114,836
$115,794
$87,660
$112,670
$176,293
$52,496
$74,100
$188,674
$185,706
$197,835
$1,259,127
$1,201,779
$619,482
$548,446
$575,463
$2,569,880
$5,043,593
$6,733,615
$12,587,134
$23,531,935
$25,217,351
$24,585,520
$25,620,907
$32,822,699
$38,146,201
$44,813,395
2001
2002
2003
2004
2005
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2022
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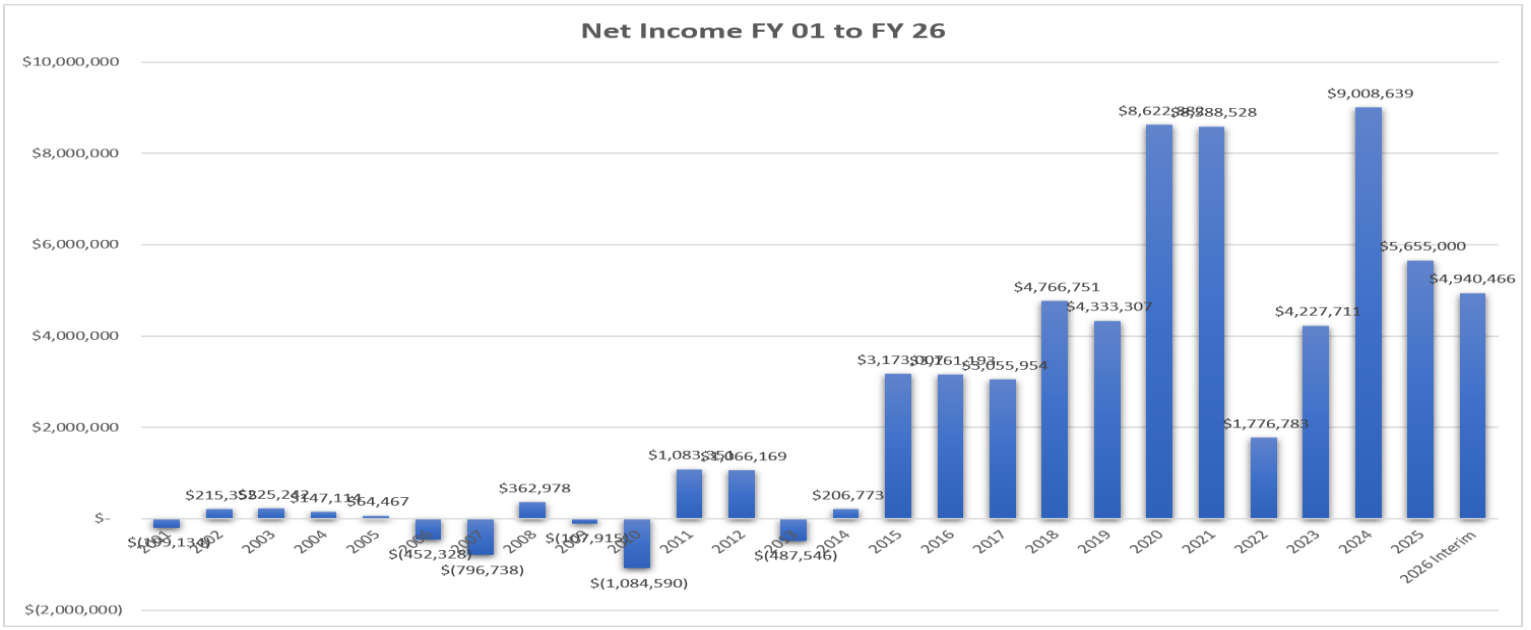
2024
2025
2026 INTERIM


Net Income FY 01 to FY 26
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$-
$(2,000,000)
$(452,328)
$(796,738)
$(1,084,590)
$(487,546)
$206,773
$362,978
$4,766,751
$4,333,307
$1,776,783
$4,227,711
$5,655,000
$4,940,466
$9,008,639
2001
2002
2003
2004
2005
2008
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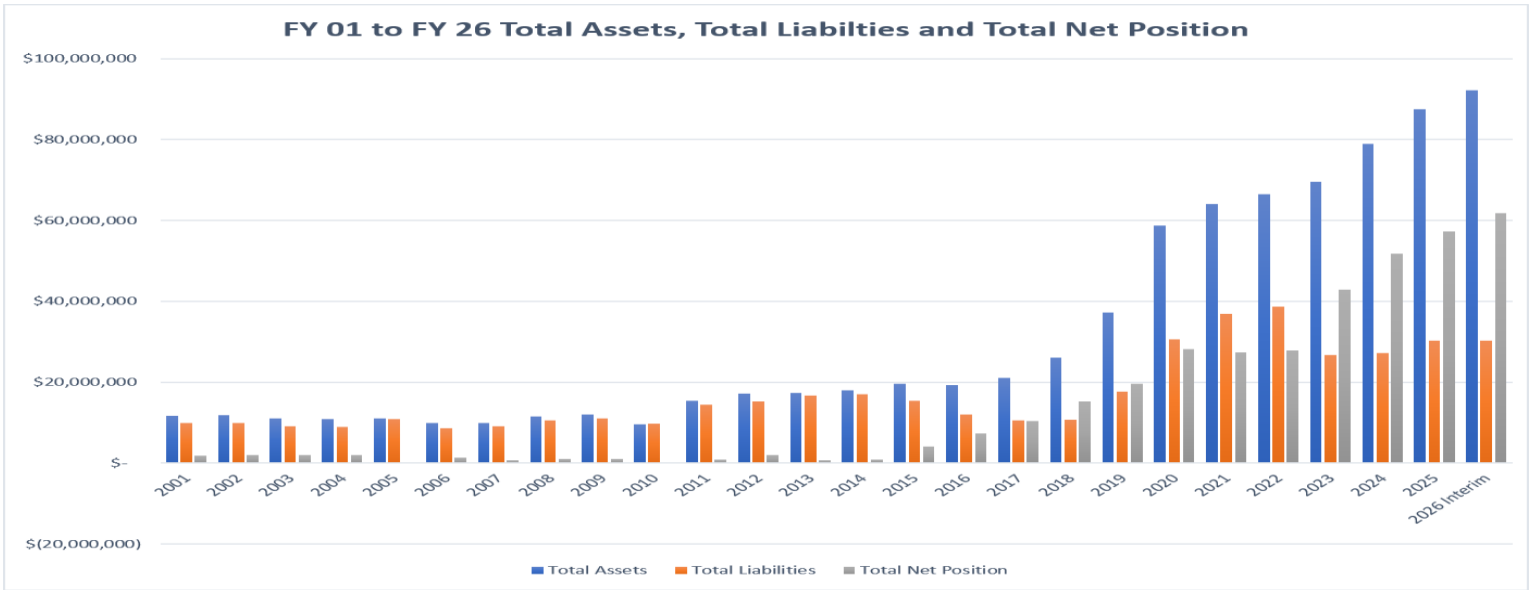
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026 Interim


FY 01 to FY 26 Total Assets, Total Liabilties and Total Net Position
$100,000,000
$80,000,000
$60,000,000
$40,000,000
$20,000,000
$-
$(20,000,000)
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026 Interim
Total Assets
Total Liabilities
Total Net Position

3) Ryan and I attended the District Hospital Leadership Forum (DHLF) meeting, where discussions focused on several significant issues affecting California hospitals. Key topics included the impacts of HR1 and its anticipated effects on Medi-Cal funding and supplemental payments, as well as updates related to the Office of Health Care Affordability (OHCA), the Department of Health Care Access and Information (HCAI), and other state and federal developments.
   The meeting featured presentations from the former Director of the Department of Health Care Services (DHCS) and the outgoing Deputy Director of HCAI. Their experience and perspectives provided valuable insight into the financial, regulatory, and operational challenges hospitals are currently navigating, as well as the potential implications of upcoming policy changes.
4) I provided Fitch with extensive financial information and met with their healthcare financial analysts to review Mayers' current financial position and year-over-year trends. I always find these discussions valuable because Fitch evaluates the organization from an investor's perspective, with a strong emphasis on long-term financial sustainability rather than solely on current-year performance. I will attach the full Fitch report for anyone interested in reviewing the detailed analysis. However, the key takeaway is that the report is favorable. Mayers' underlying financial metrics are effectively performing at an "A" financial profile. Fitch continues to maintain the District's overall rating at BBB, primarily due to structural risks associated with operating a rural hospital, including our relatively small size, payer mix, and reliance on supplemental funding.
   Looking ahead, the 2030 seismic capital plan will be an important factor in future rating assessments. In particular, Fitch will be closely evaluating the scope of the project, the amount of additional debt Mayers ultimately assumes, and the impact that debt will have on our long-term financial flexibility and sustainability.
5) I worked closely with our grant writer to complete and submit an application for the Transformative Payments Grant, which was due July 31. This funding opportunity was limited to a select group of rural hospitals in California that met specific financial and geographic-need criteria. HCAI is expected to select approximately six to twelve applicants for funding.
   We are also currently working to participate in up to three applications under the Transformative Care Model, with applications due August 14th. Under the hub-and-spoke structure of this program, Mayers will participate as a spoke, while the designated hub organizations will serve as the primary applicants.
   In addition, our grant writer, Libby, and I are preparing an application for the Workforce Development Program, which is due August 31. This represents another important opportunity to secure resources to support our workforce needs and long-term sustainability.
   I am hopeful that HCAI will improve the application submission and confirmation process for the upcoming funding rounds. During the Transformative Payments application process, several applicants, including Mayers, were initially informed that their applications remained in a pending status after submission. This required multiple phone calls and emails to confirm that our application had, in fact, been successfully and fully submitted. Given the significance of these funding opportunities and the firm application deadlines, a clearer confirmation process would help ensure applicants can confidently verify that all submission requirements have been completed.
6) Kristi and her team in Retail Pharmacy had a very impressive year picking up the volume of prescriptions operationally from the prior year and maintaining a high level of customer service.
7) The RHC ended the year with a negative bottom line but was a huge part of our increase in volumes on the outpatient side. With their own increased volumes and employed providers vs locums I expect a positive year from the RHC in FY 27.

Income Statement

1) Inpatient Revenue is up compared to FY 25 due to the large increase in Swing Days.
2) SNF Revenue is comparable to last year due to our higher cost-based rates that went into place in January.
3) Outpatient Revenue has increased due to increased visits and procedures in almost every outpatient department with ER leading the way with visits increasing by 10% in FY 26 over FY 25.
4) Contractuals are up due to an increase in revenue and a lower percentage of our revenue, being SNF which is paid very close to our charge vs outpatient which is dominated by Medicare and Medi-Cal with lower payment to charge ratios.
5) Wages are up due to state-mandated wage increases and more overall employees.
6) Employee benefit expenses are higher this year, primarily due to increased utilization of GLP-1 medications and higher overall claims volume. An important consideration is that our employees utilize Mayers' hospital services and retail pharmacy, which allows a portion of these healthcare expenditures to return to the District through patient service and pharmacy revenue. Libby and I also contacted our former broker to compare the current cost of our previous fully insured plan with our current self-insured structure. Even with the significant increase in claims and pharmacy expenses this year, the District remains financially ahead because of the transition to self-insurance. We are currently working with our broker to evaluate plan options and strategies for the upcoming year.
7) Supply expenses are higher, as expected, due to the significant increase in outpatient volumes, which has driven greater utilization of both medical supplies and pharmaceuticals. Additionally, rising drug costs have contributed to the overall increase in expenses.
8) Professional Fees are up due to ER Physician wage increases and higher legal fees.
9) Travelers are up 3% overall due to a large increase in Acute. Ancillary is amazingly close to the same as the prior year.
10) Other Purchased Services are up due to locum docs in the clinic, the radiology group that charges us to read studies and the company that provides our MRI trailer.
11) Utilities are down 10% with the solar field being active half the year. We have also added a couple of buildings this year which reduces the savings.
12) Insurance is up due to increases in our liability coverage and property policies.
13) Interest Expense is down in accordance with our scheduled debt amortization. As our loans mature, a greater portion of each payment is applied to principal and a smaller portion to interest, resulting in a continued decline in interest expense.
14) Depreciation Expense is up due to the Solar Project going live in January.
15) Rental/Lease is down as the prior year we had to rent that large HVAC unit for the new wing for an extended period.
16) Interest income is up $211K from the prior year.
17) Non-Operating Revenue had a great year with retail pharmacy increasing their bottom line over a million dollars and achieving our QIP metrics.
18) Non-Operating Expenses are up as the drug costs for Retail Pharmacy increased with the large volume uptick after Rite Aid closed.
19) Net income ended at 4.9 million, which may decrease as there could be more invoices that haven't come in that belong to the prior year.

Balance Sheet

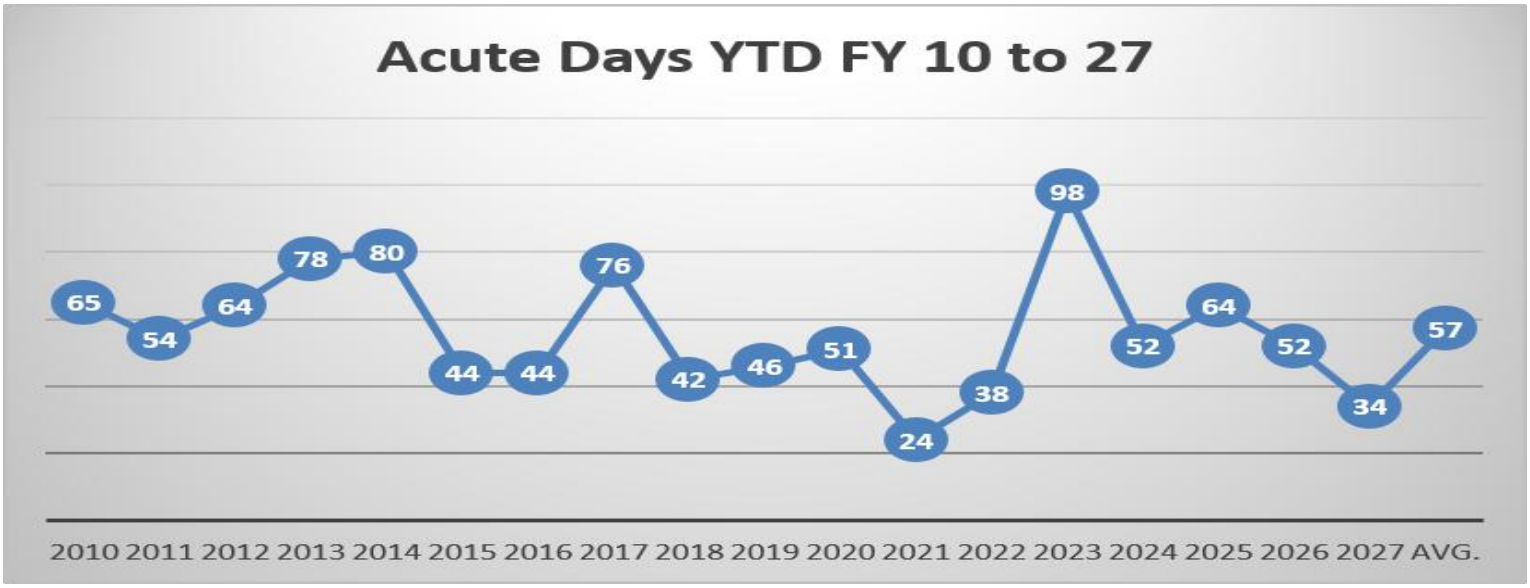
1) Cash is up over 4 million when you include the Mortgage-Backed Securities from FY 25.
2) Inventories are up due to a higher drug stock for Retail Pharmacy.
3) Other Accounts Receivable are up due to our solar rebate receivable.
4) Medicare Settlements have been primarily received for FY 26. It looks like we might just have a small DSH payment that hasn't rolled in yet.
5) Accounts Payable are still open as it's common to get invoices well in September for the prior year.
6) Payroll liabilities decreased from last year due to the timing of payroll in each fiscal year.
7) Notes and Loans Payable are up due to what appears to be an extra solar rebate that showed up in the bank on June 30th. The amount we expected showed up by check the following week.
8) The Fund Balance (Total Net Position) ended at 61.9 million. For reference, in 2010 we had a negative fund balance which means we had more liabilities than assets back then.

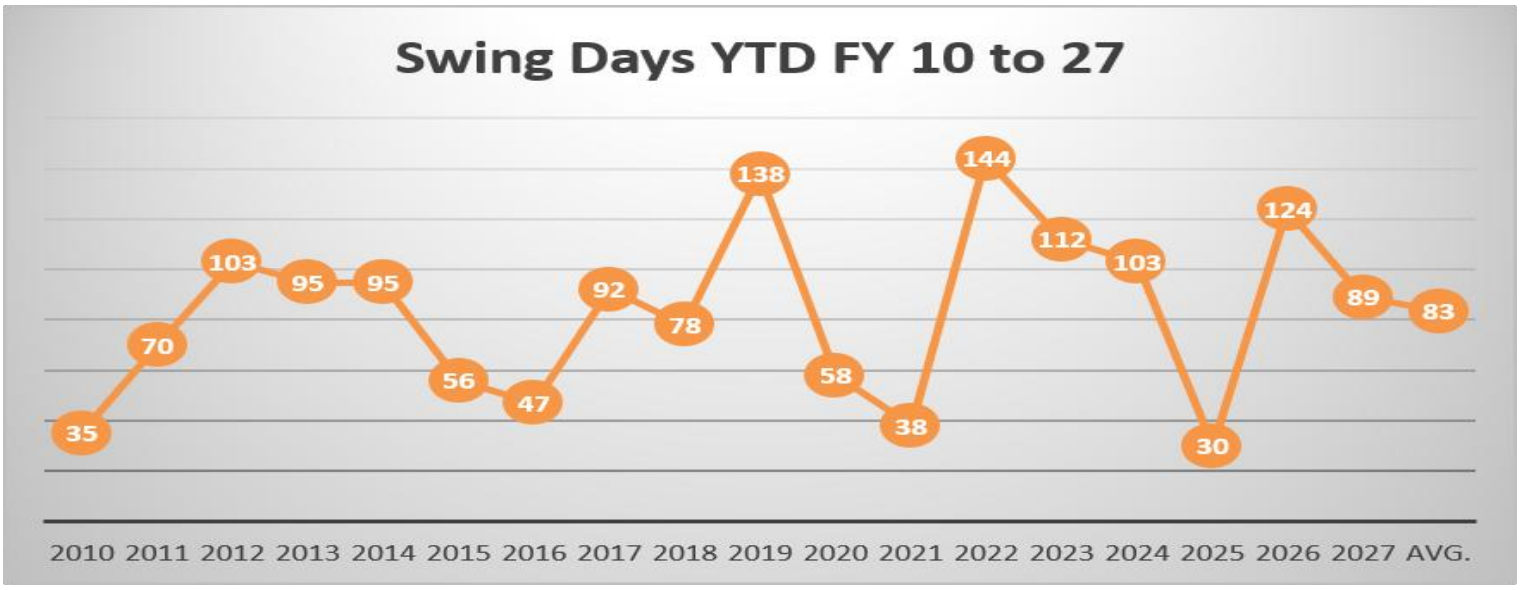
July FY 27 Finance Notes

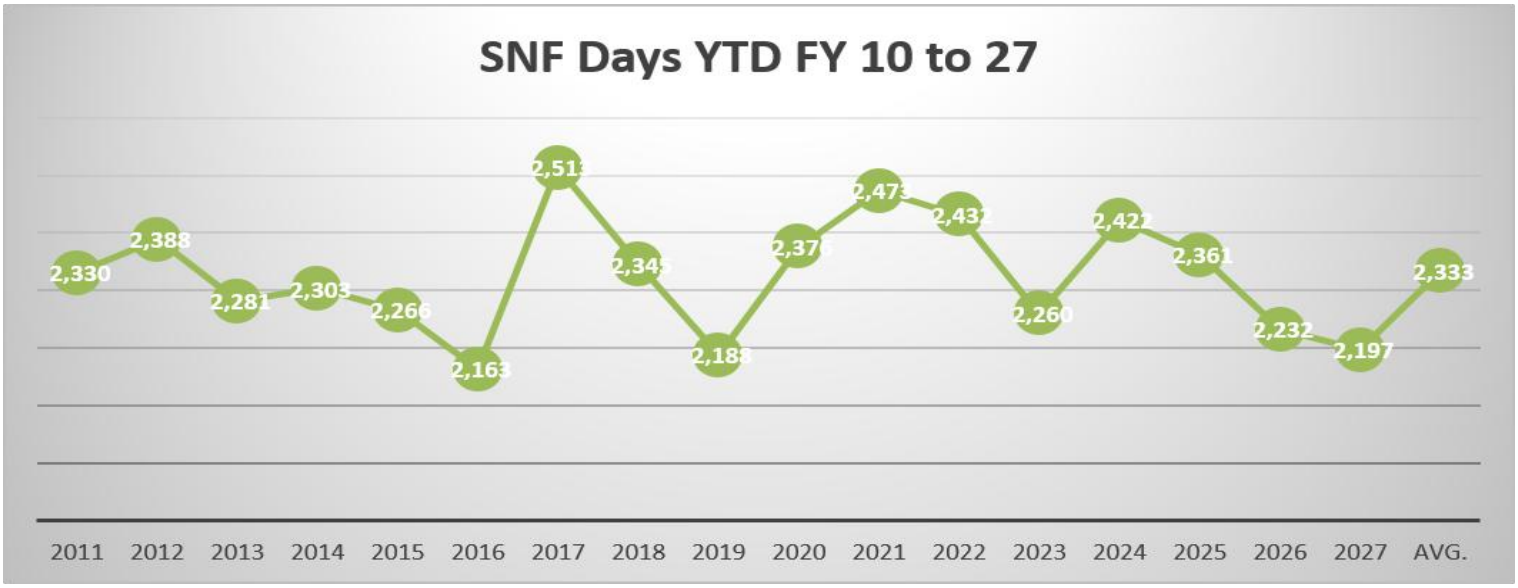
Ratios	FY 27	FY 26 Average	
Cash on Hand	335	253	Avg PY
Net Income	-290,816	421,532	Avg PY
Current Ratio	6.2		
AR Days	69	71	Avg PY
Accounts Payable	930,529	1,355,812	Avg PY
Daily Gross Revenue	187,544	194,325	Avg PY
YE% of Gross Revenue Collected	69%	62%	Avg PY

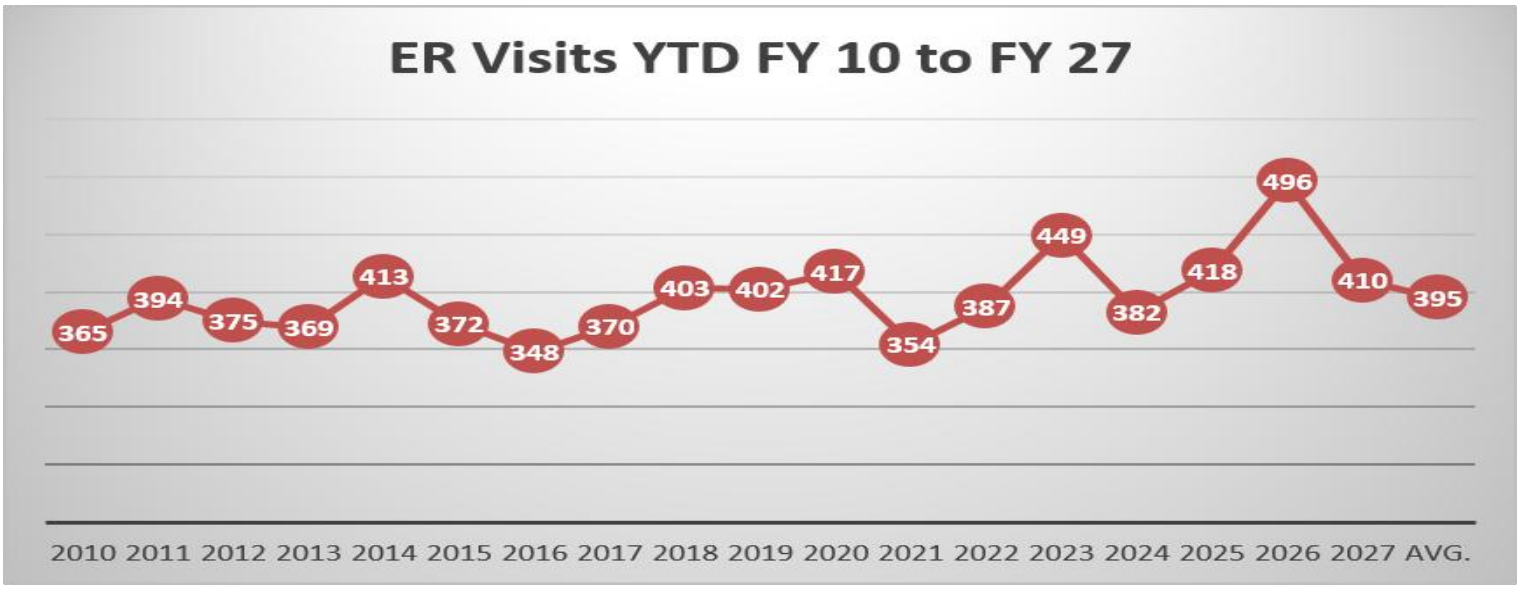
1) One thing I would like to point out in July for stats and financials is that we are only looking at one period out of twelve until we get at least a quarter into the year not to overanalyze the data on an 8.3% sample size.
2) The RHC had a strong month with 938 visits and a very positive bottom line.
3) The Retail Pharmacy's bottom line is lower than last year, primarily due to a significant inventory purchase during the period.
4) Cash on Hand is up but will drop in August due to IGT Payables.
5) Patient collections were high, but our average daily revenue dropped, which increased AR Days overall.
6) The Chart tab will have a 27-line starting next month. If you do it for 1 month it's just a dot that's not visible.

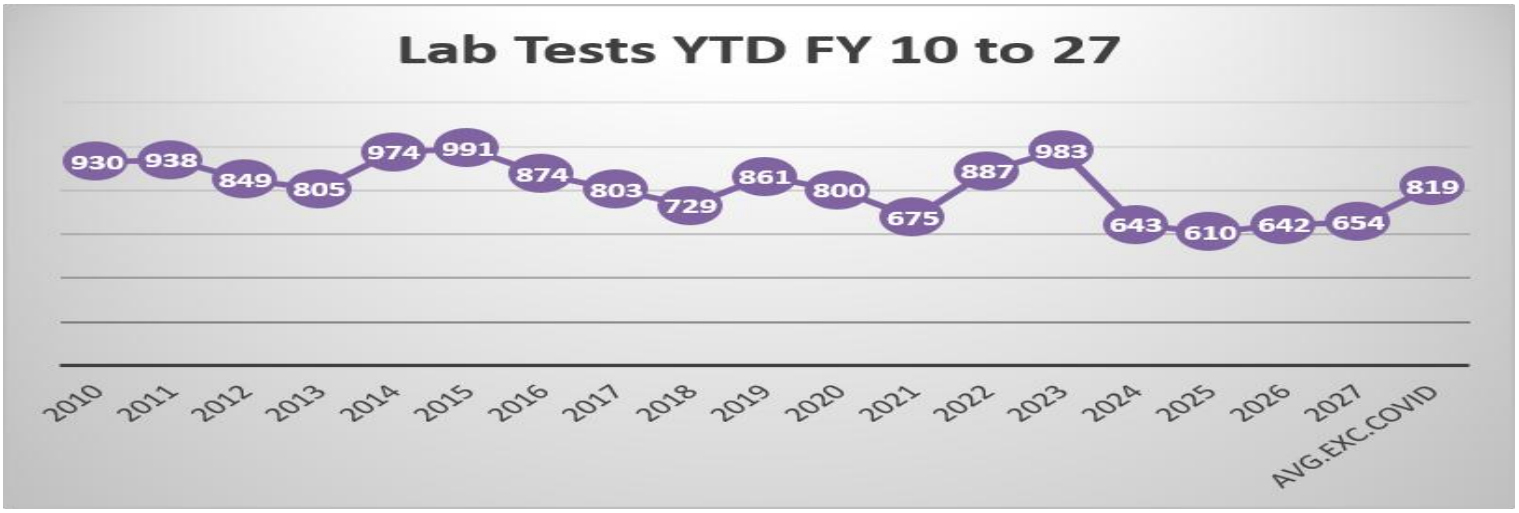
Stats

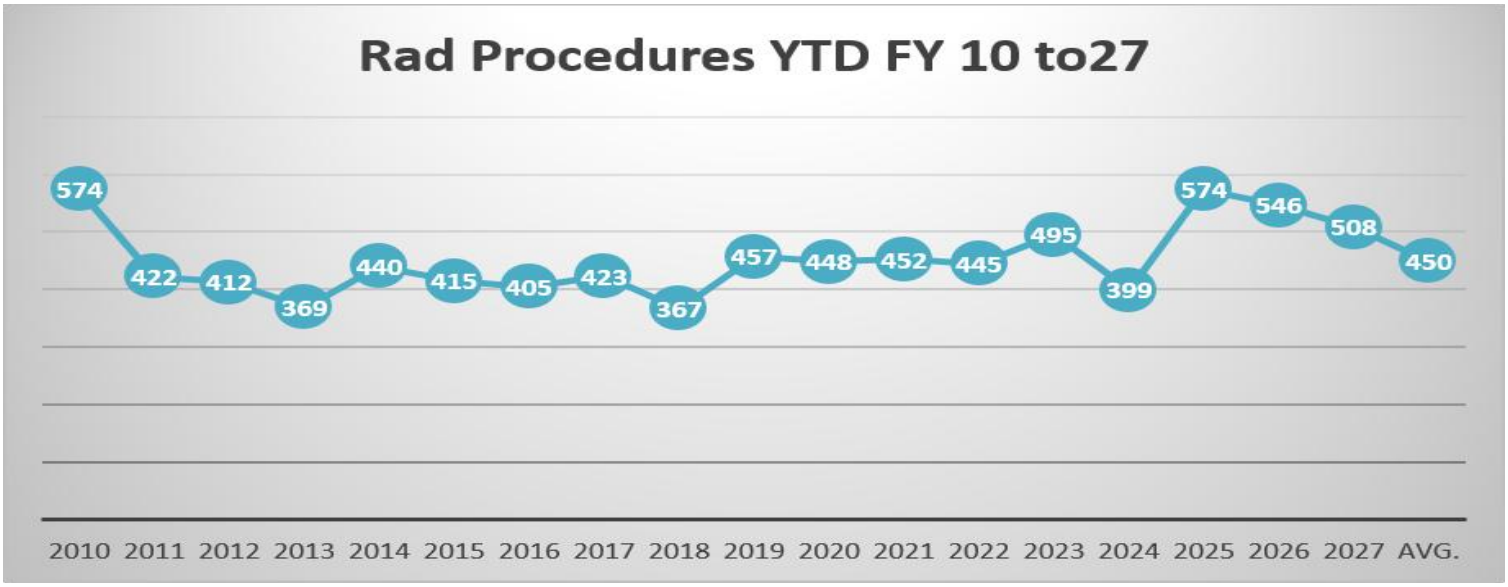

Acute Days YTD FY 10 to 27
65
54
64
78
80
44
44
76
42
46
51
24
38
98
52
64
52
34
57
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.

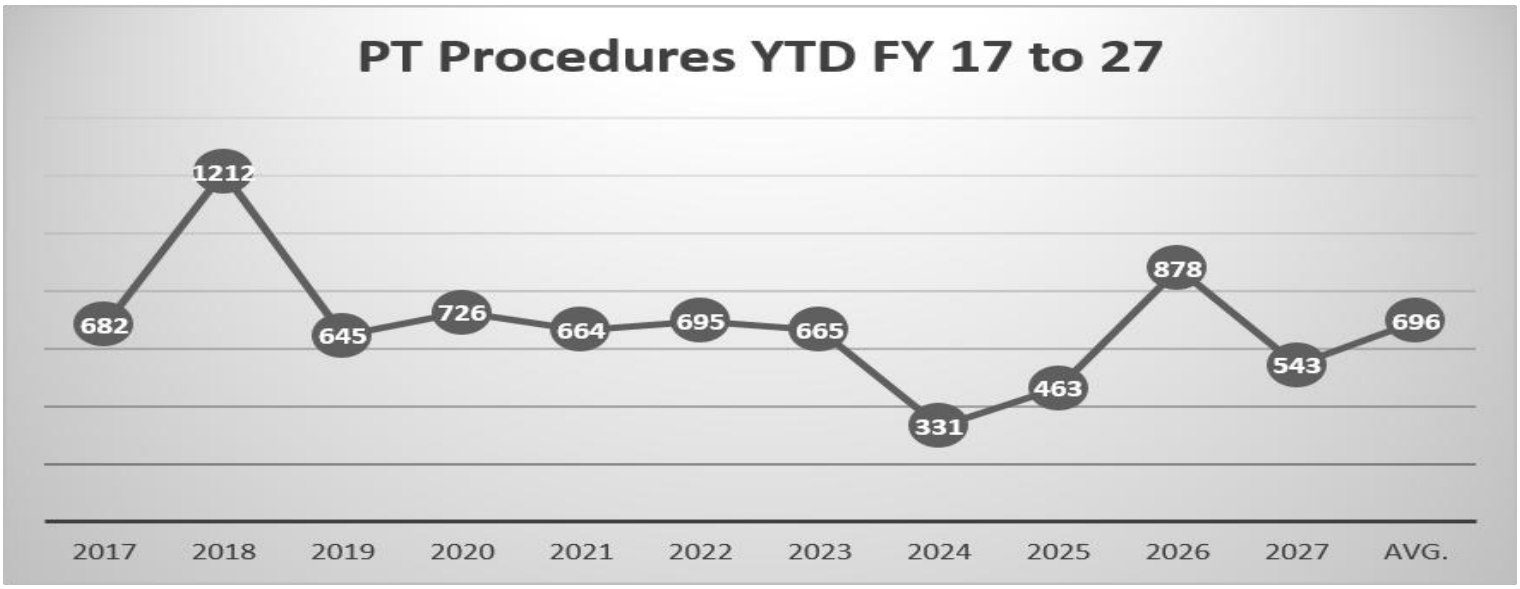

Swing Days YTD FY 10 to 27
35
70
103
95
95
56
47
92
78
138
58
38
144
112
103
30
124
89
83
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.

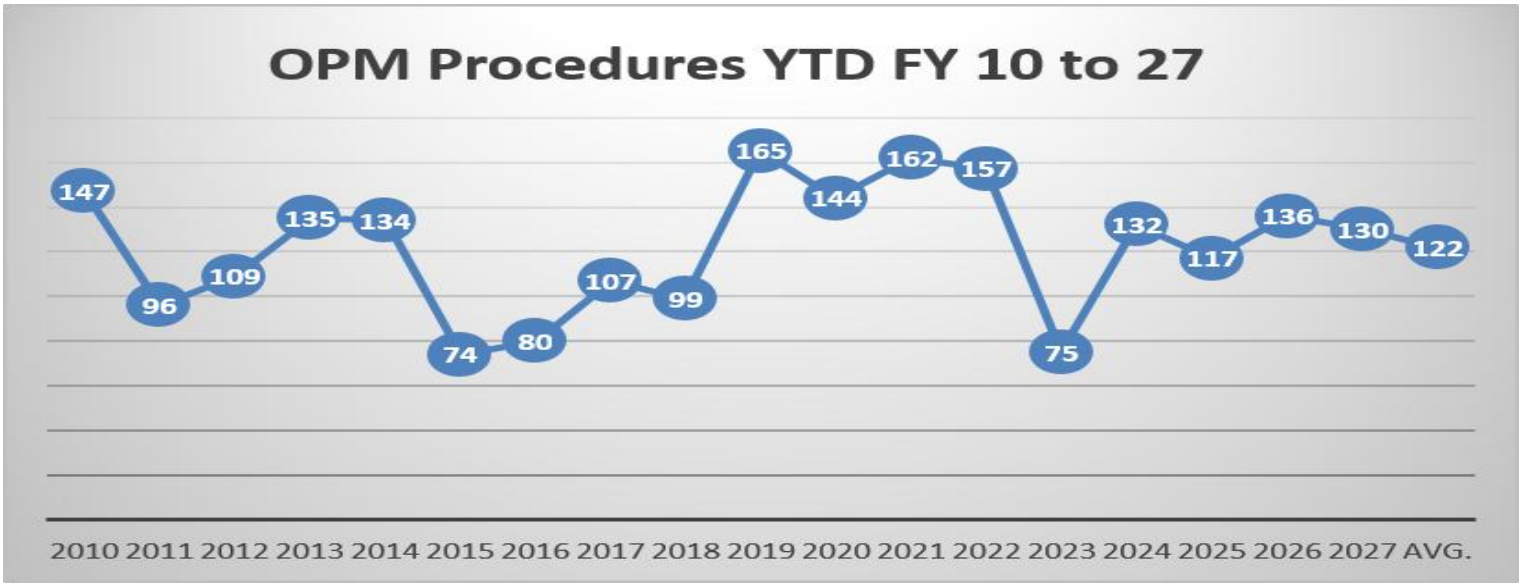

SNF Days YTD FY 10 to 27
2,330
2,388
2,281
2,303
2,266
2,163
2,513
2,345
2,188
2,378
2,473
2,432
2,260
2,421
2,361
2,232
2,197
2,333
2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.

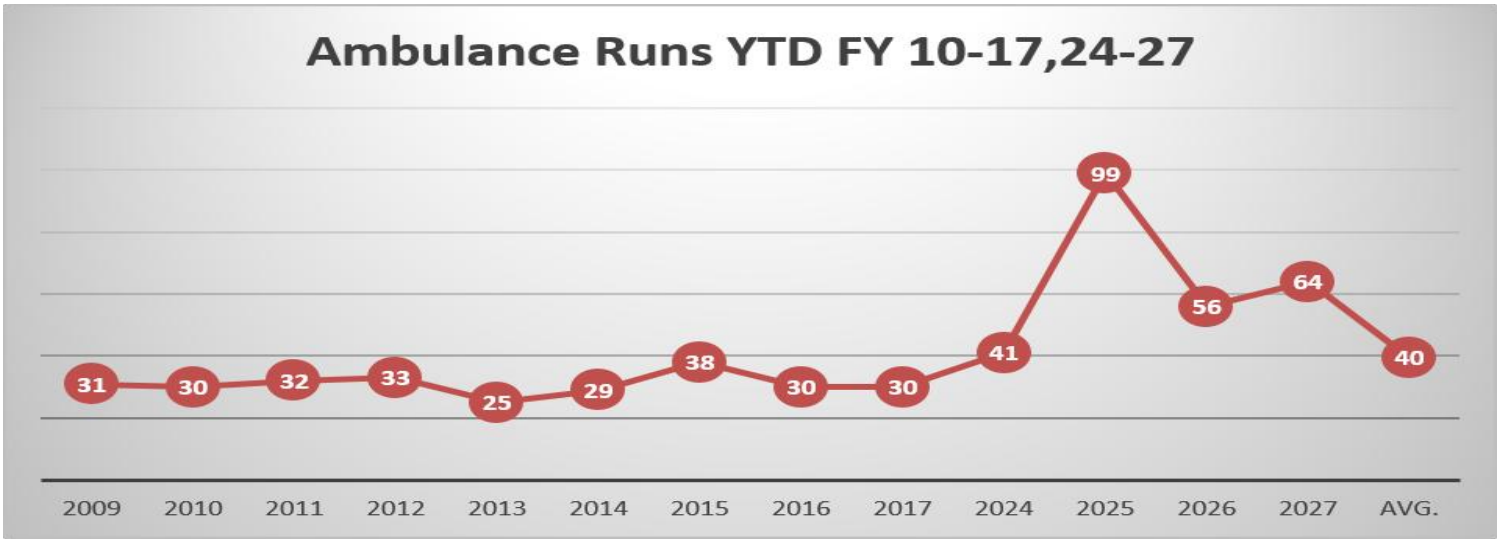

ER Visits YTD FY 10 to FY 27
365
394
375
369
413
372
348
370
403
402
417
354
387
449
382
418
496
410
395
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.

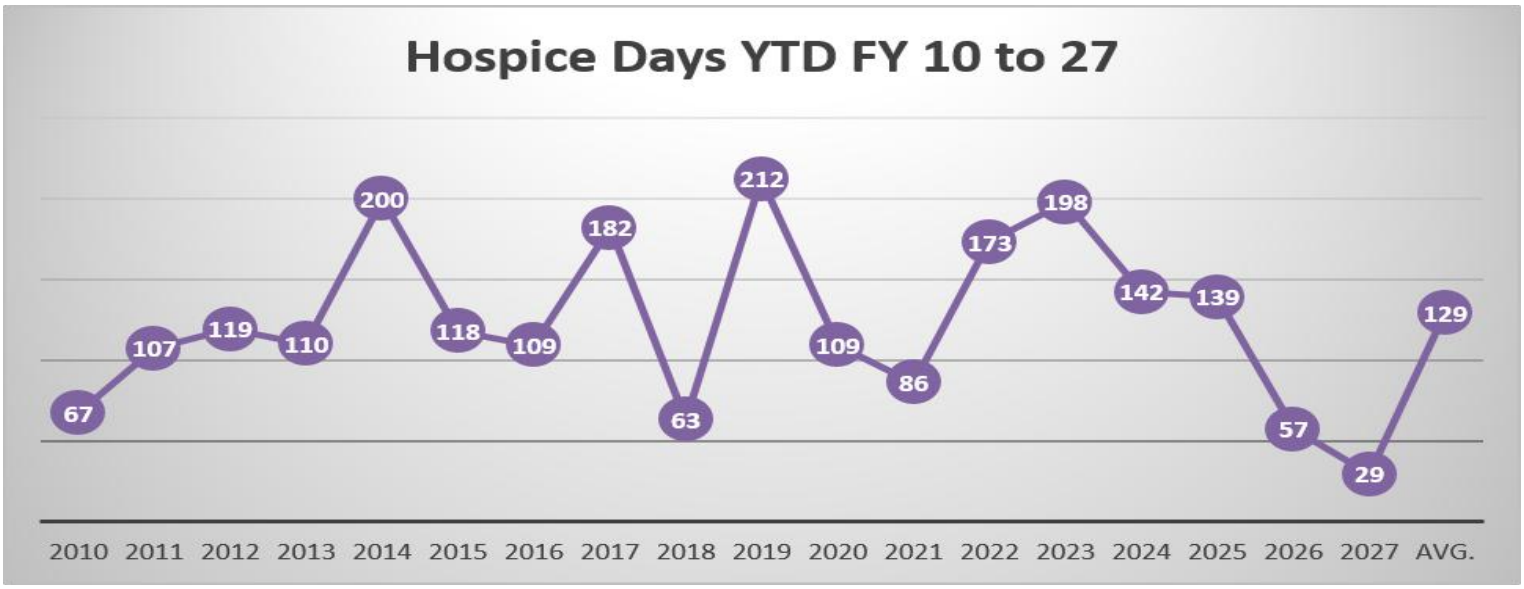

Lab Tests YTD FY 10 to 27
930
938
849
805
974
991
874
803
729
861
800
675
887
983
643
610
642
654
819
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.EXC.COVID

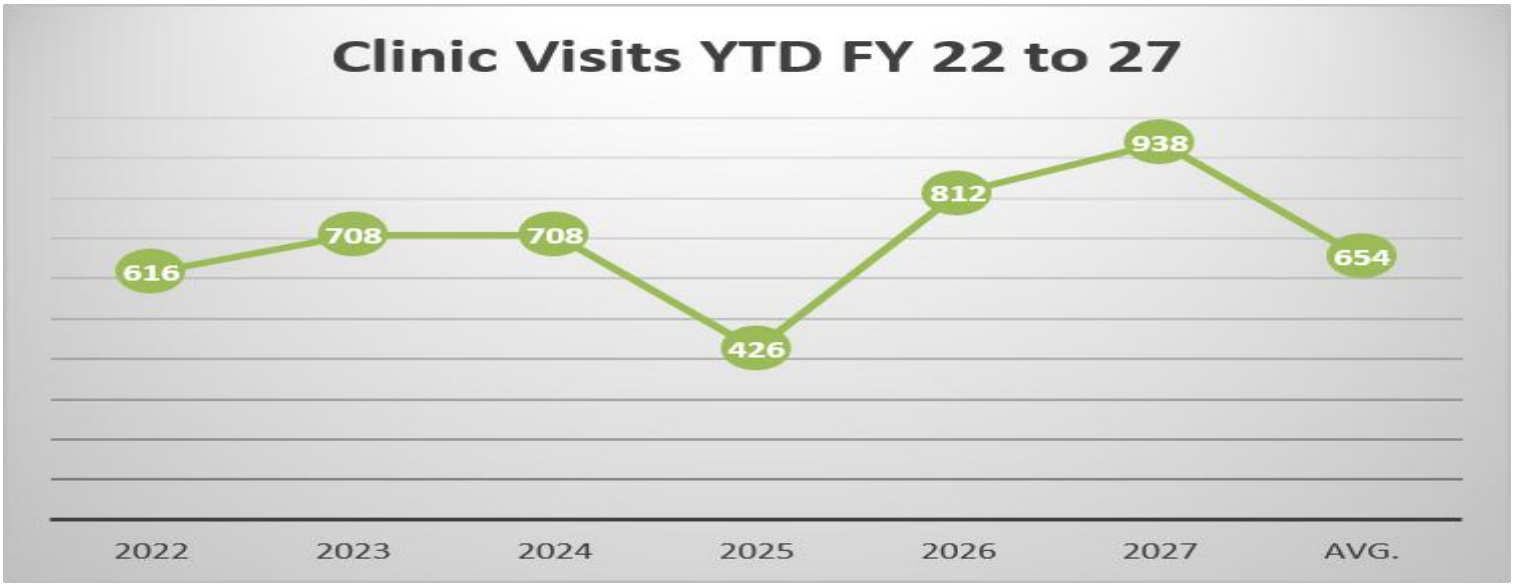

Rad Procedures YTD FY 10 to27
574
422
412
369
440
415
405
423
367
457
448
452
445
495
399
574
546
508
450
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.


PT Procedures YTD FY 17 to 27
682
1212
645
726
664
695
665
331
463
878
543
696
2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.


OPM Procedures YTD FY 10 to 27
147
96
109
135
134
74
80
107
99
165
144
162
157
75
132
117
136
130
122
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 AVG.


Ambulance Runs YTD FY 10-17,24-27
31
30
32
33
25
29
38
30
30
41
99
56
64
40
2009 2010 2011 2012 2013 2014 2015 2016 2017 2024 2025 2026 2027 AVG.





Income Statement

1) Acute Revenue is down as Acute and Swing Days are lower than the prior year.
2) SNF Revenue is up as our charges are higher than the prior year.
3) Contractuals have increased as we have five IGT payables booked with two of the three DHDP (District Hospital Directed Payments) being paid out in August. The IGT payables increase contractuals while the receivables decrease contractuals.
4) Salaries and Wages are up due to pay increases that occurred July 1st.
5) Acute and SNF Travelers are down compared to July of last year, which is promising.
6) Other Purchased Services are up due to the radiology group that charges us to read studies and the company that provides our MRI trailer.
7) Utilities are down 47K from last year due to the solar project.
8) Insurance is down as our property insurance decreased but Workers Comp and Liability insurance increased so I expect that to go up in the future.
9) Other Expenses is up mostly due to the hospital license timing.
10) Total Non-Operating is down due to higher supply costs in retail pharmacy for July.
11) Interest Income is up 21K with the MBS (Mortgage-Backed Securities).

12) Net Income is negative due to higher contractuals from the IGT payables. I expect this to be the case next month as well given the two large payables in August.

Balance Sheet

1) Cash is up significantly from the prior year when you factor in the Mortgage-Backed Securities.
2) Inventories are up as we have a higher drug stock.
3) Total Current Assets are up mostly due to cash.
4) Building and Fixed Equipment is up due to the Solar Project.
5) GO Bonds and CABs are down as we made our bi-annual payments last year. September 1st, we have 742K payment scheduled with USDA.
6) Current Ratio is a robust 6.22 which means we can pay our current liabilities 6.2 times over.

Executive Leadership Reporting
Regular Board Meeting

Executive Leader: Libby Mee, Chief People Officer

Reporting Month & Year: August 2026

Overview
During the reporting period, Human Resources, Payroll, and Quality continued to support Mayers Memorial Hospital District as strategic partners in workforce management, regulatory compliance, continuous improvement, and employee development.

Current priorities remain focused on workforce stability, recruitment and retention, employee support, regulatory compliance, and strengthening the employee experience. Through targeted recruitment initiatives, enhanced onboarding practices, professional development, and employee engagement efforts, these departments continue to support organizational performance and a culture of excellence and accountability.

Workforce Overview & Recruitment
The Human Resources Department currently supports a workforce of 327 employees across all departments. Recruitment remains active, with 22 open requisitions representing 35 vacant positions across clinical, administrative, and support services.

The most significant current workforce needs are within Skilled Nursing, Emergency Services, and specialized clinical areas, including Respiratory Therapy, Physical Therapy, Radiology, and the Rural Health Clinic. Skilled Nursing currently represents the largest concentration of vacancies, with 14 positions open across CNA, LVN, and RN roles.

These vacancies continue to be an important focus for recruitment and retention efforts as the organization works to maintain appropriate staffing levels and ensure continued access to high-quality care.

Current Open Positions

Department	Position	Status	#
Admitting	Clerk	PT	1
Dietary	Dietetic Technician	FT	1
Dietary	Dietician	FT	1
Emergency Room	Provider	FT	1
Emergency Room	RN	Per Diem	1
Emergency Room	RN	FT	1
Emergency Room	House Supervisor	FT	2
Housekeeping	Housekeeper	FT	2
Medical/Surgical	CNA	FT	1
Physical Therapy	Physical Therapist	PT	1
Purchasing	Stock Clerk	Temp	1
Quality	Quality Improvement Coordinator	FT	1
Radiology	Cardiac Sonographer	PT	1
Radiology	Clerk	FT	1
Respiratory Therapy	Respiratory Therapist	FT	1
Retail Pharmacy	Clerk	FT	1
Rural Health Clinic	Medical Assistant	FT	1
Rural Health Clinic	Visiting Nurse	FT	1
Skilled Nursing	CNA	FT	10
Skilled Nursing	LVN	FT	2
Skilled Nursing	RN	FT	2
Surgery	Endoscopy Tech	PT	1

Provider Relations

Mayers Memorial Hospital District is pleased to welcome Dr. Alfred Kokwaro as the new Chief Medical Officer.

The Provider Relations Coordinator, in partnership with the Emergency Department Medical Director, successfully recruited two additional Emergency Department providers. This recruitment strengthens provider coverage and supports continued access to emergency services.

The Provider Relations Coordinator is also serving as a Service Excellence Advisor in the second year of the program and is preparing to facilitate multiple employee workshops in September. These workshops will continue the organization's focus on service excellence, employee engagement, and the patient experience.

In addition, the Coordinator continues to support the Cerner Optimization project in partnership with Clinical Informatics, with a focus on improving workflows and maximizing the effectiveness of the electronic health record.

Quality
The Quality department continues to focus on regulatory readiness, Cerner optimization, and quality improvement efforts across Acute and Long-Term Care services.

Focus areas have included preparing anticipated CDPH survey, supporting Cerner order set and 340B implementation, reviewing HCAP performance opportunities, successful completion of HSAG audit, aligning QAPI metrics with regulatory standards, and developing an ABN workflow to support Medicare notice compliance.

Conference & Professional Development
The Chief People Officer will attend the National Rural Health Association Rural Health Clinic and Critical Access Hospital Conference in September.

The conference provides an opportunity to participate in educational sessions, learn about emerging rural healthcare workforce and operational strategies, and network with healthcare leaders from rural organizations across the country. Information and best practices gained through the conference will be evaluated for applicability to Mayers Memorial Hospital District, particularly in the areas of workforce recruitment and retention, rural healthcare operations, and employee development.

Executive Leadership Reporting
Regular Board Meeting

Executive Leader: Keith Earnest, Pharm.D., Chief Clinical Officer

Reporting Month & Year: August 2028

Ancillary Services
Kevin Davie, Director of Ancillary Services

Radiology Services—Prepared by Harold Swartz, Imaging Manager

MRI Service Expansion

- Starting mid-September Mayers will have MRI services twice a week.
- Current scheduling snapshot:
  - 32 studies scheduled through September 17, 2026
  - 112 studies awaiting scheduling
  - Third Next Available (TNA): October 15, 2026
  - Once the twice weekly schedule is established, the waiting studies will be scheduled.

Teleradiology Transition

- Due to concerns with our current level of services, the medical staff requested a change to our current teleradiology contract.
- We are planning for January 2027 go live transition to a new teleradiology provider.

CT Downtime

- Mayers CT scan was down for 8 days causing the Emergency Department to be on diversion.
- Software failures and multiple hardware failures required parts and specialists in excess of our regular service personnel. Service personnel worked through the weekend to restore service.

Recruitment

- Interviews are currently underway for the vacant Radiology Scheduler position.
- Recruitment for a Cardiac Sonographer remains active. Establishing local echocardiography services continues to be a priority to improve patient access and reduce travel burdens for diagnostic testing.

Service Excellence Initiative (OASIS)

- The OASIS team (Motivated Misfits) launched its first educational module, First Impressions, during the monthly leadership meeting.
- Managers are reinforcing key service standards through departmental huddles, promoting a consistent and patient-centered experience across the organization.

Capital Planning

- The FY27 Capital Expenditure Plan was presented to department leaders for review.
- Feedback and additional requests are currently being gathered to ensure strategic alignment with organizational priorities and future service growth.

Laboratory Services—Prepared by Sophia Rosal, CLS, Laboratory Manager

Chemistry Analyzer Replacement Planning

- The Laboratory is evaluating future technology, and equipment needs to support continued operations and anticipated service growth.
- Discussions with vendors are underway to assess overall fit, functionality, and long-term operational considerations.
- Preliminary site and infrastructure assessments are in progress to support future planning and potential implementation.

PointClickCare (PCC) Implementation

- PCC interface testing has been completed.
- The interface is between Cerner®, OpenText®, and PointClickCare; we are currently coordinating go-live.

Respiratory Therapy-Prepared by Kevin Davie, Director of Ancillary Services

Management Recruitment

- Michelle Chaffee, RT, has accepted and signed the employment offer, with start date discussions underway through her recruiter

Pulmonary Function Testing (PFT) Equipment Replacement

- Mayers Pulmonary Function Testing Equipment is at end of life and service is no longer supported.
- A replacement system has been selected and installation is anticipated in September.

Clinical Services
Tiffani McKain, Director of Clinical Services

Service Excellence –Prepared by Tiffani McKain

Service Excellence Workshops

- The calendar has been updated, finalized and sent to all managers and Service Excellence Advisors (SEAs) as of July 27th, 2026.
- Registration opened August 5th. There are approximately 150 employees enrolled in workshops as of 8.17.2026. Shout out to Euan for assisting with maintaining our master registration document.
- 100% of the Service Excellence materials been printed and assembled. We will be holding the worksheets and materials at both locations for ease of access for the SEA teams.

Health Care Service Excellence Conference (HCSEC)

- The Ambassadors are working on a Team Bragging video for the HCSEC Conference. Submission is due to Custom Learning Systems by August 28th.
- All the nominations for the Summit Awards have been approved by the Service Excellence Council and submitted to the HCSEC website. The categories are included in the flyer attached.

Rural Health Clinic—Prepared by Kimberly Westlund, Clinic Manager

Staff Retirement

- After five wonderful years with the clinic, Kathy at the front desk will officially retire on October 2nd. Kathy has been a valued member of our team and will be greatly missed. We wish her all the best in her retirement!

Partnership Quality Measures

- Kimberly is working closely with the Care Coordinator to establish a new workflow for tracking and addressing Partnership quality measures. The process is going well so far, and we are already seeing promising improvements.

Visiting Nurse Services

- The position is posted and once a nurse is retained and oriented, the program will launch.

Fall River Clinic

- An NPI number has been issued for the clinic in Fall River.

Other Clinical

Retail Pharmacy / 340B—Prepared by Kristi Shutz, Business Manager

External Independent 340B Audit

- SpendMend has been selected to conduct MMHD's external independent 340B audit. The agreement also includes monthly maintenance and support services, which will provide ongoing compliance guidance and assist MMHD in navigating the continued regulatory and operational changes impacting the 340B Program.

Retail Pharmacy Staffing

- Teresa Nguyen, Pharm.D., has officially accepted the Retail Pharmacist position. We are excited to welcome Teresa to the Retail Pharmacy team!
- The Retail Pharmacy currently has an open Clerk position. Recruitment efforts are underway to fill the vacancy and support the continued operational needs of the department.

340B Self-Pay Savings Program

- Ongoing concerns with the current cash-card administrator have required significant review and follow-up. Issues have included pricing discrepancies, processing outages, provider eligibility maintenance, communication delays, and customer-service concerns. MMHD has initiated the termination process with the current administrator and is evaluating transition options.

Hospital Pharmacy

Pharmacy Inspection

- The annual sterile compounding Board of Pharmacy inspection took place on August 12. Additionally, the inspector performed a hospital pharmacy inspection. The corrective actions are in progress and include updated policies and forms, updated competencies, and updated quality review process.

Shortages/Backorders

- Pharmacy is working with the medical staff to navigate backorders of Bicillin (an antibiotic) and Diltiazem injection (a cardiac medication).

Seasonal Vaccinations

- We have reserved COVID vaccinations from Sanofi. They will ship as soon as they are available mid September.
- Flu Shots are preordered, but we have no ship date at this time.

Infection Prevention—Prepared by Kristen Stephenson, BSN, Infection Preventionist

Professional Development

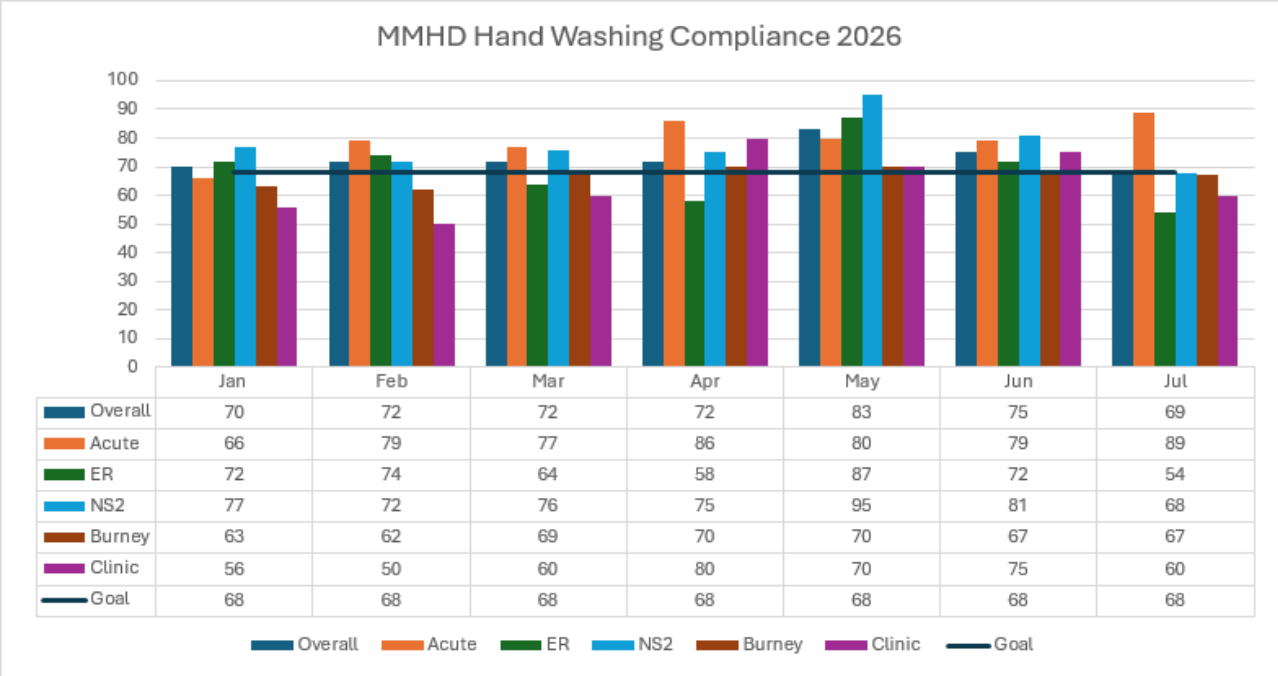
- Kristen Stephenson received passing results on the A-IPC examination/certification through CBIC (Certification Board of Infection Control). This certification provides foundational knowledge in infection prevention and prepares professionals for the CIC. The CIC examination is the next step and can be pursued after two years of practice in an Infection Prevention role.

PCC Upgrade

- Infection Prevention Module is live.
- IP Manager will be doing one-on-one training with the nurses (starting with charge nurses) on new assessments: Antibiotic Timeout Feature, eInteract Change in Condition, Infection Screening Evaluation.

Hand Hygiene

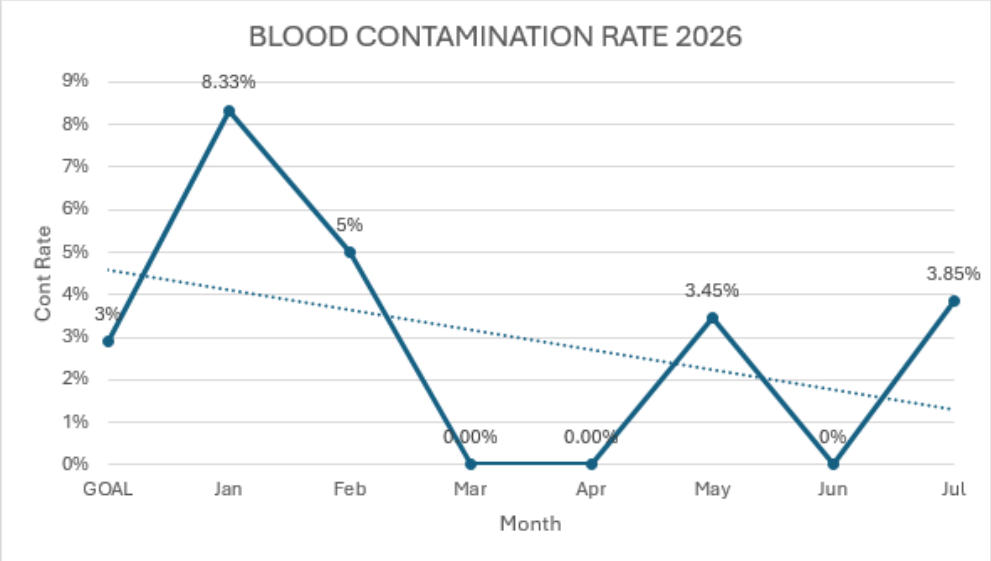
- Facility overall compliance for the month of July : 69%
- Total number of observations of hand hygiene opportunities: 187



	Jan	Feb	Mar	Apr	May	Jun	Jul
Overall	70	72	72	72	83	75	69
Acute	66	79	77	86	80	79	89
ER	72	74	64	58	87	72	54
NS2	77	72	76	75	95	81	68
Burney	63	62	69	70	70	67	67
Clinic	56	50	60	80	70	75	60
Goal	68	68	68	68	68	68	68

Blood Culture Contamination

- One contamination in July. Employee no longer with facility, unable to investigate process, 26 cultures, 1 contaminated.



Executive Leadership Reporting
Regular Board Meeting

Executive Leader: Theresa Overton

Reporting Month & Year: August 2026

CNO Highlights – July 2026

<u>SNF—Scheduled to report to Board</u>

Census

- Current Census - 71
- Burney Annex General POP - 24
- Burney Annex Memory Care - 20
- Fall River Station 2 - 27
- Admissions will now be accepted Monday through Thursday, as well as on Fridays when the admission can be completed early, due to Pharmacy closing at 12:00 p.m. on Fridays.
-

Incidents

- Falls (BA & FR)-14
    - Witnessed – 6
    - Un-witnessed –8 (7 in Memory Care).
- 341-Memory Care =2

Updates:

- The MDS RN Coordinator has started in the role. The ADON is currently enrolled in an RN program, and interim ADON support has transitioned back to her full-time position at Shasta College with continued assistance provided as availability allows.

<u>Activities Department</u>

- **Resident Engagement:** Continued focus on person-centered activities across Fall River, Burney Annex, and Memory Care to support resident quality of life.
- **"Back to the Basics" Initiative:** Strengthened small-group, sensory, and individualized programming based on residents' cognitive and functional needs.
- **Transportation:** Continued improvements to the non-emergency medical transportation program, including safety and workflow enhancements and a rotating Activities van-driver model.
- **Program Development:** Ongoing evaluation of resident participation and activity calendars to better reflect resident needs and interests.
- **Current Focus:** Balancing resident engagement, transportation, safety, and regulatory documentation while establishing sustainable workflows.

Acute

Performance Dashboard

- **Acute ADC:** 1.10
- **Acute ALOS:** 3.62
- **Swing Bed ADC:** 2.87
- **Swing Bed ALOS:** 9.27
- **OBS Census Days:** 2

Staffing Overview

- We currently have one open day shift CNA position.

Quality / Risk / Compliance

- Medication Errors: 1
- Falls: 1

Emergency Services

Census for June 2026

- Total patients treated: 404
- In-Patient Admits: 12
- Transferred to higher level of care: 18
- Pediatric patients: 40
- AMA: 6
- LWBS: 2
- Present to ED vis EMS: 34

Ambulance Services

MMHD EMS Activity Summary

- 60 Calls for Service
- 4 Interfacility Transports (IFTs)

Burney Fire Protection District Responses

- 6 calls involving Burney Fire Protection District:
    - **2 calls** resulted in patient transport within the district.
    - **4 responses** were canceled while EMS crews were en route following updates from dispatch.

Community Standby/Public Relations Events

- MMHD EMS provided standby coverage and community support at one event:
    - **Jr. Rodeo Standby:** EMS coverage provided.

Operations

Our ambulances continue to experience mechanical issues. **Mayers 1** was taken out of service due to an oil leak and a non-functioning air conditioning system.

The EMS crew also provided medical standby coverage for the **golf tournament**. While participating in the tournament, the EMS team took the opportunity to build team morale and strengthen working relationships through team bonding.

Education and Training

- **NRP Training:** 2-Paramedics attended NRP training.
- **BLS/CPR Training:** Gabe is an American Heart Association BLS Instructor and will be assisting with teaching CPR courses.

Surgery:

Volume

- Incoming referrals: 26
- Monthly patient census: 24
- Monthly procedures performed: 32
    - 8 patients underwent more than 1 procedure, such as EGD and colonoscopy

Departmental Update

- We continue to provide endoscopy services every four weeks over three consecutive procedure days. Referral volume from local clinic providers has remained steady. Patients are typically scheduled for a consultation within one week of referral receipt, with procedure appointments available within one week to two months, depending on clinical urgency.
- We recently partnered with the Purchasing Department to inventory, sell, and distribute surplus surgical supplies that were no longer needed, reducing excess inventory and optimizing departmental storage space.

Staffing Update

- Our part-time Endoscopy Technician resigned due to changes in childcare availability. The position has been posted. We have requested temporary support from a Surgical Technician at Modoc Medical Center.
- To enhance staffing flexibility, we have trained an additional RN from the Acute Care Department to perform pre-operative and post-anesthesia recovery responsibilities, providing backup coverage as needed.
- We are also in the process of credentialing an additional CRNA to ensure anesthesia coverage during periods of illness, vacation, or other planned absences.

Outpatient Medical

Census

- June 132 patients

Patient/resident experience efforts:

- OPM has a cheat sheet to give discharged patients to drive them to the website to complete an OPM survey. We have a small swag gift for healed patients with a personalized card signed by staff. We have been doing this for years with great feedback. We are now trying to drive them to fill out a survey.

Staff Education:

- **Certifications:** ACLS class completed July 21; quarterly BLS education continues, including support for new hires and recertifications.
- **NATP:** Internal program remains on hold pending CDPH clarification; two UAs are enrolled in the Shasta College NATP program.
- **Safe Patient Handling:** Bi-monthly SPHM/DHW orientation continues for new, rehired, and returning staff; Activities staff also received safe reposition training.
- **CNA Education:** Awaiting CDPH approval of the CNA CEU calendar. Two UAs are currently enrolled in the Shasta College NATP program. July CNA CEU training was completed July 28 following a brief postponement due to COVID-19 precautions.

- **Compliance Education:** Post-mock-survey education and on-the-floor observations continued to reinforce regulatory compliance and staff competency.
- **Relias/Credentialing:** Relias remains available for nursing CEUs, with ongoing coordination between Staff Education and HR for required certifications and credentials.
- **FY26 Focus:** Continued emphasis on real-time education, staff support, safe resident care, competency, and regulatory compliance.

Respectfully Submitted by Theresa Overton, CNO

Executive Leadership Reporting
Regular Board Meeting

Executive Leader: Ryan Harris, MBA, Chief Executive Officer

Reporting Month & Year: August 2026

Executive Summary

The past five weeks have been focused on advancing several high-priority strategic initiatives, including rural health transformation funding opportunities, expansion of imaging services, physician recruitment, workforce stabilization, technology modernization, and long-range financial planning. Significant progress was also made in grant development, Service Excellence implementation, leadership recruitment, quality improvement initiatives, and regional healthcare collaborations designed to improve access to care and strengthen the District's long-term sustainability.

Strategic Positioning for the Future

The healthcare environment continues to change rapidly, requiring rural healthcare organizations to proactively adapt to workforce challenges, reimbursement pressures, regulatory changes, and evolving patient care needs.

During this reporting period, leadership focused on strengthening the District's long-term position through workforce planning, financial sustainability initiatives, physician recruitment, service expansion opportunities, regional partnerships, technology modernization, and pursuit of external funding opportunities. Collectively, these efforts are designed to preserve local access to care while positioning the District for future success.

Rural Health Transformation and External Funding Initiatives

A significant amount of executive time was devoted to rural healthcare transformation and sustainability initiatives.

Leadership worked closely with external partners to advance workforce optimization and organizational sustainability efforts designed to support long-term participation in rural healthcare transformation programs. The proposed initiatives include staffing assessments, productivity benchmarking, workforce development planning, succession planning, leadership development, telehealth-enabled care models, and operational efficiency evaluations.

In addition, leadership pursued several major grant opportunities during the reporting period, including:

- Submission of a Transformative Payments Grant application.
- Participation in multiple Transformative Care Model applications.
- Preparation of a Workforce Development Program grant application focused on workforce sustainability and recruitment initiatives.

These funding opportunities are intended to strengthen organizational sustainability, improve workforce capacity, and support future service development initiatives.

Workforce Development and Physician Recruitment

Workforce recruitment and retention remain among the District's highest priorities.

The organization currently supports approximately 327 employees and continues active recruitment efforts for 35 vacant positions across 22 open requisitions. The most significant workforce shortages continue to occur within Skilled Nursing, Emergency Services, Respiratory Therapy, Radiology, Physical Therapy, and the Rural Health Clinic.

Several noteworthy recruitment successes occurred during this reporting period:

- The District welcomed Dr. Alfred Kokwaro as Chief Medical Officer.
- Two additional Emergency Department providers were successfully recruited, strengthening emergency coverage and physician capacity.
- Recruitment continues for specialty clinical positions, including Cardiac Sonography, Respiratory Therapy, and Rural Health Clinic staffing needs.

Leadership continues to evaluate long-term recruitment, retention, succession planning, and workforce development strategies to ensure the District remains competitive in an increasingly challenging rural healthcare labor market.

Service Excellence and Organizational Culture

Significant progress continues on the organization's Service Excellence Initiative.

Planning and preparation for the next phase of employee workshops have been completed, with approximately 150 employees already registered to participate. Educational materials have been developed and distributed, and Service Excellence Advisors across the organization are preparing to facilitate workshops beginning in September.

Leadership teams continue reinforcing service standards through departmental meetings and employee engagement activities. These efforts remain focused on enhancing patient experiences, strengthening organizational culture, improving communication, and reinforcing the District's commitment to compassionate, patient-centered care.

Regional Collaboration and MRI Expansion

One of the District's most significant strategic initiatives continues to be expansion of advanced imaging access through both service growth and regional collaboration.

Beginning in mid-September, MRI services at Mayers are scheduled to expand to twice-weekly availability. Demand remains extremely strong, with 32 studies currently scheduled and more than 100 studies awaiting scheduling. Leadership anticipates this expansion will significantly improve access while reducing delays in diagnostic care for patients throughout the region.

At the same time, leadership continues participating in regional discussions surrounding shared-service imaging models and collaborative approaches to increasing access to advanced diagnostic services throughout rural Northern California.

Additionally, planning is underway for transition to a new teleradiology service provider to further improve radiology support and physician access to imaging interpretation services.

Sierra Health Collaborative Membership and Strategic Priorities

In August Mayers Memorial Healthcare District officially became a member of the Sierra Health Collaborative (SHC). This regional partnership provides an opportunity to collaborate with other healthcare organizations on initiatives designed to improve operational efficiency, strengthen workforce development, expand service offerings, and address common challenges facing rural healthcare providers. My first SHC Board meeting is scheduled for September 5, 2026.

Financial Stewardship and Long-Range Planning

The District continues to maintain a strong financial position while proactively planning for future challenges and opportunities.

Fiscal Year 2026 concluded with historically strong financial performance and solid organizational metrics, including:

- 311 days cash on hand.
- Current ratio of 9.3.
- Net income exceeding $4.9 million.
- Accounts receivable days improved compared to prior-year performance.
- Continued growth in outpatient and pharmacy-related revenues.

The executive team remains focused on restoring revenue cycle performance following the Cerner transition while continuing initiatives intended to improve charge capture, reimbursement performance, and operational efficiency.

District Hospital Leadership Forum (DHLF)

The District CFO and I participated in the District Hospital Leadership Forum (DHLF) finance and board meetings, where discussion centered on significant state and federal issues affecting California hospitals. Topics included federal healthcare legislation, Medi-Cal funding impacts, supplemental payment programs, healthcare affordability regulations, and emerging financial and regulatory challenges facing rural providers.

Presentations were provided by former state healthcare leaders and policymakers regarding anticipated healthcare funding and regulatory developments. Information obtained through these discussions is helping inform the District's long-range strategic planning efforts, workforce planning activities, and financial sustainability initiatives.

Credit Rating and Financial Sustainability

Leadership met with healthcare analysts and provided extensive financial information as part of a comprehensive review of the District's financial position and long-term sustainability. Feedback from this review reinforced the organization's strong underlying financial performance while continuing to identify rural healthcare-specific challenges that affect long-term financial risk and future capital planning decisions.

Future planning efforts continue to focus on balancing growth opportunities, capital investments, workforce needs, reimbursement uncertainty, and long-term financial sustainability.

Technology Advancement and Clinical Infrastructure

Multiple technology modernization initiatives are currently underway across the organization.

Recent efforts include:

- Continued Cerner optimization activities.
- Planning for Oracle Health Connection Hub implementation.
- PointClickCare integration and interface deployment.
- Development of enhanced quality and compliance workflows.
- Infection prevention technology enhancements.
- Future laboratory and pharmacy technology planning.

PointClickCare interface testing has been completed and implementation planning continues. Additional efforts are underway to strengthen clinical workflows, enhance interoperability, support quality initiatives, and improve operational effectiveness.

Quality, Regulatory Readiness, and Compliance

The organization remains focused on quality improvement, regulatory readiness, and continuous compliance efforts.

Recent accomplishments and priorities include:

- Ongoing preparation for anticipated regulatory surveys.
- Successful completion of an external quality audit.
- Advancement of 340B compliance initiatives.
- Cerner order set optimization.
- Development of workflows supporting Medicare and compliance requirements.
- Ongoing clinical education and competency programs.

Additional work is underway across nursing, quality, infection prevention, pharmacy, and ancillary departments to strengthen clinical quality, patient safety, and regulatory compliance processes.

Clinical Operations Highlights

Clinical services continue to demonstrate strong performance across multiple care settings.

Significant accomplishments during the reporting period include:

- Continued expansion of endoscopy services and strong referral volumes.
- Ongoing planning for the launch of Visiting Nurse services.
- Implementation activities related to the Fall River Clinic expansion.
- Growth in outpatient visits and service utilization.
- Continued improvements in emergency department and ambulance operations despite ongoing equipment and operational challenges.

Retail Pharmacy Growth

The Retail Pharmacy remains one of the organization's most notable success stories.

Prescription volume continues to increase substantially, driven in part by community demand and local market changes. Despite increasing pharmaceutical costs, the Retail Pharmacy continues to contribute positively to organizational performance while improving access to pharmacy services for the community. Recruitment efforts are currently underway for an additional pharmacy clerk position, and a new staff pharmacist has accepted employment with the District.

Capital Planning and Infrastructure

Leadership continues to evaluate future capital priorities and infrastructure investments.

Current activities include:

- FY27 capital planning reviews.
- Evaluation of major equipment replacement needs.
- Laboratory equipment modernization planning.
- Pulmonary function equipment replacement planning.

- Long-range facility and infrastructure planning activities.

These efforts are intended to ensure the District remains prepared to meet future community healthcare needs while maintaining financial sustainability and operational effectiveness.

Governance, Compliance, and Risk Management

The District continues to work closely with legal counsel, insurance partners, and leadership teams regarding governance responsibilities, compliance matters, risk mitigation efforts, and organizational oversight activities.

Leadership remains focused on protecting District resources, maintaining regulatory compliance, supporting effective governance, and ensuring operational stability.

Key Priorities Moving Forward

1. Expand MRI services to twice-weekly operations and continue regional imaging collaboration efforts.
2. Advance workforce optimization, recruitment, retention, and workforce development initiatives.
3. Continue pursuing rural healthcare transformation funding and workforce grant opportunities.
4. Support successful onboarding of recently recruited physician leadership and provider staff.
5. Complete key technology and interoperability initiatives currently underway.
6. Maintain strong financial stewardship while preparing for future reimbursement, workforce, and regulatory challenges.
7. Continue implementation of Service Excellence training and culture initiatives across the organization.
8. Advance strategic capital planning and infrastructure investments that support future organizational growth and sustainability.

Closing Remarks

The District continues to make meaningful progress toward strengthening its workforce, expanding service offerings, modernizing technology, improving quality, pursuing external funding opportunities, and enhancing long-term organizational sustainability.

MAYERS MEMORIAL
HEALTHCARE DISTRICT

Board of Directors
Regular Meeting Agenda
August 26, 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 – July 29, 2026		**Attachment A**	**Action Item**	1 min.
4	**DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS**					
	4.1	Resolution 2026-18 July Employee of the Month		**Attachment B**	**Action Item**	1 min.
	4.2	Skilled Nursing Facility - Written report provided. Questions pertaining to the written and verbal report.	Sharon Lyons	**Attachment C**	Report	2 min.
	4.3	Activities - Written report provided. Questions pertaining to the written and verbal report.	Sondra Camacho	**Attachment D**	Report	2 min.
	4.4	Hospice Quarterly Report – Written report provided. Questions pertaining to the written and verbal report.	Keith Earnest	**Attachment E**	Report	2 min.
5	**BOARD COMMITTEES**					
	5.1	**Finance Committee**				
		5.1.1 Committee Meeting Report: Chair Humphry			Report	5 min.
		5.1.2 Board Quarterly Finance Review			**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 Committee Meeting Report: Chair Hathaway No meeting in August			Report	1 min.

	5.4	**Governance Committee**			
		5.4.1 Committee Meeting Report: Chair Hathaway No meeting in August		Report	1 min.
6	**NEW BUSINESS**				
	6.1	Resolution 2026-19 Authorizing Application for Rural Health Clinic License	**Attachment F**	**Action Item**	2 min.
	6.2	Resolution 2026-20 Authorizing Application for and Receipt of CalRHT Grant	**Attachment G**	**Action Item**	2 min.
7	**ADMINISTRATIVE REPORTS**				
	7.1	Chief's Reports – Written reports provided. Questions pertaining to the written and verbal reports of any new items.			
		7.1.1 Chief Operations Officer- Jessica DeCoito	**Attachment H**	Report	5 min.
		7.1.2 Chief Financial Officer – Travis Lakey		Report	5 min.
		7.1.3 Chief People Officer – Libby Mee		Report	5 min.
		7.1.4 Chief Clinical Officer – Keith Earnest		Report	5 min.
		7.1.5 Chief Nursing Officer – Theresa Overton		Report	5 min.
		7.1.6 Chief Executive Officer – Ryan Harris		Report	5 min.
8	**OTHER INFORMATION/ANNOUNCEMENTS**				
	8.1	Board Member Message: Points to highlight communications to staff and on social media		Discussion	2 min.
9	**MOVE INTO CLOSED SESSION**			**Action Item**	2 min
10	**CLOSED SESSION**				

	10.1	Update on Existing Litigation (Gov. Code § 54956.9)
		• Two Cases
		  ○ Case name withheld pursuant to Government Code § 54956.9
		  ○ Case name withheld pursuant to Government Code § 54956.9			

	10.2	Update on Real Estate (Gov. Code §54956.8) • Property: APN 028-340-048-000			
10	**RECONVENE OPEN SESSION**			**Action Item**	2 min.
11	**ADJOURNMENT:** Next Regular Board Meeting September 30, 2026				

Posted: 08.20.26

Administrative Reporting
Regular Board Meeting

Division: Public Relations

Submitted By: Marrisa Martin, Director of Public Relations

Reporting Month & Year: August, 2026

Summary:

Grant/Scholarship Update

Work continues on the CalRHT grant cycle; one application has been submitted (invite-only round, amount to be determined by HCAI) and workforce development application is due Aug 31.

A resolution affirming our ability to accept and manage funds had to be submitted with the application, it is on the board agenda. Travis can answer any specifics about the grants.

The Community Foundation of the North State fall grant cycle is open, and North State Giving Tuesday registration is also open. Laura is working on submitting smaller grant requests and getting both the Foundation and TCCN registered for NSGT.

The fall round of employee scholarships will be released within the next weeks. Employees who are interested will need to fill out the scholarship forms. Once the application window closes, a committee will review the applications and award funds. All employees who receive scholarships from the Foundation are required to fulfill volunteer hours or they will not be eligible to reapply for scholarships until they fulfill their volunteer hours.

Public Relations/Marketing

The marketing coordinator position has been filled. Parkyre Salcido will attend orientation on August 20th and will begin the onboarding process the following Monday on August 24th. Parkyre has extensive experience in all aspects of marketing, and we are beyond excited to welcome her to the team.

Fair prep is in full swing. Banners and swag have been ordered and we are enlisting volunteers. MMHD will be manning both a booth and the mobile clinic during the fair. We are also sponsoring all handwashing stations that will be used during the fair. Volunteers will receive a fair entry wristband that is valid for all five days of the fair and the hours they volunteer will also count towards scholarships they may have received or department grants.

Grant money is being utilized to promote both OBGYN services and the October mammography event. Radio ads have been published and will run through the end of September and will be heard by listeners across our service area. Postcards will also be

mailed out to all women on our mailing list that outline the services our OBGYN provider Kelsy Soat provides.

Our clinic received national recognition through the National Rural Rating System (NRRS) because of their excellent in patient care. A press release will be published on MMHD landing page. The RHC landing page will be updated with a new web banner and flier that both link to the press release. Once the website has been updated, we will begin to push out fliers and information onto our social media pages.

Mayers Healthcare Foundation

The Foundation successfully held their 26th Annual "On the Green" Golf Tournament on Aug 7th raising about $15000.00 at the event. It was a great opportunity to bring our supporters, community members, and sponsors together while raising important funds to support Mayers Memorial Ambulance We are grateful to everyone who participated, volunteered, sponsored, and helped make this year's tournament a success.

Lucky Finds Thrift & Gift

Lucky Finds Thrift & Gift continues to be an important source of support for MHF. The Thrift Store itself was able to generate $8987 for July and as of 8/19 is at $3604 for the month of August which is on track for the quarter goals of $25,000.

Ayla continues to work to create a fresh atmosphere within the store and is keeping inventory moving with great social media coverage and regular sales. Shoppers have expressed appreciation for the continual rotation of inventory and the advertising on Facebook. The Thrift Store is taking sales to the internet and have been using various platforms to auction off the more valuable items donated.

Water Project

Construction begins this week on the MHF water project. Grant monies are being utilized to connect the building to city water, and the work is being completed by CCC construction. Once the building has been connected to city water, additional work will be done to install a mini split in the back area of the store to maintain workable temperatures in both hot and cold months.

Tri County Community Network (TCCN) Update

TCCN has wrapped up Kid Fit for another year. A total of 448 kids and 182 caregivers attended the seven-event series. This year, six upcoming high school seniors took on Kid Fit as their senior project. It was an amazing experience for both TCCN and the students. Student feedback was resoundingly positive, and Kid Fit will be offered as a senior project again this year.

With Kid Fit wrapped up, other programs are getting ready to start again for the school year. TCCN program director Kiely will be teaching BOTVIN Life Skills, an anti-smoking curriculum, to all 4th-6th graders in the FRJUSD school district. Kiely will also resume Peer Mentoring and Fall River Highschool in partnership with Shasta Conty Chemical People.

Bright Futures will be moving into its school year schedule. Family Advocate Trinity will resume enrichment curriculum with preschool and TK classrooms within our service area. During the school year, Bright Futures serves approximately 150 unduplicated children and their caregivers per fiscal quarter. Bright Futures will also be hosting its second annual school clothes giveaway at both BES and FRE back to school nights. Last year approximately 35 families received gently used school clothes during back-to-school nights.

ECM services as still growing. The program billed a little over $6,000 in services for the month of July and Jaki continues to enroll a new client almost every week. At this rate of enrollment, her caseload will be full before the end of September.

Along with regularly scheduled programs and services, TCCN is gearing up for its second annual Intermountain Brewfest. Kiely is currently securing sponsorships, donations, and vendors for the event. This year the event will be held on Sept. 26th from 12-5pm alongside the annual sasquatch carving contest. The event will also include food trucks, craft vendors, and a kid's area with a bounce house.