

Chief Executive Officer
Ryan Harris



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

Board of Directors
Regular Meeting Agenda
September 30, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom @ MMHD Hall
43579 Highway 299 East
Fall River Mills, CA 96028

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 – August 26, 2026		Attachment A	Action Item	1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS				
	4.1 Resolution 2026-21 August Employee of the Month		Attachment B	Action Item	1 min.
	4.2 Physical Therapy - Written report provided. Questions pertaining to the written and verbal report	Daryl Schneider	Attachment C	Report	2 min.
	4.3 Cardiac Rehab - Written report provided. Questions pertaining to the written and verbal report.	Tiffani McKain	Attachment D	Report	2 min.
	4.4 Mayers Retail Pharmacy – Written report provided. Questions pertaining to the written and verbal report.	Kristi Shultz	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 June 2026 Financial Review, AP, AR, and Acceptance of Financials			Action Item	2 min
	5.1.3 July 2026 Financial Review, AP, AR, and Acceptance of Financials			Action Item	2 min
	5.1.4 August 2026 Financial Review, AP, AR, and Acceptance of Financials			Action Item	2 min
	5.2 Quality Committee				
	5.2.1 Committee Meeting Report: Chair Cufaude			Report	5 min.

5.3	Strategic Planning Committee			
5.3.1	Committee Meeting Report: Chair Hathaway September 28		Report	1 min.
5.4	Governance Committee			
5.4.1	Committee Meeting Report: Chair Hathaway September 28		Report	1 min.
6	NEW BUSINESS			
6.1	Organizational Analysis		Discussion / Action Item	5 min.
6.2	Shasta LAFCO Ballot	Attachment F	Discussion / 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 G	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 October 28, 2026			

Posted: 09.24.26



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

Board of Directors
Regular Meeting Minutes
August 26, 2026 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

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

- 1 CALL MEETING TO ORDER:** Jeanne Utterback called the regular Board of Directors meeting to order at 1:00 p.m. on August 26, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which govern the conduct of the meeting.

BOARD MEMBERS PRESENT:

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

ABSENT:

Jim Ferguson, Director

STAFF PRESENT:

Ryan Harris, CEO
Jessica DeCoito, COO
Theresa Overton, CNO
Travis Lakey, CFO
Keith Earnest, CCO
Libby Mee, CPO
Alfred Kokwaro, CMO
Megan Holte, Director of Quality
Lisa Neal, Board Clerk

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

3 APPROVAL OF MINUTES

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- | | | | |
|-----|--|------------------------------|----------------------------|
| 3.1 | A motion to accept the Regular Board Meeting minutes of July 29, 2026, as presented, was moved, seconded, and carried. | Cufaude/
Hathaway | Approved
by All |
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4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

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- | | | | |
|-----|---|-------------------------------|----------------------------|
| 4.1 | Resolution 2026-18 July Employee of the Month: DeAn Carter – For more than 40 years, DeAn has faithfully served Mayers Memorial in many roles, including phlebotomist, Emergency Department Technician, and EMT on our ambulance. Throughout her career, she has consistently demonstrated the I RESPECT values through her compassion, integrity, reliability, and unwavering commitment to serving others. If there is one quality that defines DeAn, it is her profound compassion. Quiet by nature, DeAn prefers to work behind the scenes, never seeking recognition for the countless ways she makes Mayers and our community better. Whether leading the recent backpack campaign, supporting our annual Breast Cancer Awareness event, decorating the hospital for the holidays, or simply stepping in wherever she is needed, DeAn reminds us that the smallest acts of kindness often have the greatest impact. These may seem like small gestures, but together they create a culture of compassion, belonging, and community that is felt by our patients, visitors, and staff alike. DeAn's experience, selfless dedication, and genuine love for this community make her an | Cufaude /
Hathaway | Approved
by All |
|-----|---|-------------------------------|----------------------------|

invaluable member of the Mayers family. She represents the very best of our organization, and I can think of no one more deserving of this recognition.

DeAn has dedicated decades to caring for the people of our community and has served in many different departments at Mayers Memorial Hospital. Wherever she is needed, she steps in with compassion, professionalism, and a genuine desire to help others. What truly makes Dean exceptional is her selfless heart. She is constantly doing thoughtful things for patients, coworkers, and members of our community without ever asking for recognition. She quietly plans acts of kindness, gives generously of herself, and would literally give the shirt off her back to someone in need. She doesn't do these things for praise—she does them because that's simply who she is. DeAn is deeply respected by her coworkers and loved by the community she has faithfully served for so many years. Her kindness, humility, and unwavering commitment embody the very best of Mayers Memorial Hospital. She is truly deserving of this recognition. DeAn is one of the most proactive and helpful team members I've had the pleasure of working with. Any time she sees something needs doing she's on it in a flash. Any time she notices someone needing help she jumps right in. She has done some of the best wound care cleaning for our emergency room patient's and really takes her time to make sure the job is done right. She is an excellent assist during suture repairs and splinting's as well. I appreciate her unwavering support, and all of her hard work contributes to excellent patient care.

A motion to accept the July Employee of the Month was moved, seconded, and carried.

4.2	Skilled Nursing Facility – written report submitted by Sharon Lyons, SNF Director of Nursing.		
4.3	Activities – written report submitted by Sondra Camacho, Activities Manager.		
4.4	Hospice Quarterly Report – written report submitted by Keith Earnest, Chief Clinical Officer.		
5	BOARD COMMITTEES		
5.1	Finance Committee		
5.1.1	Meeting Report: Chair Humphry. Cash on Hand is 311 days. The June and July financials were reviewed and deferred to the September Regular Board Meeting for action. Construction projects remain on budget for MMHD Hall, Burney Annex Office Building (former Hatcher's Office), FR RHC, and the Hospice/Business Office.		
5.1.2	Board Quarterly Finance Review A motion was made to accept the Quarterly Finance Review, as presented, and was moved, seconded, and carried.	Humphry / Hathaway	Approved by All
5.2	Quality Committee		
5.2.1	Meeting Report: Chair Cufade. During the morning meeting, fall-related deficiencies were discussed, with most occurring in Memory Care residents' rooms. A scheduled State Board of Pharmacy Hospital Pharmacy survey was completed, and a Plan of Correction (POC) has been submitted addressing the nine findings. Megan and Euan are registered for 40 hours of Cerner DA2 training. Megan is exploring a change in the incident reporting vendor to streamline the reporting process and make it more user-friendly for staff. The Quality Committee recommended establishing an MMHD baseline of 3%, which the Director of Quality will incorporate beginning with next month's reporting.		
5.3	Strategic Planning Committee		
5.3.1	Committee Meeting Report: Chair Hathaway No meeting in August		
5.4	Governance Committee		
5.4.1	Committee Meeting Report: Chair Hathaway No meeting in August		

6 NEW BUSINESS

6.1	Resolution 2026-19 Authorizing Application for Rural Health Clinic License	Cufaude / Hathaway	Approved by All
6.2	Resolution 2026-20 Authorizing Application for and Receipt of CalRHT Grant	Hathaway / Cufaude	Approved by All

7 ADMINISTRATIVE REPORTS

7.1	Chief Reports: <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items.</i>		
7.1.1	Chief Operations Officer: Written report submitted by Jessica DeCoito. A verbal update was provided. The Office of Health Care Affordability (OHCA) unanimously voted to approve levying financial penalties with spending growth caps; formal rulemaking on the enforcement process is expected in the coming months. PG&E began boring work in the hospital parking lot as part of the gas line relocation project. AB 2575, a proposed AI-related bill in health care services, continues to be considered in the legislature, and MMHD remains opposed to it. Master Planning efforts also continue		
7.1.2	Chief Financial Officer: Written report submitted by Travis Lakey. A verbal update was provided. Travis has a call scheduled with the Director of HCAI and OCHA to discuss the detrimental effects of levying financial penalties, which OCHA voted to approve at its August board meeting.		
7.1.3	Chief People Officer: Written report submitted by Libby Mee. A verbal update was provided. Libby and Marissa Martin participated in an interview with the Shasta County Office of Education and Mayers regarding potential funding for rural healthcare childcare services. The next step is to distribute a Needs Assessment survey to MMHD staff to help identify childcare needs. It was also noted that our 9% attrition rate remains well below industry standards.		
7.1.4	Chief Clinical Officer: Written report submitted by Keith Earnest.		
7.1.5	Chief Nursing Officer: Written report submitted by Theresa Overton.		
7.1.6	Chief Executive Officer: Written report submitted by Ryan Harris.		

8 OTHER INFORMATION/ANNOUNCEMENTS:

8.1	Board Member Messaging: • Employee of the Month – DeAn Carter • TCCN events • Shout Out about Hospice • Thank you to the volunteers and participants at the Aug 6th MHF Golf Tournament • Welcome Dr. Al Kokwaro, Chief Medical Officer • Fair Activities - MMHD fair booth and first aid station		
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9 MOVE INTO CLOSED SESSION AT 2:50 P.M.**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: Moved into Open Session at 3:45 p.m. A motion to reconvene Open Session was made, seconded, and carried. No action was taken in Closed Session.	Cufaude / Hathaway	Approved by All
12	ADJOURNMENT: A motion to adjourn at 3:45 p.m. was moved, seconded, and carried. Next meeting is September 30, 2026.	Cufuade / Hathaway	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

DRAFT



RESOLUTION NO. 2026-21

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

Tyler Robbins

As August 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 Tyler Robbins is hereby named Mayers Memorial Healthcare District Employee of the Month for August 2026; and

DULY PASSED AND ADOPTED this 30th day of September 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: Daryl Schneider, PT, DPT

Reporting Month & Year: September, 2026

Summary:

The Mayers Memorial Healthcare District Physical Therapy Department continued to provide comprehensive rehabilitation services across outpatient, acute care, long-term care, and swing-bed settings while responding to increasing patient demand and evolving organizational needs.

Throughout the year, the department focused on access to care, quality and compliance, service excellence, interdisciplinary collaboration, and efficient use of hospital resources. Staff consistently demonstrated adaptability during operational disruptions, including electrical disruptions, construction-related access changes and an air-conditioning failure, while maintaining patient care and minimizing disruption to services.

The department also strengthened collaboration with Nursing, Maintenance, Hospice, the Burney Annex, Imaging, IT, Finance, CorroHealth, Marketing, and Service Excellence teams. These partnerships have allowed PT to address patient safety, equipment needs, community resources, documentation and revenue processes, and the overall patient experience.

Top Projects (1-3):

1. Improving Access, Quality, and Patient Flow

Increasing outpatient demand has remained a significant focus. The department has reinstated tracking of acute-care PT evaluations completed within 24 hours to support ACHC quality monitoring and has implemented outpatient no-show tracking as a 2026 quality initiative.

To improve use of available appointments, front-desk staff began personally contacting patients before scheduled evaluations in addition to automated Cerner reminders. The department also developed a standardized cancellation call script and expanded use of cancellation lists.

Despite these efforts, demand continues to exceed available PT capacity, with 31 evaluations currently scheduled, 28 additional referrals contacted or awaiting scheduling, and new evaluations booking approximately 8.5 weeks out. Recruitment of an additional therapist remains a priority.

2. PT Documentation, Billing, and Revenue Review

PT met with CorroHealth and Finance to review the department's chargemaster and identify potential revenue leakage within Cerner.

The 08/15/2026 review identified 206 gait-training charges (CPT 97116) over the reviewed one-year period that had been incorrectly routed to Department 2500/Emergency Department rather than Physical Therapy. The review also identified that electrical stimulation charges (CPT 97014) could not be located within gross charges and may not have been dropping appropriately.

The department is actively working with IT and Finance to identify root causes and correct these issues, improving the accuracy of departmental revenue reporting and charge capture.

Documentation unfortunately remains timely due to the click box nature of the system, which we are adapting ways around the system to try to reduce use of some the current setup for more free flow text options to improve speed of documentation.

3. Service Excellence, Collaboration, and Community Support

The department continued active participation in the organization's Service Excellence Initiative through the OASIS/SEA program. In FY 2026 Laura Sanders was an SEA and involved in their workshops, while for FY2027 Richia Castro-Larsen now serves as a captain for one of the SEA teams and continues to contribute to the department's service-excellence efforts. Daryl Schneider was FY 2026 captain of the OASIS team for Service Standards and Keywords, which successfully led the hospital to greater than 90% compliance in voicemail updates to reflect standardized greeting scripts to improve both communication within the hospital and with our community members.

PT also expanded interdisciplinary and community support through several practical projects, including providing the Burney Annex with a previously stored PT training staircase that is now being used by multiple residents practicing stair mobility. PT partnered with Hospice to rapidly secure and properly fit a donated four-wheel walker for a high-risk community member who could not afford one, and collaborated with Acute Nursing to address wheelchair availability on the acute floor.

Wins (1-2):

1. Team Resiliency and Commitment to Patient Care

The PT team demonstrated exceptional flexibility during unexpected operational challenges. When construction suddenly eliminated the department's primary entrance and waiting area, staff created a temporary waiting space, reorganized workflows, contacted patients with new arrival instructions, and continued assisting patients through the transition.

Soon afterward, an HVAC failure created difficult conditions during a period of high temperatures. Staff continued providing care, proactively communicated with patients, adjusted schedules when appropriate, and utilized alternative hospital space when

feasible. These events demonstrated the department's ability to adapt quickly while maintaining patient access and service quality.

2. A Strong Culture of Collaboration

The department continued to look beyond traditional departmental boundaries to address patient needs. Examples included supporting Burney Annex residents with stair training, collaborating with Hospice to secure mobility equipment for a vulnerable community member, working with Nursing to address acute-care equipment needs, collaborating with Maintenance on safety and environmental improvements, and working with Imaging to improve therapists' ability to access and interpret diagnostic imaging.

The department also hosted a high school intern through the healthcare internship program, providing exposure to both administrative and clinical aspects of rehabilitation and supporting the organization's goal of developing future healthcare professionals.

Challenge (1):

Staffing and Access to Care

The department's most significant ongoing challenge is matching PT staffing capacity with sustained patient and facility initiative demands. In the past year facility initiatives are requiring increased time for employees to participate in, which reduces patient care hours, followed by one part time employee resigning in February 2026, which we have not been able to replace.

Despite efforts to improve scheduling efficiency, reduce no-shows, optimize available appointments, and streamline workflows, outpatient demand continues to outpace current staffing. Reduced provider availability related to organizational committee and leadership responsibilities has added to the challenge.

The department has continued recruiting for a PT position but has not received applicants. With evaluations currently booking approximately 8.5 weeks out, the department is seeking approval to pursue a traveling physical therapist as an interim strategy to improve access to care and reduce the backlog, particularly through the upcoming holiday period.

Addressing staffing capacity remains the department's highest priority because timely access to rehabilitation directly affects patient recovery, community independence, and the department's ability to meet the needs of the district.



Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Tiffani McKain, Cardiac Rehab

Reporting Month & Year: September, 2026

Summary:

Cardiac Rehab continues to strengthen access, continuity of care, and provider support through service enhancements and technology integration. The department remains committed to supporting patients and community through evidence-based Cardiac Rehab services.

Top Projects (1-3):

- ScottCare VersaCare Cardiac Rehabilitation Monitoring System has been a very valuable addition to the Cardiac Rehab department. This equipment allows monitoring of two patients simultaneously and is monitored using both a fixed computer and an iPad. This system records each patient's cardiac monitoring data during every rehab session and if changes or abnormalities are identified, Dr. Frye is contacted immediately, and she will then review patient's individualized treatment plan and modify as needed. Although the system is currently used exclusively for Cardiac Rehabilitation, it also has the capability to support a Pulmonary Rehabilitation program should that service be needed in the future.
- The department is currently implementing SCImage with EMR integration and PICOM365 Cloud to support improved access to ECG interpretation workflows. The PICOM365 Cloud implementation will allow Dr. Frye to interpret ECGs from any location or device, supporting more flexible and timely provider review. There is a physician demo scheduled for September 28th and Go Live scheduled for October.
- The Cardiac Rehab team is enhancing patient education opportunities by incorporating the American Heart Association (AHA) streaming content on heart-healthy topics, including the Mediterranean Diet and smoking cessation, for patients to view during their exercise sessions.

Wins (1-2):

- Addition of Zio cardiac monitors. Cardiac Rehab offers Zios, expanding outpatient cardiac monitoring capabilities and supporting timely diagnostic follow-up. The Zio monitor is worn continuously for either 7 or 14 days. Once the data is processed, it is sent over to Dr. Frye to interpret and upload it to the patient's FIN. The final report is sent to the referring provider. There has been an increase in referrals for Holter Monitors with the implementation of the Zio monitors.

Challenge (1):

- Patients have reported difficulty locating the Cardiac Rehab Department, particularly when vehicles obstruct the department sign. To improve visibility, the sign has been relocated to window height. Additionally, installing a campus map at the front of the hospital with clear directions to Cardiac Rehab, Physical Therapy, and the new clinic location would further help navigation and improve the patient experience.



Department Reporting Managers' Meeting and Regular Board Meeting

Manager & Department: Kristi Shultz, Retail Pharmacy

Reporting Month & Year: September 2026

Summary: Over the past year, Retail Pharmacy continued to support MMHD's priorities of quality service, people, growth, and access to care. The department successfully completed all three manager priorities, including establishing a sustainable employee recognition program, completing formal leadership development, and implementing a Medicare Part B durable medical equipment referral partnership with Lakeview Hospital. Alongside these initiatives, the department remained focused on providing convenient medication access, personalized patient service, regulatory compliance, and responsible stewardship of pharmacy resources.

Top Projects (1-3):

1. GOAT Awards recognition program - Supported the Service Excellence Initiative by implementing an "in-the-moment" employee recognition program. The program went live on December 1, 2025, and provides a sustainable method for honoring exemplary work across MMHD.

2. Healthcare Leadership Institute - Completed the Management Training Program on June 18, 2026, strengthening leadership, communication, self-awareness, coaching, and staff-development capabilities.

3. Lakeview Medicare Part B DME partnership - Implemented the partnership on October 22, 2025; developed, tested, and streamlined the referral workflow; and expanded eligible patients' access to Medicare-covered DME services and home-delivery options.

Wins (1-2):

1. Successful Lakeview Part B partnership - Established a successful partnership with Lakeview Hospital to provide Medicare Part B services, including access to covered durable medical equipment and home-delivery options. The program completed 25 patient referrals during FY26, surpassing the goal of 15 by 67%.

2. Successful State Board of Pharmacy inspection - Completed the State Board of Pharmacy inspection with no findings, demonstrating strong regulatory compliance and consistent pharmacy practices.

Challenge (1):

The department's primary challenge this year has been navigating the implementation of new pharmacy and Medicare requirements, particularly the Medicare Maximum Fair Price (MFP) rebate process and its interaction with the 340B program, while maintaining efficient daily prescription services. Evolving guidance and complex operational requirements have created uncertainty around claim identification, rebate processing, duplicate-discount prevention, inventory management, reimbursement, cash flow, and documentation. These challenges are compounded by ongoing medication shortages and reimbursement pressures. The department will continue monitoring regulatory guidance, refining workflows, strengthening claim-tracking and documentation processes, training staff, coordinating with internal and external partners and prescribers, and monitoring patient access and operational workload to maintain compliance, program integrity, and efficient pharmacy operations.

Corkey Harmon
County Member

Mike Gallagher
City Member

Chris Kelstrom
County Member

Pam Morgan
City Member

Allen Long
County Member Alternate

Tenessa Audette
City Member Alternate



Fred Ryness
Special District Member

Ronnean Lund
Special District Member

Rosemary Smith
Special District Alternate

Brenda Haynes
Public Member

Bill Goodwin
Public Member Alternate

Date: September 15, 2026
From: Krystle Brogna, Executive Officer
To: Presiding Officers of Independent Special Districts
 c/o District Clerks and General Managers
Subject: **OFFICIAL BALLOT - Independent Special District Regular Member Election**

The term of office for one (1) Regular Special District Member is scheduled to expire on December 31, 2026. Commissioner terms for Special District Members are four (4) years and generally expire at the end of the calendar year. At this time there are no term limits.

CURRENT SPECIAL DISTRICT MEMBERS

Designation	Current Member	Term of Office (ends on December 31st)
Regular Member	Fred Ryness Burney Water District	2024 - 2027
Regular Member	Ronnean Lund Anderson Cottonwood Irrigation District	2023 - 2026
Alternate Member	Rosemary Smith Shasta Fire Protection District	2024 - 2027

BALLOT PROCESS

Government Code Section 56332 establishes the process for selecting special district representatives to serve on LAFCO. The statute provides for a meeting of the Independent Special District Selection Committee, comprised of representatives from each independent special district in Shasta County, unless the Executive Officer determines that such a meeting is not feasible. Based on the provisions of Government Code Section 56332, it has been determined that convening a meeting of the Independent Special District Selection Committee is not feasible due to the likelihood that a quorum would not be achieved. Accordingly, both the nomination process and the election will be conducted by mail ballot pursuant to Government Code Section 56332(f).

Previously, a request for nominations was sent on July 30, 2026, which provided the opportunity for the presiding officer of each independent special district to nominate candidates to fill the special district member vacancy. The nomination period ended on September 4, 2026.

Two nominations were received. Enclosed is an official ballot for the regular special district member seat. **The candidate receiving the highest number of votes will serve as the regular special district member.** The term begins on January 1, 2027, and ends December 31, 2030.

Please mark your selection directly onto the ballot, voting for no more than one (1) candidate. Formal board action to vote for a candidate is not required under Government Code Section 56332(f);

however, districts may choose to confirm selections through action of their governing board. **Ballots must be returned to LAFCo, PO Box 8693, South Lake Tahoe, CA 96158 or emailed (preferred) to amber@shastalafco.org on or before 5:00 p.m. on November 13, 2026.**

Your district is encouraged to participate in this election process. For an election to be valid, at least a quorum of the special districts must submit valid ballots. There are 33 independent special districts, therefore a majority vote constitutes 17. Any ballot received by the Executive Officer after the date specified is invalid, provided, however, that if a quorum of ballots is not received by that date, the Executive Officer shall extend the date to submit ballots by 60 days and notify all districts of the extension.

Please contact LAFCo staff at krystle@shastalafco.org (preferred) or call (530) 242-1112 with any questions.

ELECTION SCHEDULE

LAFCO call for nominations letter emailed/mailed	Thursday, July 30, 2026
Nominations due to LAFCO	By 5:00 p.m., Friday, September 4, 2026
Ballots mailed from LAFCO	Tuesday, September 15, 2026
Election Day - Ballots due to LAFCO	By 5:00 p.m., Friday, November 13, 2026
Election results mailed from LAFCO	No later than Friday, November 20, 2026

INDEPENDENT SPECIAL DISTRICTS

Anderson Fire Protection District	Halcumb Cemetery District
Anderson-Cottonwood Irrigation District	Happy Valley Fire Protection District
Bella Vista Water District	Igo-Ono Community Services District
Buckeye Fire Protection District	Manton Joint Cemetery District
Burney Basin Mosquito Abatement District	Mayers Memorial Hospital District
Burney Cemetery District	Millville Fire Protection District
Burney Fire Protection District	Millville Masonic & Odd Fellows Cemetery District
Burney Water District	Mountain Gate Community Services District
Castella Fire Protection District	Pine Grove/ Fall River Mills Cemetery District
Centerville Community Services District	Pine Grove Mosquito Abatement District
Clear Creek Community Services District	Shasta Community Services District
Cottonwood Fire Protection District	Shasta Fire Protection District
Cottonwood Water District	Shasta Lake Fire Protection District
Fall River Valley Community Services District	Shasta Mosquito and Vector Control District
Fall River Valley Fire Protection District	South Shasta Cemetery District
Fall River Resource Conservation District	Tucker Oaks Water District
	Western Shasta Resource Conservation District



**OFFICIAL BALLOT
INDEPENDENT SPECIAL DISTRICT ELECTION
REGULAR MEMBER**

Mark selection directly onto the ballot, voting for no more than one (1) candidate. Formal board action to vote for a candidate is not required under Government Code Section 56332(f); however, districts may choose to confirm selections through action of their governing board.

The candidate with the highest number of votes will serve as the regular special district member. Ballots must be returned to LAFCO at PO Box 8693, South lake Tahoe, CA 96158 or emailed (preferred) to amber@shastalafco.org on or before 5:00 p.m. on November 13, 2026.

Please vote for ONE of the following candidates for regular special district member:

☐

BRIAN HARRIS

District Affiliation: Burney Fire Protection District

☐

RONNEAN LUND

District Affiliation: Anderson-Cottonwood Irrigation District

VOTING DISTRICT AUTHORIZATION

Name of Voting District: _____

District Address: _____

District Phone Number: _____

Printed Name of Presiding Officer: _____

Signature of Presiding Officer: _____

(Signature Required¹)

¹ All ballots must be signed by the district's presiding officer or the presiding officer's alternate as designated by the governing body. If an alternate has been designated by the governing body pursuant to Government Code Section 56332(f), documentation of the designation (e.g., meeting minutes or minute order) may be included.



Executive Leadership Reporting Regular Board Meeting

Executive Leader: Jessica DeCoito, COO

Reporting Month & Year: September 2028

FR Rural Health Clinic Remodel & Ancillary Projects

The Owner, Architect, and Contractor (OAC) team continues to meet weekly to review project progress, address upcoming milestones, and maintain alignment among all stakeholders. The FR Rural Health Clinic (RHC) Remodel project continues to progress as planned. Interior painting is scheduled for this week, followed by exterior painting and HVAC installation next week.

The daycare project is scheduled to begin October 5. The TCCN team worked diligently to remove all items from the space in preparation for the construction crew to begin work.

Hatcher's Office

The crew has made great progress on the remodel, with final finishes scheduled for completion this week. We are awaiting Comer to complete the network fiber connections, after which the team will be able to move into the space.

Nurse Call

We met with both the architect team and the nurse call equipment team to review and make updates to the drawings. Once the draft drawings are complete, the design can be reviewed. When the final set of drawings is near completion, we will begin the RFP/RFQ package creation process.

Master Plan Update

Our architects and engineers are scheduled to be onsite soon to complete their NPC and SPC evaluation walk.

We are currently evaluating the concept of updating the existing Acute Care space to meet seismic requirements, followed by updates to all non-structural components in the Surgery space, Station 3 hallway, and continuing into the Pharmacy, Materials Management, and Medical Records areas. With this concept, we also intend to utilize the opportunity to pursue grant funding through the Small & Rural Hospital Relief Grant program.

Legislation

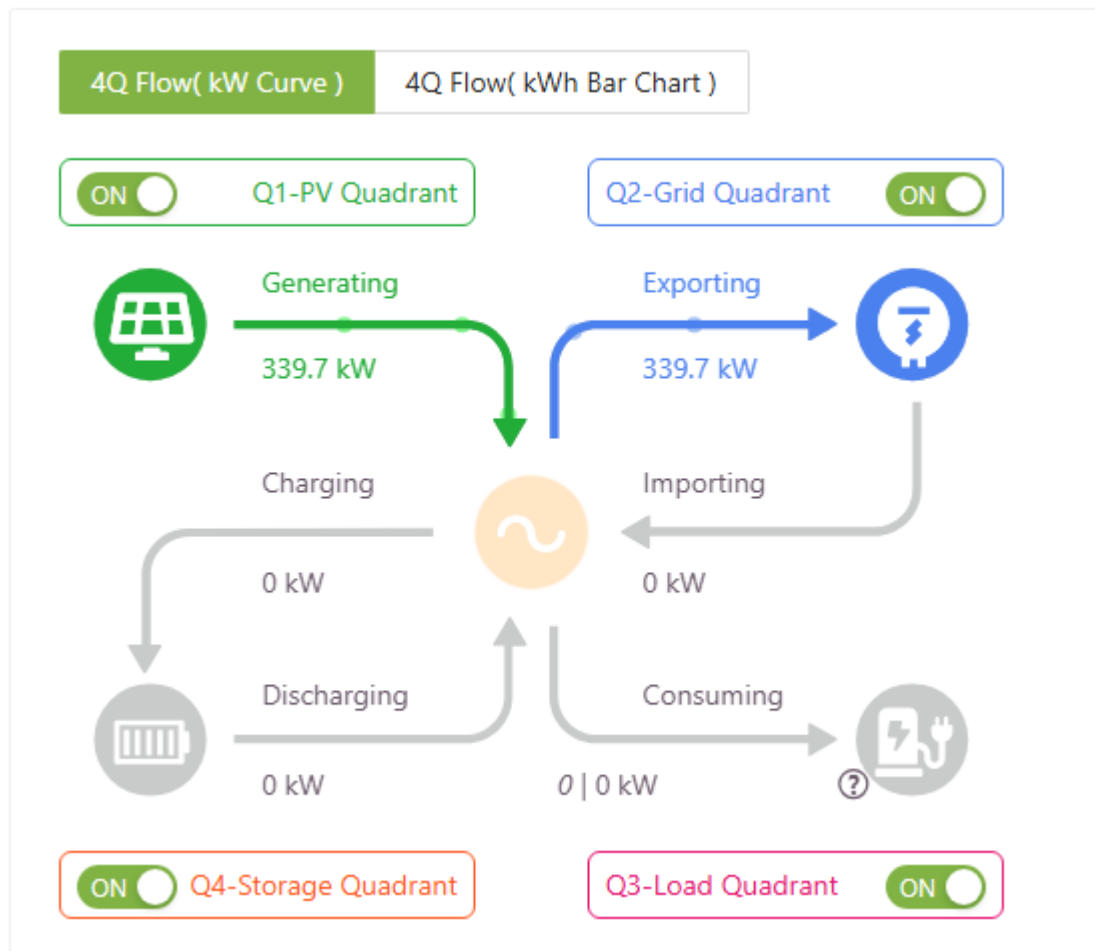
I continue to participate in the California Hospital Association (CHA) Advocacy and Legislative Strategy Group calls each week to stay informed on legislative developments affecting rural healthcare.

Current topics of significance include:

- **Office of Health Care Affordability (OHCA):** CHA is offering opportunities to hospitals on how to understand and prepare for the enforcement, as well as options for hospitals to provide public comment to help shape the final regulations.

- **AB 2575:** Hospitals have sent letters to the Governor urging him to veto this bill. While we are not directly affected by the legislation at this time, if we implement AI features into our clinical decision-making processes in the future, our organization will be required to follow the applicable guidelines.
- **AB 2975:** Cal/OSHA has released its draft proposal outlining requirements associated with the weapons detection legislation. Under the proposed requirements, we will need to provide security at unrestricted access points into the facility, including the main lobby entrance and personnel will be required to complete training to ensure they are properly prepared to implement the requirements. Additionally, we will be required to have a weapons detection system, such as a handheld wand, to screen individuals and their belongings as they enter the facility. Comments on the draft proposal are due October 12. Dana Hauge, our Director of Safety & Security, will be working directly with CHA to help develop and provide feedback specific to the operational and facility constraints we face in meeting these requirements.

Solar: as of Wednesday, September 23, 2026



Monthly Statistics

Incorrectly installing or defining the CT orientation may result in statistical errors.

The system can adjust the direction of electrical energy data. [\[Detailed instructions \]](#)

September (Inverter)

61.305 MWh

0.0 USD

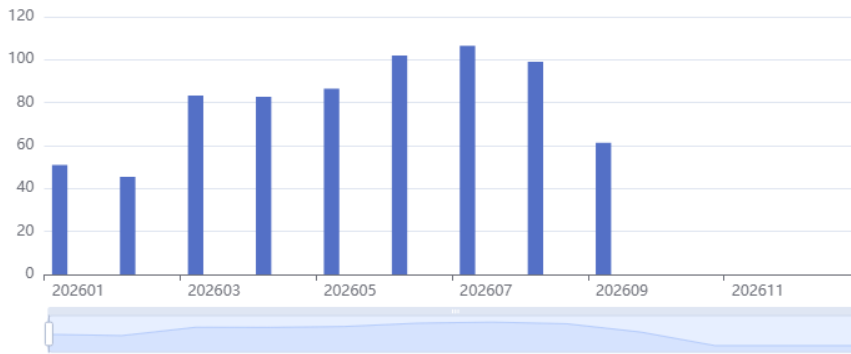
September (Export To Grid)

0.232 kWh

September (Import From Grid)

0.000 kWh

Energy (MWh)





Executive Leadership Reporting Regular Board Meeting

Executive Leader: Travis Lakey, CFO

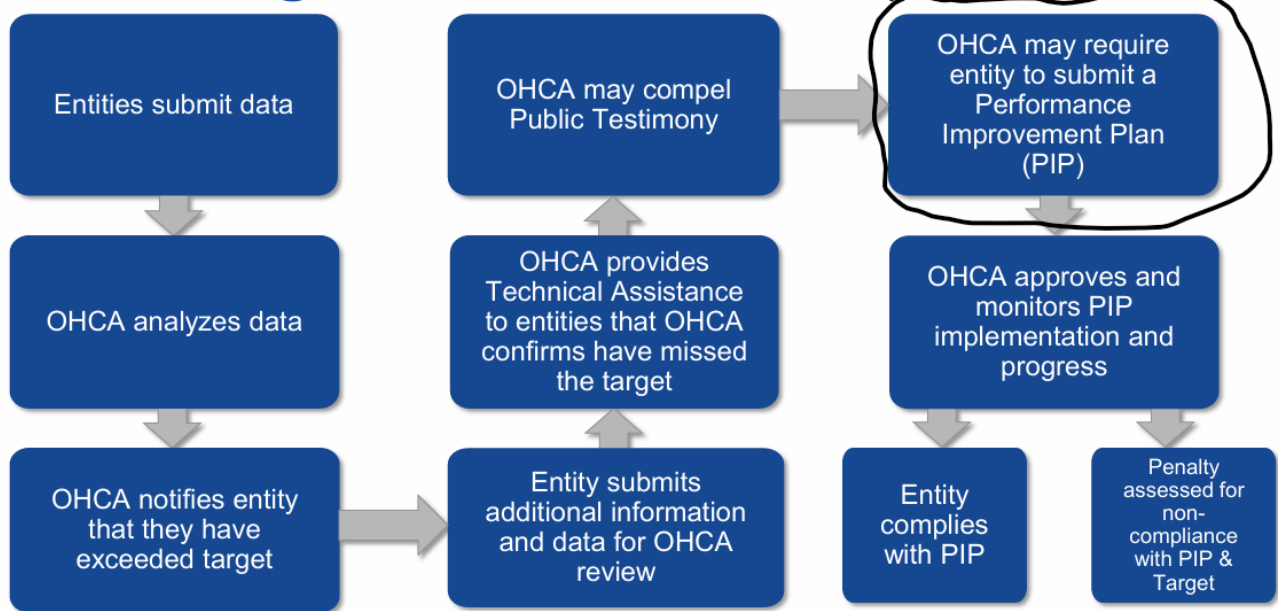
Reporting Month & Year: August 2026

Ratios	FY 27	FY 26 Average	
Cash on Hand	275	253	Avg PY
Net Income	-959,884	421,532	Avg PY
Current Ratio	5.95		
AR Days	77.5	71	Avg PY
Accounts Payable	1,080,270	1,355,812	Avg PY
Daily Gross Revenue	172,677	194,325	Avg PY
YE% of Gross Revenue Collected	64%	62%	Avg PY

- 1) As I'm writing these notes, we are in our annual audit week. Given that we are a few years into our system and my staff now have a couple of years under their belt in hospital finance we are entering the audit much further along than in the past couple of years.
- 2) Had a great week with Corro Health meeting with all our clinical departments and revenue cycle personnel on our charges and a large sample of our billing. They are providing a report for changes to be made. Our Director of Revenue cycle will meet with all the departments to make recommended changes.
- 3) AR days jumped as our average daily revenue was 194K per day last year and is 180K this year and we corrected an issue with underpayments in SNF where Partnership was paying us our old rate and we had to rebill over 1.2 million which went back into the AR. That rebill was fully paid in September so AR should decrease and we will have a strong collection month.
- 4) Cash on Hand dropped as we had two DHDP IGTs paid out in August which we should receive back in November. In November we will have a large Rate Range IGT and DHDP payable so come May all our supplemental payments will have been received.
- 5) Working with Libby on a few different renewal options for our health insurance. It's a 22-24% increase over the prior year given our claims experience during the current year.
- 6) The state is currently working on draft 2027 DPNF rates and will send them out for our review in early October.

- 7) Starting the work on our annual cost reports (Medicare, Medi-Cal, and Hospice) that are due by November 30th.
- 8) I set up a call with the HCAI (Health Care Access and Information) Director, some of her OHCA (Office of Healthcare Affordability) employees, a couple of my CFO colleagues and Eric Volk from Wipfli to explain the nature of Critical Access Hospital reimbursement and the difficulties meeting cost targets given that methodology paired with our low volumes and payer mix. Overall, I think the call went well and we will be able to submit our cost report data in our reports of why we were over target in their review of if we will need to have a Performance Improvement Plan. See below for the OHCA Progressive Enforcement Process.

OHCA Progressive Enforcement Process

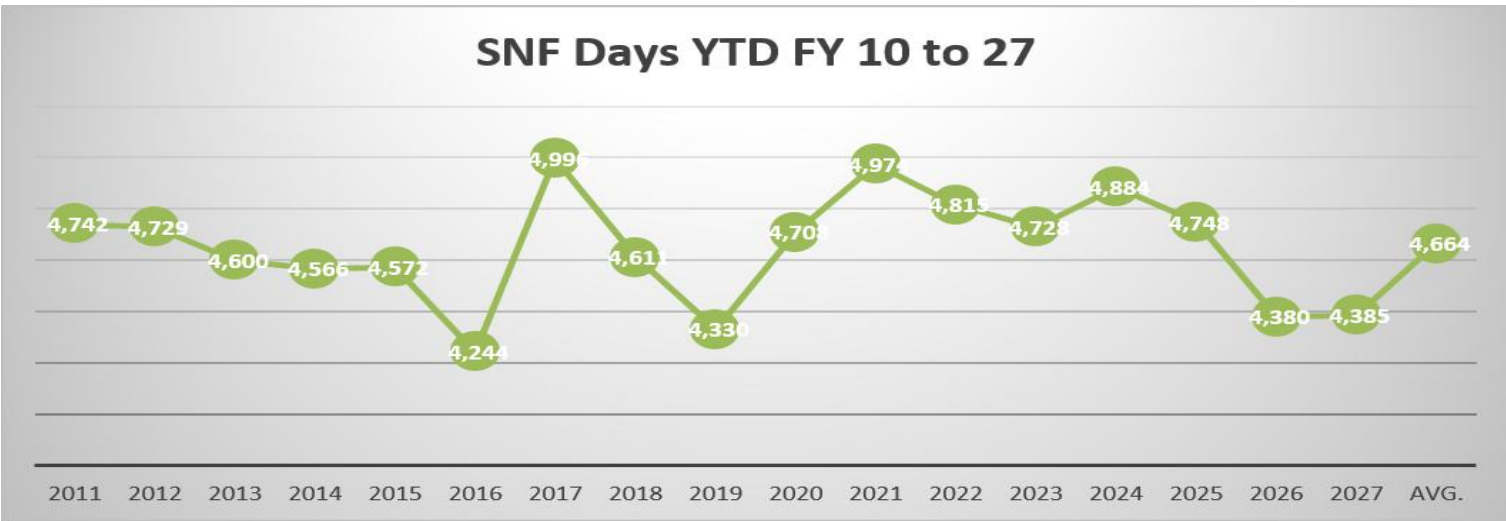
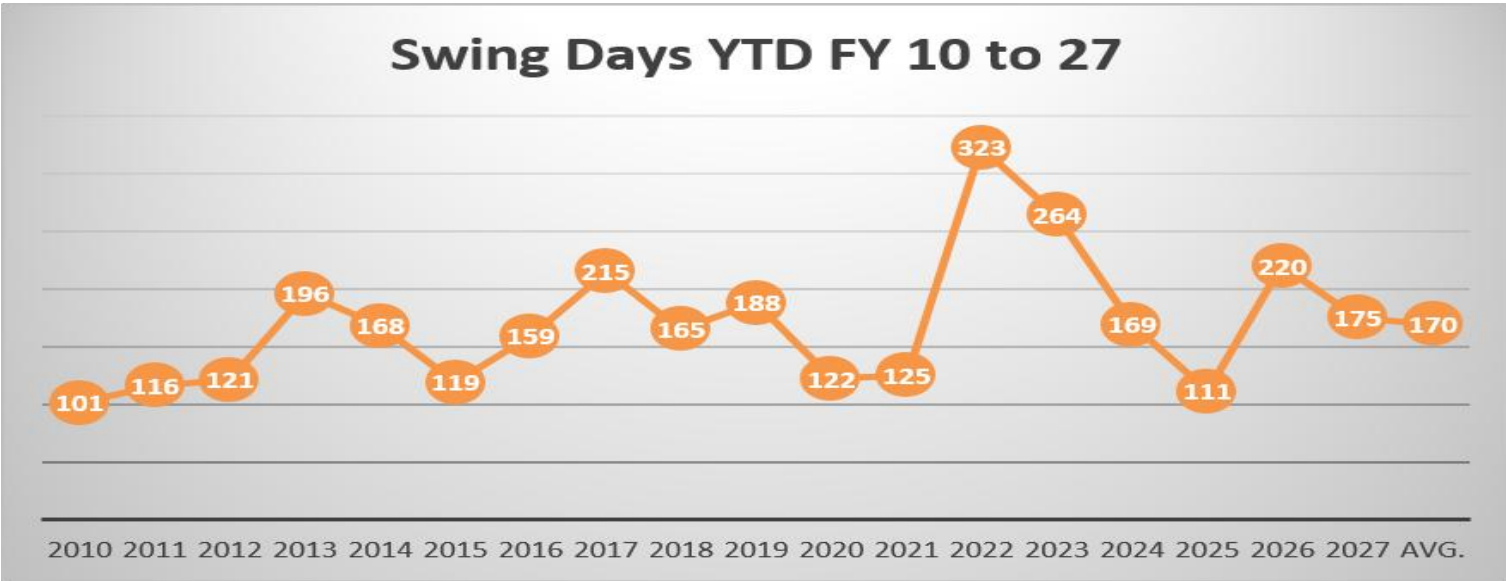
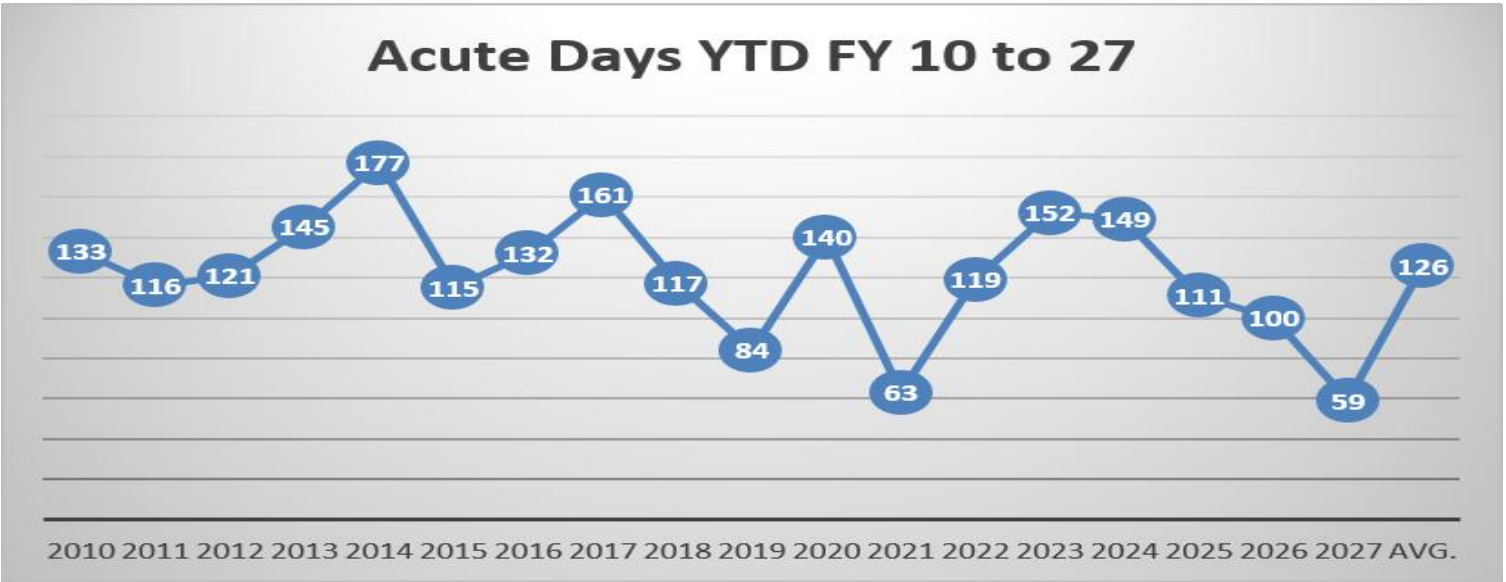


See Health and Safety Code Section 127502.5 for full statutory text on OHCA's progressive enforcement process.

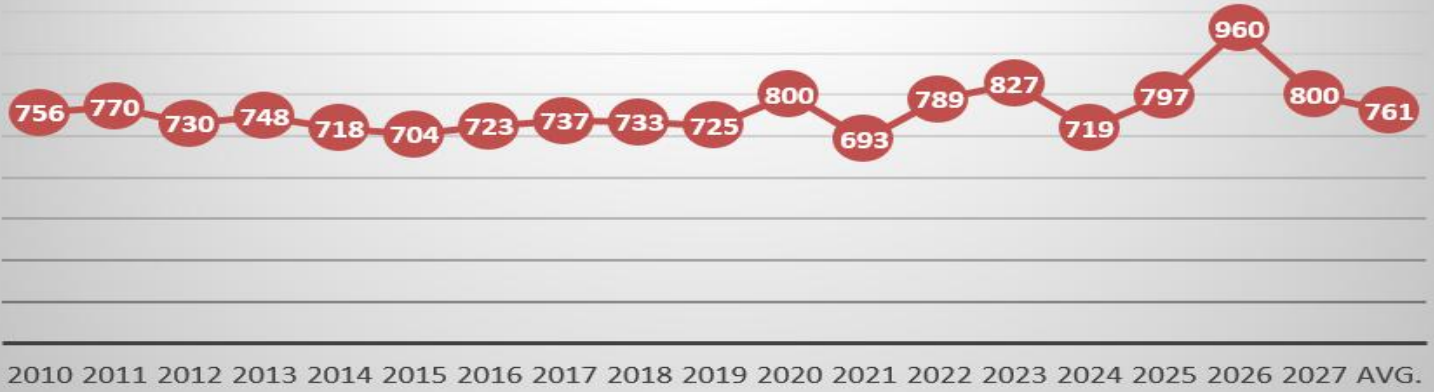
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- 9) We attended the NRHA conference this month which had classes from Tuesday to Thursday on RHC and Critical Access Hospital topics. There's a bill introduced that would have the first five years of a USDA Communities Facilities Direct Loan Program at 0% and at the end of year five facilities would be reassessed for normal interest rates at that time or an additional five years at 0%. Hopefully there are some amendments as currently you must be in a county of less than 20,000 people to qualify. Also, there are states where there are multi-county HPSAs so I need to follow up with HCAI to see if we can do that being that our district is in three counties. This would make it much easier to maintain our shortage area status.
- 10) HCAI is supposed to be announcing the CalRHT grant awardees by September 30th. Apparently, they were surprised by the total amount of applications but have made their selections and are having good communications with CMS who must sign off on their list.
- 11) Retail Pharmacy is starting off the year strong with a 10% increase in revenue. Their expenses have jumped 55% but that occasionally happens when receiving lots of supplies early in the year and I expect that to even out going forward.
- 12) The RHC has had an increase of 19% of visits and has a 58K positive bottom line.



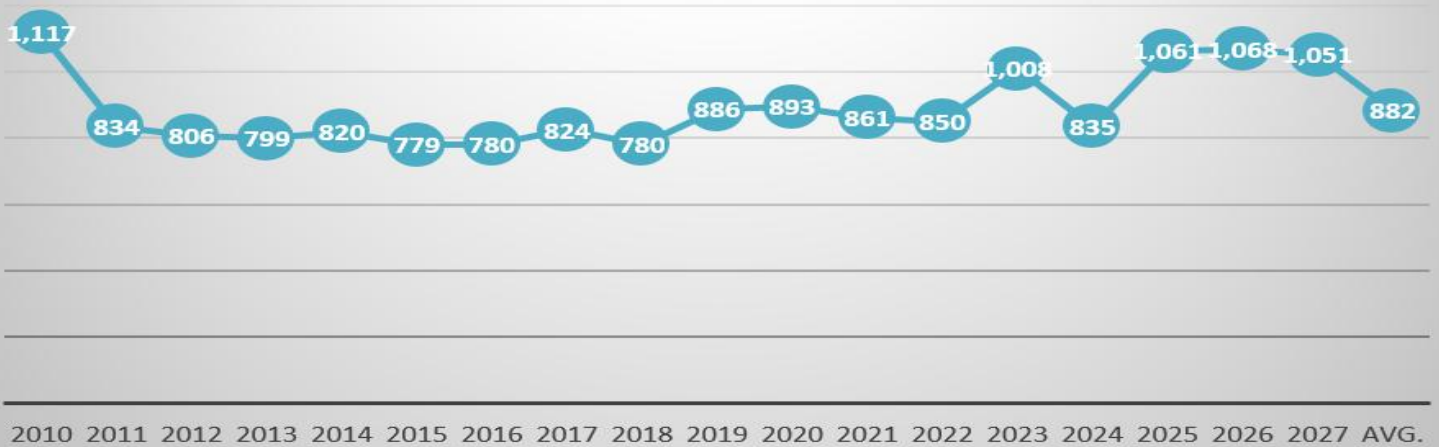
ER Visits YTD FY 10 to FY 27



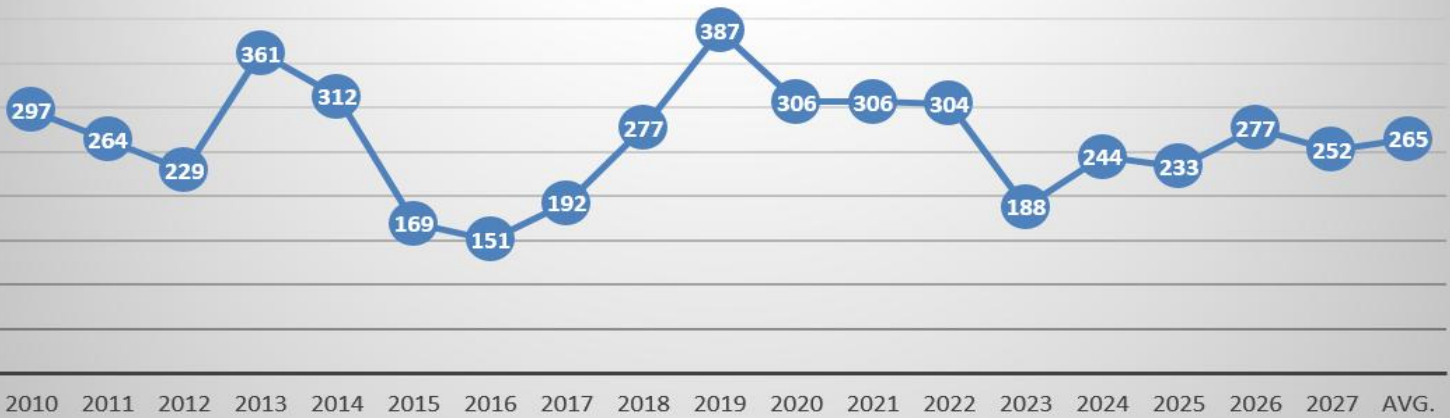
Lab Tests YTD FY 10 to 27



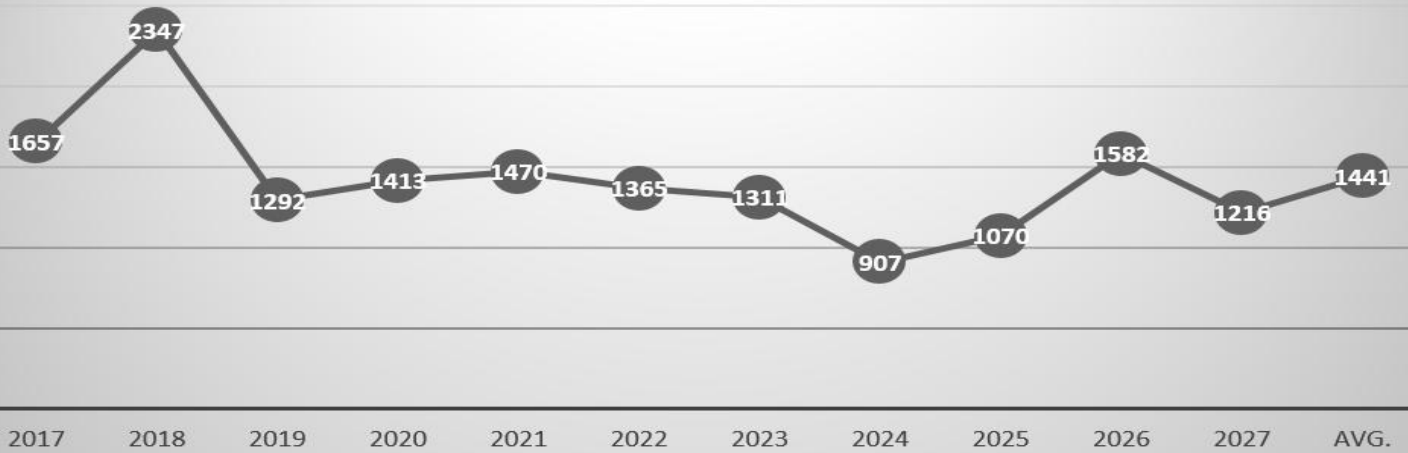
Rad Procedures YTD FY 10 to 27



OPM Procedures YTD FY 10 to 27



PT Procedures YTD FY 17 to 27



Ambulance Runs YTD FY 10-17,24-27



Hospice Days YTD FY 10 to 27



Clinic Visits YTD FY 22 to 27



Income Statement

- 1) Acute Revenue is down due to less Acute and Swing days.
- 2) SNF Revenue is up due to state rate increases tied to our cost report.
- 3) Outpatient Revenue is down as ER visits are above average but well behind last year, which was a record-breaking year in that department.
- 4) Contractuals are higher than normal the first two months of this year due to the IGT payables. It's a 1.8-million-dollar swing monthly between September and February so our YTD bottom line will increase over those six months.
- 5) Salaries and Wages are up due to wage increases and higher FTEs.
- 6) Employee benefits are down for the first two months but being self-insured that will fluctuate during the year.
- 7) Pro Fees are up due to higher ER physician wages.
- 8) Traveler costs are down 9%. You certainly expect to see this go down when wages and FTEs go up.
- 9) Utilities are down 39% from this time last year.
- 10) Other Expenses are up due to workers comp claims in these two periods compared to the prior year.
- 11) Interest Income is up by 72K factoring in the Mortgage-Backed Securities.
- 12) Non-Operating Revenue is up primarily due to higher sales in Retail Pharmacy.
- 13) Non-Operating Expenses are up mostly due to Supplies in Retail Pharmacy which ties into the higher sales mentioned above.
- 14) Net income is negative 959K YTD due to higher contractuals from our IGT payables over the first couple of months and a drop in overall revenue.

Balance Sheet

- 1) Cash is up 2.5 million from the prior year factoring in Mortgage-Backed Securities.
- 2) Accounts Receivable are up due to rebilling and re-adding the additional SNF AR. That has been paid in September so AR will dip back down.
- 3) Inventories are up due to Retail Pharmacy increased sales.
- 4) Medicare and Medi-Cal settlements will continue to increase until we receive our supplemental payments.
- 5) 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. I have made 20+ phone calls to the IRS, talked to three different representatives who transferred me to another extension where I have sat on hold until their system hangs up on me. Multiple times I have called and sat on hold for hours and had to give up due to meetings and calls. Still trying to clarify the payment.
- 6) We made a USDA payment on September 1st of 742K so our debt balances will change next month.
- 7) Our Current Ratio is 5.95 which is well ahead of the CA Critical Access Hospital of 2.77.



Executive Leadership Reporting Regular Board Meeting

Executive Leader: Libby Mee, Chief People Officer

Reporting Month & Year: September 2026

Overview

During the reporting period, Human Resources, Payroll, and Quality continued to serve as strategic partners to Mayers Memorial Hospital District (MMHD), supporting workforce management, regulatory compliance, quality improvement, employee development, and organizational risk management.

Current priorities remain focused on strengthening workforce stability, improving operational processes, supporting regulatory readiness, and developing systems that align staffing and organizational resources with patient care needs.

The Human Resources Department currently supports a workforce of 321 employees across all departments.

Recruitment remains active, with 17 open requisitions representing 25 vacant positions across clinical, administrative, and support services. Recruitment efforts continue to focus on critical patient care positions, skilled nursing staffing, and hard-to-fill specialty roles.

Current Vacancies

<i>Department</i>	<i>Position</i>	<i># of Positions</i>	<i>Status</i>
Activities	Aide	1	Full Time
Patient Access	Clerk	1	Full Time
Imaging	Cardiac Sonographer	1	Part Time
Food & Nutrition	Dietetic Technician	1	Full Time
Emergency	RN	1	Full Time
Emergency Room	RN	2	Per Diem
Endoscopy	Tech	1	Part Time
Hospice	RN	1	Full Time
Maintenance	Worker	1	Full Time
Med/Surg Acute	CNA	1	Full Time
Physical Therapy	Therapist	1	Part Time
Food & Nutrition	Registered Dietitian	1	Full Time
Respiratory	Respiratory Therapist	1	Full Time
Skilled Nursing	CNA	10	Full Time
Skilled Nursing	LVN	1	Full Time
Skilled Nursing	RN	1	Full Time
Rural Health Clinic	Visiting Nurse	1	Full Time

Recruitment & Community Outreach

MMHD team members participated in the fall job fair hosted by the Smart Center in Redding. These events provide an opportunity to increase awareness of MMHD career opportunities and expand recruitment efforts beyond traditional applicant sources.

MMHD is also scheduled to participate in the Oregon Institute of Technology job fair in Klamath Falls in October, with the goal of increasing exposure to qualified candidates in healthcare-related fields.

Provider Relations

The Provider Relations Coordinator continues to support provider recruitment, credentialing, and onboarding initiatives.

Two mental health telemedicine providers are currently undergoing credentialing for the Rural Health Clinic (RHC), with anticipated start dates in October 2026. These providers are expected to expand access to mental health services for RHC patients.

Credentialing and implementation activities are also underway for MMHD's new teleradiology partner, The Radiology Group, with services anticipated to begin in January 2027. This transition will require coordination across credentialing, clinical operations, technology, and implementation processes.

Early recruitment efforts have also begun for a new hospitalist to support continuity of hospitalist coverage as the current hospitalist anticipates retirement by summer 2027. Beginning recruitment efforts in advance is intended to allow adequate time for candidate identification, credentialing, and transition planning.

Quality & Regulatory Readiness

The Quality Department continues to focus on regulatory readiness, quality improvement, data integrity, and operational support.

Current areas of focus include:

- Preparation for the anticipated California Department of Public Health (CDPH) survey.
- Continued support for Cerner optimization, including order set development and implementation.
- Support for 340B implementation and related processes.
- Review of HCAHPS performance opportunities and identification of areas for improvement.
- Completion of required Quality Program data submissions, audits, and monitoring activities.
- Continued support for organizational grievance processes and resolution tracking.

The Quality Department has also added a Quality Coordinator who will provide additional support with grievance process resolution, data analysis, data entry, audits, and ongoing quality improvement activities. This position will increase the department's capacity to support both regulatory requirements and organizational performance improvement initiatives.

Human Resources – Policy, Compliance & Risk Management

For the remainder of the year, Human Resources will conduct a comprehensive review of current personnel policies, procedures, and related practices.

This initiative will include a risk-based assessment of personnel policies and procedures, as well as a review of employee personnel files to identify opportunities for improved consistency, documentation, compliance, and operational effectiveness.

Human Resources will also work closely with General Counsel to review current wage and hour policies and practices, with the goal of identifying potential areas of risk and ensuring that policies and procedures remain aligned with applicable federal and California requirements.

This review is intended to strengthen the District's overall HR infrastructure while providing managers with clearer, more consistent guidance for employee management and compliance.

Workforce Planning & Labor Management

Human Resources will also conduct a comprehensive staffing analysis across the organization to evaluate staffing ratios and workforce needs in relation to patient census, service volume, operational demands, and departmental requirements.

The purpose of this review is to establish a clearer understanding of current staffing levels and identify opportunities to better align workforce resources with organizational and patient care needs.

Following completion of the staffing analysis, Human Resources intends to establish a Labor Steering Committee to provide a more structured and consistent approach to workforce planning.

The committee will focus on:

- Aligning staffing plans with the District's strategic direction and operational needs.
- Establishing greater consistency and accountability in departmental staffing p
- Reviewing staffing ratios in relation to census, volume, and workload.
- Developing and monitoring workforce metrics and staffing trends.
- Identifying opportunities to improve workforce efficiency while maintaining appropriate patient care and service levels.
- Providing leadership with data to support informed staffing and resource decisions.

This initiative is intended to move staffing management toward a more data-driven, proactive, and organization-wide approach, rather than relying solely on department-level staffing decisions.



Executive Leadership Reporting Regular Board Meeting

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

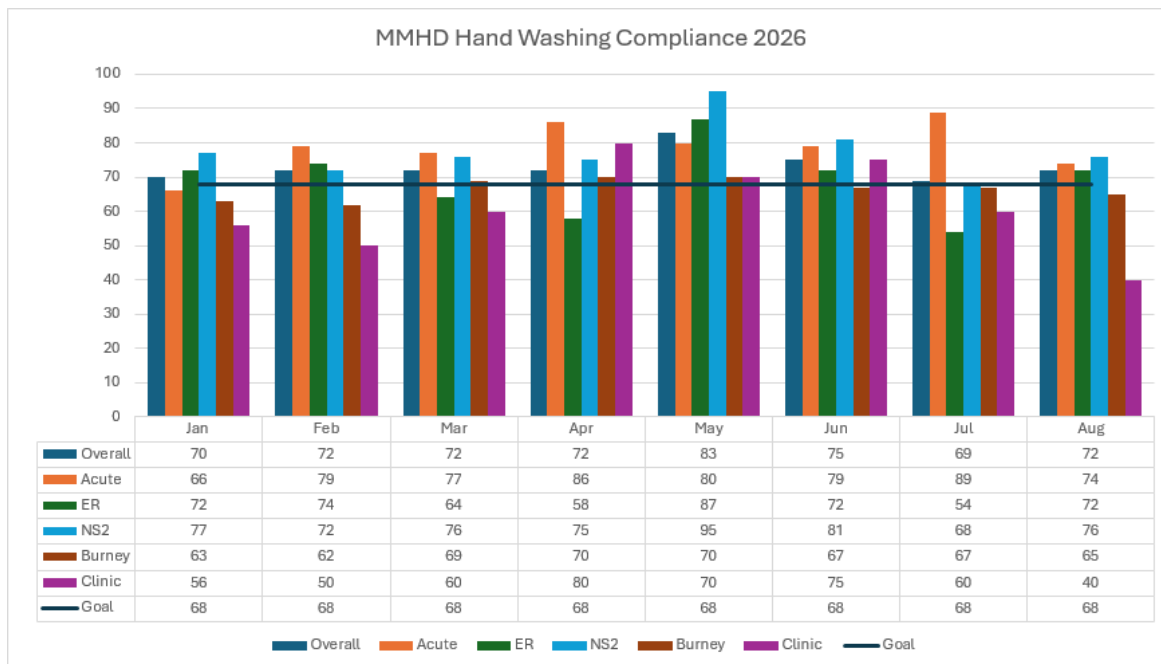
Reporting Month & Year: September 2026

Retail Pharmacy annual presentation earlier in the agenda.

Infection Prevention—Submitted by Kristen Stephenson, RN, Infection Preventionist

Hand Hygiene

- Facility overall compliance for the month of August: 72%
- Total number observed hand hygiene opportunities: 235
- Fall themed foam in/out signage being posted first week of Fall (9/22).



PointClickCare Upgrade

- Infection Prevention Module is active and in use. Kristen is training skilled nurses on the elements of this module, including screenings, follow-up assessments, and antibiotic time-outs.

Emergency Preparedness

- Kristen was invited to represent MMHD at Mercy Medical Center in Redding during a disaster preparedness exercise focused on the identification, management, and response to a suspected Ebola patient. The exercise, conducted in partnership with CDPH and Shasta County Public Health District, included emergency department

preparation, infection prevention measures, patient care, specimen collection, testing, and required reporting.

- A post-exercise “hotwash” provided an opportunity to review the response, identify lessons learned, and discuss areas for improvement. MMHD will use the experience to further evaluate its policies, resources, and preparedness for managing a high-consequence infectious disease, including the potential need to care for a suspected or confirmed Ebola patient for up to 36 hours.

High Touch Surface Cleaning Compliance in Acute and Long-Term Care- EVS



Hospice-- Length of Stay --Plan to get referrals earlier

Focus Group with Providers

- Providers wanted new pamphlets heavy on family quotes that they can hand to patient/family at time of office visit.
- Content for pamphlet to marketing 9/16/2026
- Providers wanted LCD Guidelines Pocket Pal

Networking

- Hospice Manager to visit Madrone Hospice in Yreka September 2026

Service Area

- New state regulations allow a 2-hour response time from office. Plan for patients in Alturas.

Ancillary Departments—Kevin Davie, Director of Ancillary Services

Imaging—Prepared by Harold Swartz, Imaging Manager

MRI Services

- Radiology is preparing for a dry run with the additional MRI trailer, which will expand service from two days per month to two days per week. The new Tuesday/Wednesday schedule is projected to begin October 6.

Ultrasound Services

- The current ultrasound system is out of service, with repairs estimated at approximately \$55,000. A rental system has been secured to maintain services while replacement options are evaluated.
- Due to the age and limitations of the existing system, Radiology is evaluating newer technology that would improve image quality and expand services, including liver elastography and enhanced obstetric imaging.

CT Services

- Following the recent system outage and software reinstallation, several CT protocols required reprogramming. Protocol restoration has been completed, and CT operations have returned to normal.

Teleradiology Services

- The transition to the new teleradiology service remains on schedule, with all deliverables completed on time.

Service Expansion – Interventional Radiology

- Radiology completed a site visit to observe the proposed radiologist performing interventional procedures and further evaluate the opportunity for local service expansion.
- Evaluation is continuing around Cerner build requirements, supply costs, ROI, and projected revenue, with potential services including joint injections and other interventional procedures that are currently unavailable locally.

Service Excellence Initiative – OASIS

- The OASIS team has begun sharing its first educational topic, “**First Impressions,**” through the organization’s internal monitors.
- Development is underway for the second educational topic, “**A Meaningful Farewell,**” focused on creating a consistent and positive conclusion to each patient encounter.

Respiratory Therapy

Staffing

- Michelle Chaffee, RRT, has accepted the Respiratory Therapy Manager position with an anticipated start date is December 1, 2026

Pulmonary Function Testing (PFT) Equipment Replacement

- The new PFT body box is scheduled for installation on September 24th, 2026
- Staff training is scheduled for October 6-8, 2026

Clinical Departments—Tiffani McCain, Director of Clinical Services

Physical Therapy and Cardiac Rehabilitation annual report earlier on agenda.

Rural Health Clinic—prepared by Kimberly Westlund, Clinic Manager

Staffing

- Kathy Schechla has officially retired after her years of dedicated service to the Rural Health Clinic. The clinic team wishes her all the best in her retirement and future endeavors.
- The clinic's current Referral Coordinator is transitioning to a new position in imaging. The position has been filled internally.
- A new medical assistant has been onboarded.

Education

- Keith Earnest, CCO, attended the National Rural Health Association Conference in Kansas City. The rural health clinic portion of the conference focused on survey readiness and compliance.
- Kimberly Westlund, Clinic Manager, is attending the National Association of Rural Health Clinics conference in Louisville, KY, starting September 29. This conference focuses on new rules and regulations, coding compliance, and networking.

Service Excellence

Service Excellence Workshops

- The year two Service Excellence Workshops started on September 1st. This Service Excellence Workshop explores the four dimensions of Advanced Service Excellence during the second year of the program. Workshops focused on:
 - Take a Look at Us Now
 - The Patient's Power of Choice: Where Are We Now?
 - Being a Good Influence: Using our Power of Choice.
 - The Cycle of Service for Do Its.
- The SEA teams are doing a stellar job in presenting the material and engagement is high. The SE Workshop attendee rate is 95%, which is an increase of 15% from prior year.

HCSEC (Health Care Service Excellence Conference)

- The Team Bragging Video has been completed and submitted to CLS for the HCSEC (Health Care Service Excellence Conference). Featuring team members from across the organization and Ruckus, our beloved hospital mascot, the video celebrates the pride, teamwork, and spirit that make Mayers special. Ruckus also made appearances throughout the summer in destinations including Las Vegas, Utah, Denver, Nashville, Cabo, and Puerto Vallarta.
- Nominee certificates for Summit Awards are listed below.

*As of September 18, 2026: The individuals listed in italics below have been recognized as Pinnacle Achievers and selected as finalists for the Summit Awards. The award recipients will be announced during the HCSEC Conference. Congratulations to all our nominees on this outstanding achievement and well-deserved recognition!

Award Type	Team Name	Nominee Names
L-1 Service Excellence Advisor 1st Year		Jennie Robb
L-3 SEA Super Coach		Sharon Lyons
L-4 OASIS Team Captain		Joey Marchy
L-5 OASIS Super Coach		Dana Hauge
L-7 Exceptional Implementation Coordinator		<i>Tiffani McKain</i>
L-8 Service Excellence Champion		Euan Harrington
T-19 OASIS Team	<i>Nacho Average Team - Awards & Recognition</i>	<i>Marrisa Martin, Jeff Miles, Lori Gibbons, Michelle Peterson, Kristi Shultz, Alex Johnson, Hollie Lappin, Travis Lakey, Valerie Lakey</i>
T-20 DO IT Improvement Project	<i>White Rose Program</i>	<i>Shelby Sheppard, Kayla Ramlow, Jennie Robb</i>
I-10 Exceptional Employee - Non-Clinical		<i>Ashley Nelson</i>
I-9 Exceptional Employee - Clinical		<i>Nichole Strahorn</i>
I-11 Empowering Manager		Harold Swartz
I-12 Exceptional Nurse		<i>Shelby Sheppard</i>
I-13 Customer Focused Provider		<i>George Winter, PA</i>
I-14 Customer Focused Physician		Dr. Thomas Watson
I-15 Empowering CNO/DON		<i>Theresa Overton</i>
I-16 Motivating Administrator		Moriah Padilla
I-17 Inspiring CEO/President		<i>Ryan Harris</i>
O-27 Hospital of Choice		Mayers Memorial Healthcare District
O-24 Outstanding 1st Year Service Excellence Initiative		Mayers Memorial Healthcare District
T-21 Service Excellence Council	<i>Heart & Hustle</i>	<i>Theresa Overton, Jessica DeCoito, Dana Hauge, Euan Harrington, Danny Fischer, Megan Holte, Michelle King, Emily Harper, Moriah Padilla, Katrina Williams, Kayla Ramlow, Ryan Harris, Tiffani McKain</i>
O-25 Rural Clinic of Choice		Mayers RHC



Executive Leadership Reporting Regular Board Meeting

Executive Leader: Theresa Overton

Reporting Month & Year: Sept. 2026

CNO Highlights for August 2026

SNF

Census

- Current Census - 71
- Burney Annex General POP - 25
- Burney Annex Memory Care - 20
- Fall River-Station 2 - 26
- In August, there were 2 admissions, 1 discharge home, and 3 hospice deaths.
- 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)-4
 - Witnessed-1
 - Un-witnessed-3

Updates:

Resident Safety/Fall Prevention: The SNF continues to work with HSAG on quality improvement initiatives focused on resident safety and fall reduction. A two-nurse rounding approach was implemented on the unit, and a LTC Quality Fall Committee was established to review fall trends and identify prevention strategies. Falls decreased from 11 in the prior month to 4 in August, demonstrating positive progress with these focused interventions.

Activities Department

- Activity programming continues seven days a week across Fall River, Burney Front, and Memory Care, including group, individualized, in-room, and one-to-one activities.
- Continued focus on resident quality of life and person-centered engagement, with programming tailored to resident interests, abilities, and needs.
- Ongoing survey preparedness, including review of care plans, documentation, scheduled programming, and consistency of resident engagement.
- Continued use of sensory, social, spiritual, and non-pharmacological interventions, particularly for residents with cognitive, behavioral, and psychosocial needs.
- Challenges: Balancing programming and increased individualized needs across all three units, non-emergency transportation demands, and survey read

Acute

August Performance Dashboard

- Acute ADC: 0.65
- Acute ALOS: 3.71
- Swing Bed ADC: 2.77
- Swing Bed ALOS: 15.56
- OBS Census Days: 6

Staffing Overview

- We currently have one open day shift CNA position.

Quality / Risk / Compliance

- Medication Errors: 1
- Falls: 0

Emergency Services

Census for August 2026

- Total patients treated: 391
- In-Patient Admits: 9
- Transferred to higher level of care: 18
- Pediatric patients: 55
- AMA: 5
- LWBS: 2
- Present to ED vis EMS: 40

Staffing Overview:

- Hired one FT Noc Supervisor
 - One Noc RN position remains open

Ambulance Services

MMHD EMS Activity Summary

- 57 Calls for Service
- 3 Interfacility Transports (IFTs)

Burney Fire Protection District Responses

- 2 calls involving Burney Fire Protection District:
 - **2 calls** resulted in patient transport within the district.

Community Standby/Public Relations Events

MMHD EMS provided standby coverage and community outreach at two events, including:

- MMH Golf Tournament – All three MMHD ambulances were on display. EMS crews had the opportunity to interact with community members, answer questions, and provide information about our ambulances and EMS services.
- Fall River Joint Unified School District – EMT Class Meet & Greet – EMS staff participated in a meet and greet with students interested in the EMT program and careers in emergency medical services. This provided an excellent opportunity to introduce students to EMS and discuss the role of EMS providers in our community.

Operations

- Our ambulance fleet continues to experience mechanical issues. Mayers 1 and Mayers 2 will both require their air socks to be rebuilt, with an estimated cost of approximately \$5,000–\$7,000 per ambulance.
- With summer in full swing, crews continue to be dispatched to more rural and remote areas throughout our response district due to increased outdoor recreational activity. These calls can create additional operational challenges due to increased response distances, difficult terrain, and limited access to patients.
- We continue to actively pursue grant opportunities to assist with funding the purchase of a new ambulance and to improve the overall reliability and readiness of our fleet.

Education and Training

- Staff are currently working on their annual required training and recertification courses.
- During the August staff meeting, we reviewed EMS documentation requirements and common documentation errors. The goal of this training was to improve the quality and accuracy of patient care reports while helping protect both our staff and the hospital from potential liability and litigation concerns.

Surgery:

Volume

- Incoming referrals: 26
- Monthly patient census: 15
- Monthly procedures performed: 15

Staffing Update

- Our part-time Endoscopy Technician resigned due to changes in childcare availability. The position has been posted, and recruitment efforts are underway. There have not been any applicants as of September 1st.
- We have trained a CNA from Acute to assist with the procedure room turnover and cleaning between cases until we fill the endoscopy tech position. A surgical tech from Modoc Medical Center has been covering 1 surgery day per month to help.
- We are also in the process of credentialing an additional CRNA to ensure anesthesia coverage during periods of illness, vacation, or other planned absences. She will cover our current CRNA for a planned vacation in September.

Outpatient Medical

Census

- August-111 patients

Updates:

- Received feedback from Lab physician and will move forward on new OPM blood order form and approval process.
- Working on emergency medication policy for infusions in OPM. It is on its way through the approval process.
- OPM continues to send out letters to patients to obtain surveys and drive them to the department website.
- OPM continues to send out letters to patients to obtain surveys and drive them to the department website.

Social Services:

- LTC Admissions: One long-term care admission was completed in August at the Burney facility.
- Swing Bed Program: Social Services is participating in a six-week Swing Bed course beginning September 14 to support continued development of the Swing Bed program.

Staff Education:

- Certifications: PALS renewal and initial NRP training were completed August 3. BLS training for newly hired staff was held August 6.
- NATP: Program remains on hold pending CDPH approval; one UA continues enrollment in the Shasta College NATP program.
- BLS/Credentialing: Review of nursing BLS and license expiration dates identified gaps. Staff Education is providing timely training and follow-up to bring affected staff into compliance.
- Ongoing Education: Bi-monthly SPHM/DHW training and CDPH CNA orientation continue for new, rehired, and returning staff.

Respectfully Submitted by Theresa Overton, CNO



Executive Leadership Reporting Regular Board Meeting

Executive Leader: Ryan Harris, MBA, Chief Executive Officer

Reporting Month & Year: September 2026

Executive Summary

September emphasized external engagement, regional collaboration, advocacy, and partnership development to strengthen MMHD's role in rural healthcare and support future growth.

The Executive Leadership Team advanced MRI expansion, clinic modernization, workforce stabilization, Service Excellence, quality and regulatory readiness, recruitment, and infrastructure planning.

Regional Leadership and Healthcare Collaboration

At the SHC Board Meeting, I joined regional hospital executives to discuss workforce, affordability, value-based care, service innovation, and shared initiatives that independent providers could not pursue as effectively on their own.

I hosted Sierra Health Collaborative Executive Director Joshua Goeller for an in-person strategic planning session with members of the Executive Leadership Team, focused on workforce development, healthcare transformation, organizational priorities, and opportunities for MMHD to assume a more prominent regional leadership role.

Conference Participation and Rural Healthcare Advocacy

At the National Rural Health Association Critical Access Hospital and Rural Health Clinic conferences, discussions addressed workforce, sustainability, benchmarking, clinic operations, innovation, funding, and federal policy.

Sessions and peer networking highlighted operational efficiency, retention, value-based care, artificial intelligence, federal funding, and practices applicable to MMHD.

Current Regional CEO Retreat

I am participating in Renown Health's Rural Hospital CEO Retreat in Reno with executives from more than thirty California and Nevada organizations to address leadership, strategy, and rural healthcare delivery.

The retreat provides an opportunity to strengthen relationships with peer CEOs, discuss emerging healthcare challenges, and identify collaborative solutions to workforce, reimbursement, and service access issues affecting rural communities throughout the western United States

Imaging Expansion and Specialty Service Development

MRI expansion remains on track to increase availability from two days per month to two days per week beginning in October, representing a substantial improvement in local access to advanced diagnostic imaging and an important step in reducing scheduling delays and unnecessary travel for patients.

Planning is also progressing regarding a new teleradiology provider, potential future interventional radiology services, and replacement options for aging ultrasound equipment.

Rural Health Clinic Expansion and Access to Care

The Fall River Rural Health Clinic remodel remains on schedule. Weekly coordination meetings among architects, contractors, and leadership continue to focus on maintaining project timelines and preparing for upcoming construction phases.

Telehealth partnerships, provider recruitment, and workflow improvements support outpatient growth.

Workforce Development and Recruitment

MMHD employs approximately 321 team members and continues to recruit actively across departments, with the greatest needs in Skilled Nursing, respiratory therapy, nursing, imaging, and specialty clinical disciplines.

Leadership advanced long-term workforce strategies focused on physician succession, staffing optimization, productivity, leadership development, and sustainability.

Quality, Compliance, and Regulatory Readiness

Leadership continued regulatory survey preparation and quality improvement.

Current areas of focus include:

- California Department of Public Health survey readiness.
- Cerner optimization and workflow improvements.
- 340B implementation activities.
- Patient experience improvement efforts.
- Clinical grievance resolution processes.
- Quality reporting and auditing activities.
- Infection prevention initiatives.
- Clinical workflow enhancements and documentation improvements.

- A new Quality Coordinator will strengthen monitoring, readiness, improvement, and data analysis.

Service Excellence and Organizational Culture

Year Two Service Excellence workshops began in September, with participation exceeding prior-year attendance levels, emphasizing patient choice, accountability, communication, advanced service excellence principles, and employee engagement.

MMHD also received meaningful recognition through the Health Care Service Excellence Conference (HCSEC) awards process, with multiple employees and teams named finalists in several categories. I was honored to be named a finalist in the Inspirational CEO/President category. These recognitions provide external acknowledgment of the work occurring throughout the organization and the continued progress of MMHD's culture and service transformation efforts.

Clinical Operations and Patient Care Services

Notable initiatives included:

- Continued hospice outreach and referral development.
- Planning activities for Visiting Nurse services.
- Respiratory Therapy leadership recruitment.
- Emergency preparedness and disaster planning efforts.
- Installation of new pulmonary function testing equipment.
- Ongoing clinical education and workforce development programs.
- Survey readiness and quality improvement activities across multiple departments.

Skilled Nursing improved resident safety and fall prevention while continuing resident engagement, staff development, and survey readiness.

Facilities, Infrastructure, and Capital Planning

Current projects include:

- Fall River Rural Health Clinic renovation.
- Childcare facility renovation planning.
- Nurse call replacement planning.
- Hatcher office renovations.
- Seismic evaluation and master planning activities.
- Exploration of future grant opportunities supporting facility modernization.

Architects, engineers, consultants, and leadership are planning capital investments for patient care, compliance, and sustainable operations.

Financial Stewardship and Organizational Sustainability

Leadership is monitoring reimbursement, labor costs, service-line performance, capital priorities, and rural healthcare regulations.

Sustainability efforts emphasize service growth, partnerships, workforce development, modernization, grants, and transformation funding.

Disciplined management and strategic investment support future opportunities and high-quality care.

Looking Forward

Key priorities over the next quarter include:

- Expanding MMHD's leadership within the Sierra Health Collaborative.
- Developing partnerships with regional healthcare providers.
- Continuing rural healthcare advocacy efforts at the state and regional levels.
- Identifying collaborative grant and funding opportunities.
- Advancing teleradiology and specialty service initiatives.
- Implementing expanded MRI service.
- Continuing Rural Health Clinic modernization efforts.
- Strengthening workforce recruitment, retention, and succession planning activities.
- Maintaining focus on Service Excellence, quality improvement, and patient experience initiatives.
- Positioning MMHD as a recognized leader in rural healthcare innovation throughout Northern California.

Closing Remarks

September demonstrated that MMHD is making meaningful progress on both fronts that are essential to our future: strengthening the organization internally while expanding its influence and relationships externally. The combination of regional and national engagement, strategic partnerships, service expansion, workforce development, infrastructure investment, quality improvement, and disciplined organizational stewardship provides a strong foundation for continued growth. As we move into the next quarter, our focus will remain on translating these relationships and initiatives into tangible opportunities for our patients, employees, and communities, while positioning MMHD as a recognized, collaborative leader in rural healthcare.



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

The employee scholarship application round is currently open, with applications being accepted through October 31. The Departmental Awards application is also open through October 31. The volunteer-hour requirement will continue for departmental award requests. As a reminder, requests for items over \$10,000 can only be considered if the item is included on the Capital Expenditure List.

The Mayers Health Foundation's \$25,000 grant from The California Endowment Fund has been allocated to purchase necessary equipment for the Emergency Department. The California Endowment will soon begin scheduling site visits with grant recipients to view how awarded funds are being used.

We are still awaiting the outcome of the Health Transformation grant applications and expect to receive notification soon, as the current plan is for contracts to be executed in October. Over the next several months, grant efforts will focus on identifying funding opportunities for a few priority projects and needs.

North State Giving Tuesday is December 1, and both the Mayers Health Foundation and Tri County Community Network are registered to participate. The Mayers Health Foundation will again focus its campaign on raising funds for employee scholarships, including support for the CNA program.

Public Relations/Marketing

Planning for the annual hospital commercial has begun. Marrisa has contacted KRCR with a proposed theme and plan, with a meeting scheduled in the coming weeks. Filming is expected to take place in October. This year the focus will be centered on patient care and MMHD's roots in the community.

Grant funds are being used to publish weekly advertisements in the *Intermountain News*, highlighting hospital services including OB/GYN, hospice, MRI, and other available services.

Marrisa is also participating in the 13-week Swing Bed Academy to gain a deeper understanding of the program and provide insight into effective marketing strategies for the hospital's Swing Bed services. The academy is aligned with OASIS forms and requirements.

Marketing Coordinator Parkyre is developing a photo and video library to support future marketing efforts. She is also creating department-specific videos to highlight patient services and help the community better understand the care available at Mayers

Mayers Healthcare Foundation

Water Project

The Mayers Healthcare Foundation office and Lucky Finds Thrift & Gift have successfully been connected to the Fall River Valley Community Services District water system. The project was supported by a \$32,500 grant from The McConnell Foundation and was completed for approximately \$20,000, leaving \$12,500 in grant funds available for future eligible needs.

Lucky Finds Thrift & Gift

Lucky Finds continues to make steady progress toward its goal of \$25,000 in quarterly revenue. Remaining open during the Thursday and Friday of the Intermountain Fair resulted in sales approximately three times higher than the store's average for that week. The Foundation will continue evaluating opportunities to increase revenue while balancing the needs of volunteers, staff, donors, and customers.

26th Annual “On the Green” Golf Tournament

Final accounting for the 2026 tournament is complete. While revenue was approximately 5% lower than the previous year, the event generated \$12,830.95 in net proceeds, which will be designated toward the purchase of a new ambulance. The Board will also review whether the current practice of allocating 25% of net fundraising proceeds toward investment should continue for future events.

2027 Denim & Diamonds Gala

Ticket sales are underway for the 2027 Denim & Diamonds Gala reverse raffle, featuring a 1961 Jeep Willys. The event will be held January 23, 2027, with 500 raffle tickets available. Proceeds will support Mayers Memorial Healthcare District and its Hospice programs.

Tri County Community Network (TCCN) Update

TCCN continues to focus on health education, prevention, and community outreach throughout the region. As the new school year begins, Program Director Kiely Whitehead will resume BOTVIN LifeSkills education at Fall River Elementary and Burney Elementary for all 4th–6th grade students. This is TCCN's third year implementing the program in local elementary schools, with approximately 200 students expected to complete the eight-week course.

In collaboration with Shasta County Chemical People, TCCN is also resuming Peer Mentoring at Fall River High School. This student-led, 16-week life skills program complements the BOTVIN curriculum. By next year, incoming 7th grade students at Fall River High School will have received four years of life skills education through these programs.

Bright Futures is returning to TK classrooms and community spaces throughout the region. Family Advocate Trinity Berlt will provide social-emotional skill building and socialization opportunities to approximately 150 unduplicated children each fiscal quarter, with monthly services in Round Mountain, Burney, Fall River, and Big Valley.

The Enhanced Care Management (ECM) program continues to provide care coordination and connections to healthcare and community resources, with approximately \$6,000 in services billed monthly. Case Manager Jaki Harrington is currently supporting 14–20 individuals each month with care coordination, housing support, and resource connections. Five ECM participants have also been connected with primary care services at the Mayers Rural Health Center, with additional referrals made to other hospital services as appropriate.

TCCN is also preparing for the Second Annual Intermountain Brewfest, which will take place this Saturday September 26th. This year the event will include food and craft vendor, a kids area, and a new winery. All monies raised will be used to support programs like high school CPR education. TCCN is projected to raise approximately \$7,500.