

Chief Executive Officer
Ryan Harris



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

Quality Committee
Meeting Agenda
October 28, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

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

Attendees

Les Cufau, Chair, Board Member
James Ferguson, Board Member
Ryan Harris, CEO
Libby Mee, CPO
Megan Holte, Director of Quality
Lisa Neal, Board Clerk

					Approx. Time Allotted	
1	CALL MEETING TO ORDER		Chair: Les Cufau			
	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	Quality Board Committee Meeting – September 30, 2026	Attachment A	Action Item	2 min.	
4	DIRECTOR OF QUALITY REPORT		Megan Holte	Attachment B	Report	5 min.
5	SAFETY QUARTERLY REPORT		Dana Hauge	Attachment C	Report	5 min.
6	OTHER INFORMATION/ANNOUNCEMENTS			Information	2 min.	
7	MOVE INTO CLOSED SESSION			Action Item	2 min.	
8	CLOSED SESSION					
	8.1	Hearing (Health and Safety Code §32155) – Medical Staff Credentials			5 min.	
		MEDICAL STAFF APPOINTMENT				
		1. Hendrix-Parson Yaminah, LCSW (T2U)				
		2. Miller Ashley, NP (T2U)				
9	RECONVENE OPEN SESSION			Action Item	2 min.	
10	ADJOURNMENT: Next Quality Board Committee Meeting – December 9, 2026					

Posted: 10.22.26

Chief Executive Officer
Ryan Harris



ATTACHMENT A

Board of Directors

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

**Board of Directors
Quality Committee**

Minutes

September 30, 2026 @ 9:30 am
Mayers Memorial Healthcare District
Fall River Boardroom @ 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:** Les Cufau called the Quality Board Committee meeting to order at 9:43 am on September 30, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which governs the conduct of the meeting.
-

BOARD MEMBERS PRESENT:

Les Cufau, Committee Chair, Director
Jim Ferguson, Director

ABSENT:

STAFF PRESENT:

Ryan Harris, CEO
Libby Mee, Chief People Officer
Keith Earnest, Chief Clinical Officer
Theresa Overton, Chief Nursing Officer
Al Kokwaro, Chief Medical Officer
Megan Holte, Director of Quality
Lisa Neal, Board Clerk

-
- 2 CALL FOR REQUESTS FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**
No public comment.
-

3 APPROVAL OF THE MINUTES:

3.1 Regular Quality Committee Meeting – August 26, 2026

A motion to accept the minutes, as presented, was made, seconded, and carried.

Harris /
Cufau

Approved
by All

-
- 4 DIRECTOR OF QUALITY:** Written report provided by Megan Holte, Director of Quality. The Committee requested greater emphasis on the Compliance Rates in each graph and a change to the title from "Adverse Drug Reactions – Acute" to "Adverse Drug Reactions – General Acute Hospital". Chief Clinical Officer Keith Earnest and Director of Quality Megan Holte will further categorize Adverse Drug Reactions.
-

- 5 OTHER INFORMATION/ANNOUNCEMENTS:** The committee recognized Megan's accomplishments during her first 90 days and thanked her for her work. Executive rounding was implemented for acute patient discharges, with the Chief Nursing Officer, Theresa Overton, completing the first week. Press Ganey surveys are sent only to acute patients who are discharged home; swing bed patients receive an internal Acute survey. Dr. Kokwaro is leading a review of swing-bed workflows, limited PT resources, mobility, and patient satisfaction, in collaboration with PT and nursing, focusing on low-cost, high-yield improvements. Transition of care is being considered for swing bed patients without an established primary care physician, and warm handoffs to clinic providers are being explored as a potential way to expand the patient base. The Chief Nursing Officer, Theresa Overton, and the Chief Medical Officer, Al Kokwaro, are participating in a CLS Swing Bed Program focused on marketing that program. They have requested that the Director of Public Relations be included in the calls. The contract process is being revised to include quality measures, tracking, vendor performance, and policy updates. Ryan will present a revised Signing Authority policy to the full Board.
-

6 ADJOURNMENT: Next Quality Board Committee Meeting – October 28, 2026

The committee chair declared the meeting adjourned at 10:48 am.

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



Quality Board Report

Manager & Department: Megan Holte – Quality/Risk Management

Reporting Month & Year: October 2026

Summary:

Current priorities include ongoing CDPH survey preparation and regulatory rounds; establishing Cerner issue- communication and reporting/triage/tracking; aligning policy approval workflows with ACHC standards and MMHD bylaws; updating the FY2026 QAPI plan; developing the Good Catch/Near Miss program; advancing Clinic QIP metric capture; and completing required quality submissions and audits. MMHD received a 100% quality score for the CY2025 HSAG/DHCS audit, and the National CAH Quality Inventory Assessment was submitted on October 16, 2026.

1. Regulatory:

- i. Continuing to monitor: Long Term Care is still anticipating arrival of CDPH for annual survey. Due date for CDPH's survey was 08/05/2026. LTC is also awaiting follow-up from CDPH for several falls reported to CDPH. Still conducting regulatory prep rounds with maintenance, nursing and EVS.

2. Cerner Optimization:

- i. CorroHealth after action report reviews are underway with managers. The results of these reviews will be used by the Cerner Optimization team to identify the most effective method to solve charge-related issues facility-wide.
- ii. The Cerner Optimization group email address has been created. This email will serve as a way for staff to report Cerner issues to the team. The team will triage all issues, and work through the tickets by priority.
 - i. We are working on creating email templates for the users to ensure all necessary information is provided when issues are reported.
 - ii. We have created a matrix to differentiate between workflow issues and system issues - the purpose is for the team to best understand how to solve the issue.
 - iii. Workbooks in place to track all Cerner issues.
 - iv. We will be providing updates to all staff via It Pays to Know.

3. Quality:

- i. ACHC –
 - i. Director of Quality and Director of Safety and Security met with ACHC to discuss clarification in reporting structures and standards as well as policy



Quality Board Report

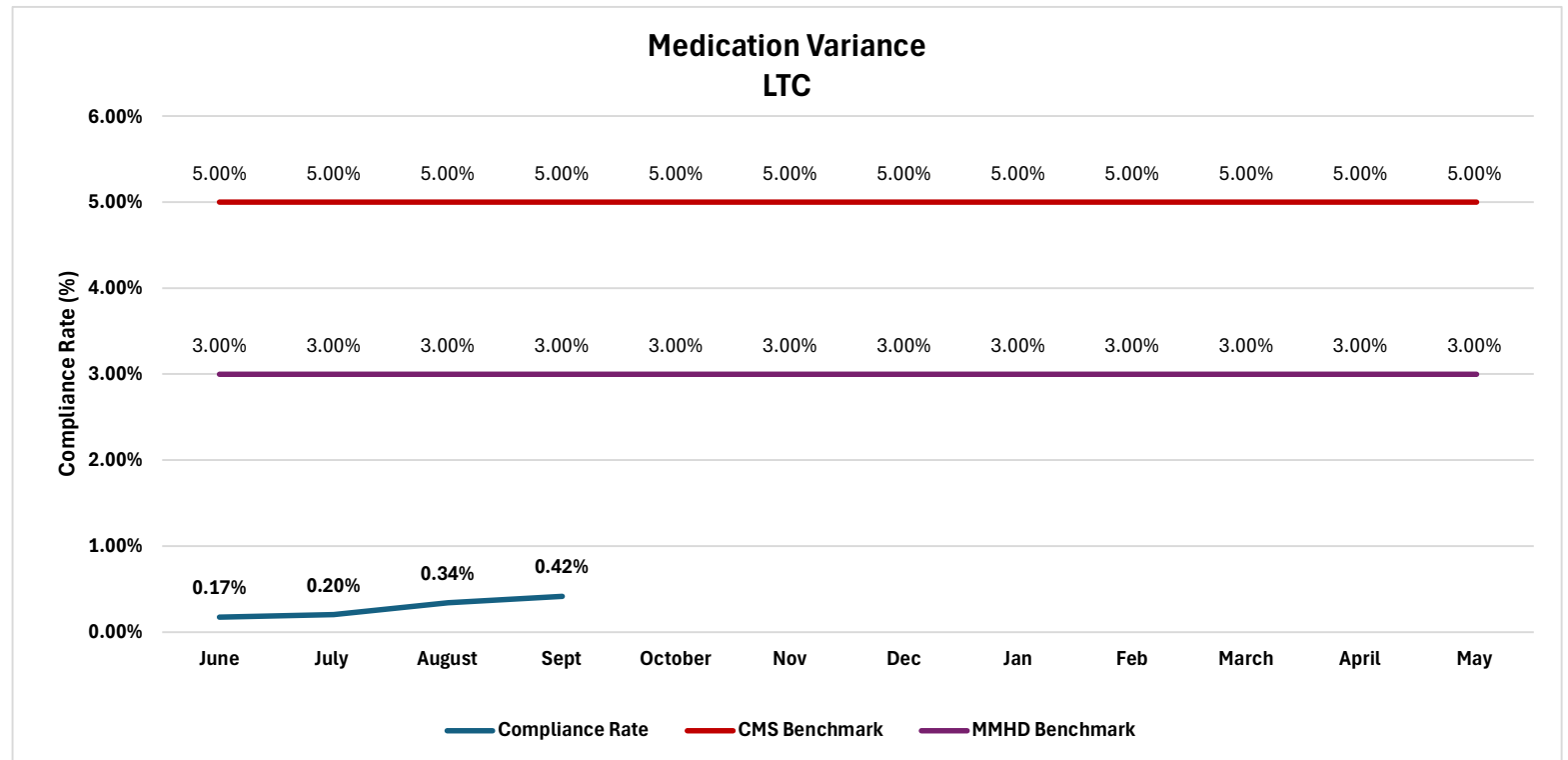
approval re-alignment. ACHC guidance for policy approvals to follow bylaws – establishing approval flows for policy types within PowerDMS to align with CMS CoPs and MMHD bylaws to include medical staff review and approval and BOD review/approval.

- ii. QAPI Plan –
 - i. QAPI plan due for review. Director of Quality to conduct review of prior year's QAPI plan and use evaluation to shape the FY2026 QAPI plan. Director of Quality will also purchase ACHC QAPI plan template for reference and framework when writing the FY2026 quality plan to ensure alignment with ACHC standards.
- iii. Good Catch –
 - i. Previously mentioned the goal to develop the “Good Catch/Near Miss” program within the hospital. Have had the opportunity to create the submission tab in RL6 for Good Catches found that staff can report. The Quality Department is working on creating staff education campaign on what a good catch is and the benefits for patient safety and building a workplace culture of trust.
- iv. Clinic QIP –
 - i. Director of Quality met with the Medical Director of the Clinic, Clinic Manager, and Director of Clinical Services. We discussed remaining partnership metrics to work towards capturing prior to the end of CY2026 as well as beginning to plan for CY2027 metric capture.
 - 1. Cerner Optimization group working to schedule meeting with clinic to review CPTs for Lab as well as Partnership codes needed in Cerner.
- v. Health Services Advisory Group (HSAG) –
 - i. Receive official confirmation of audit completion from HSAG and DHCS auditor. MMHD received a 100% quality score for CY2025. DHCS Capitated Rates Development Division will send the payment amounts earned to facilities in January 2027.
- vi. National CAH Quality Inventory Assessment (QIA)– Completed and submitted the FLEX Program QIA 10/16/26

Mayers Memorial Healthcare District Medication Variance - LTC

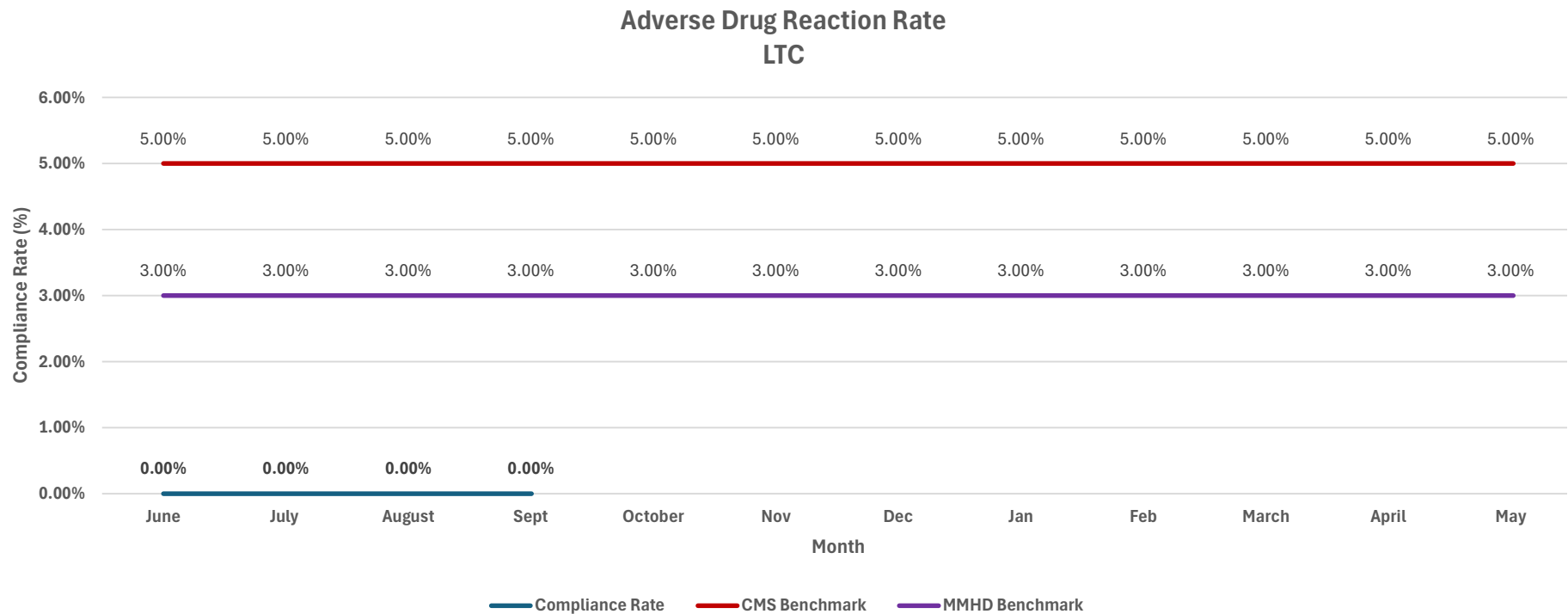
2026 - 2027

	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	48	61	106	120								
Denominator: the total number medication admin OPPORTUNITIES	27649	30209	31007	28748								
Compliance Rate	0.17	0.20	0.34	0.42	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A



Mayers Memorial Healthcare District Adverse Drug Reactions - LTC

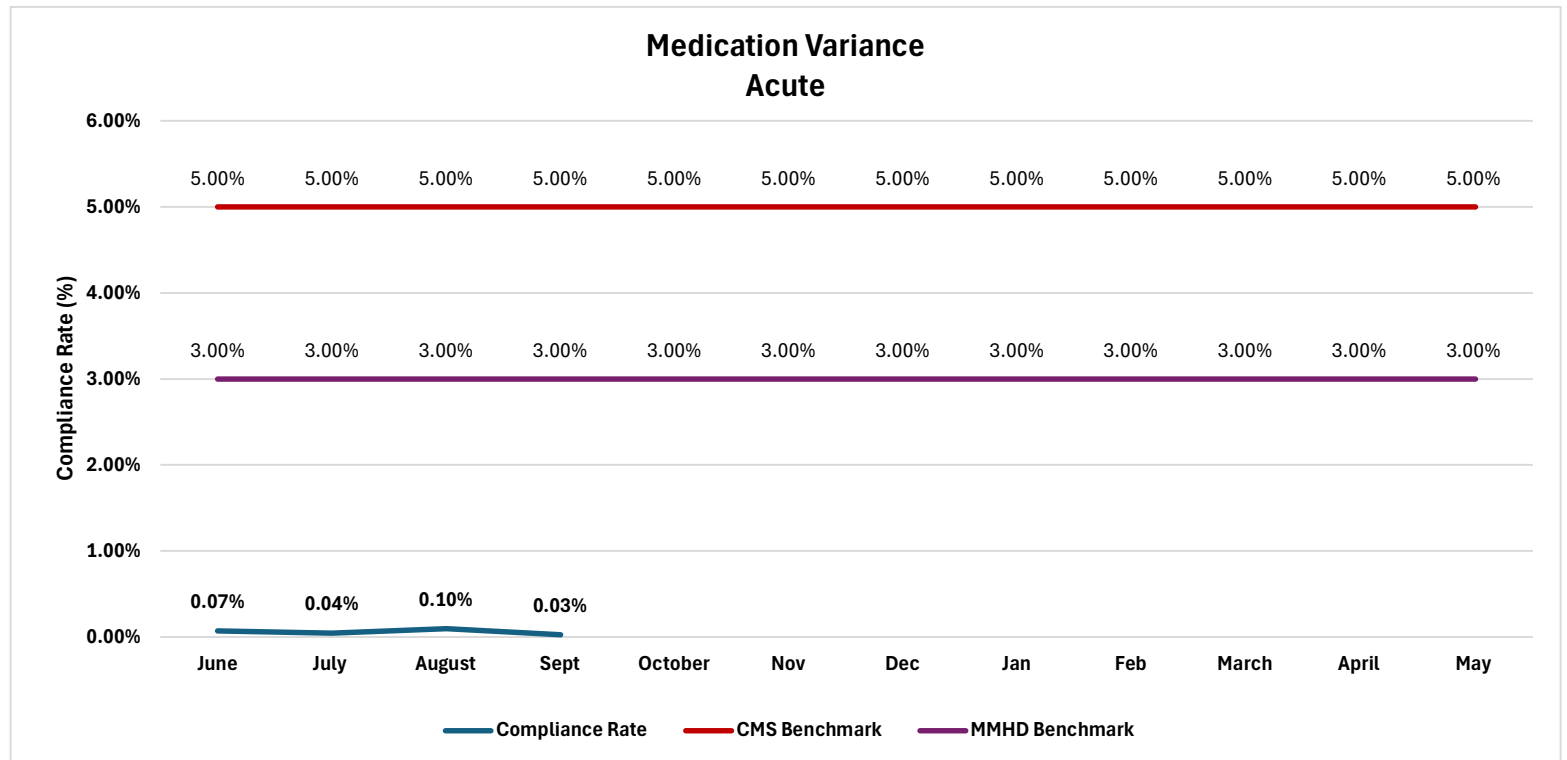
	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	0	0	0	0								
Denominator: the total number medication admin OPPORTUNITIES	27649	30209	31007	28748								
Compliance Rate	0.00	0.00	0.00	0.00	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A



Mayers Memorial Healthcare District Medication Variance - Acute

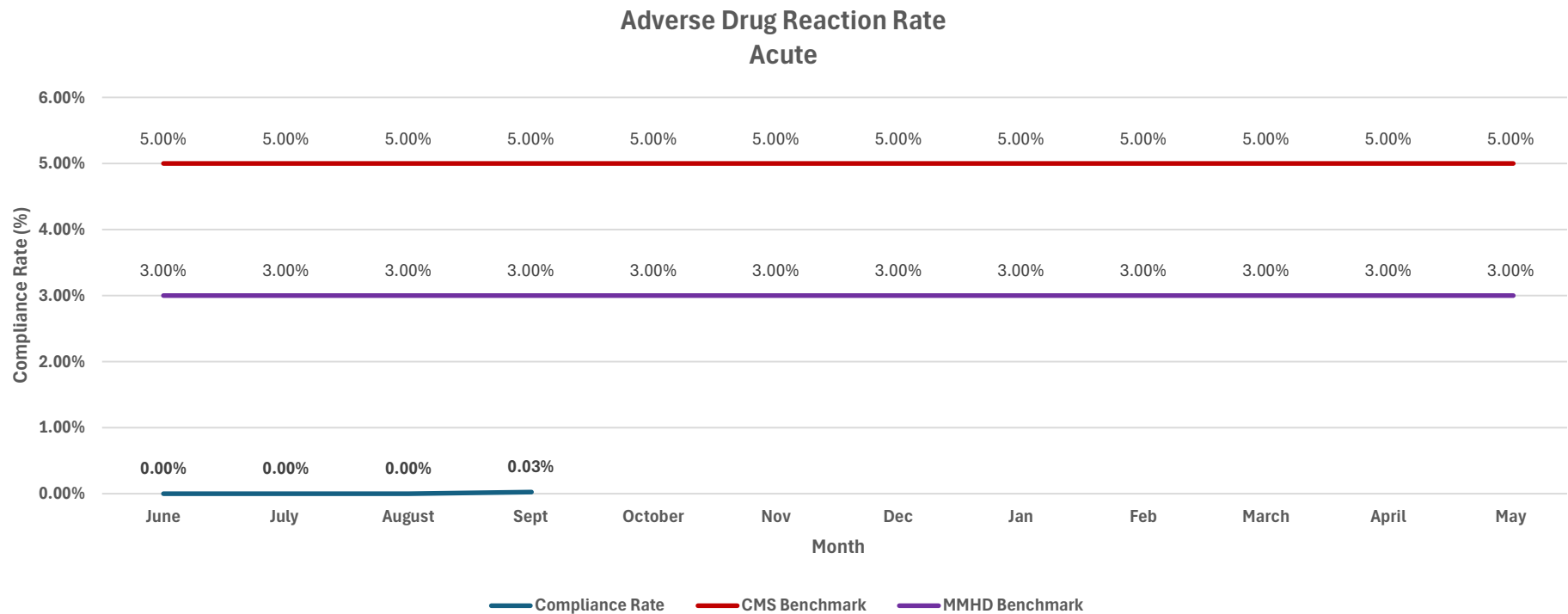
2026 - 2027

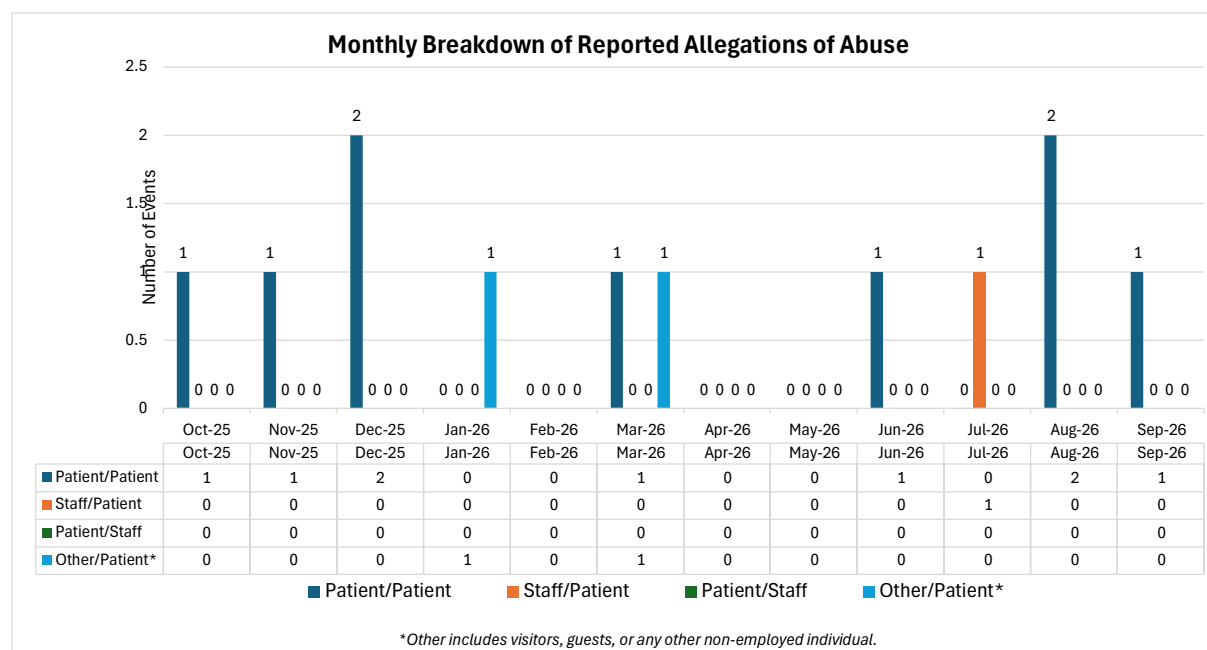
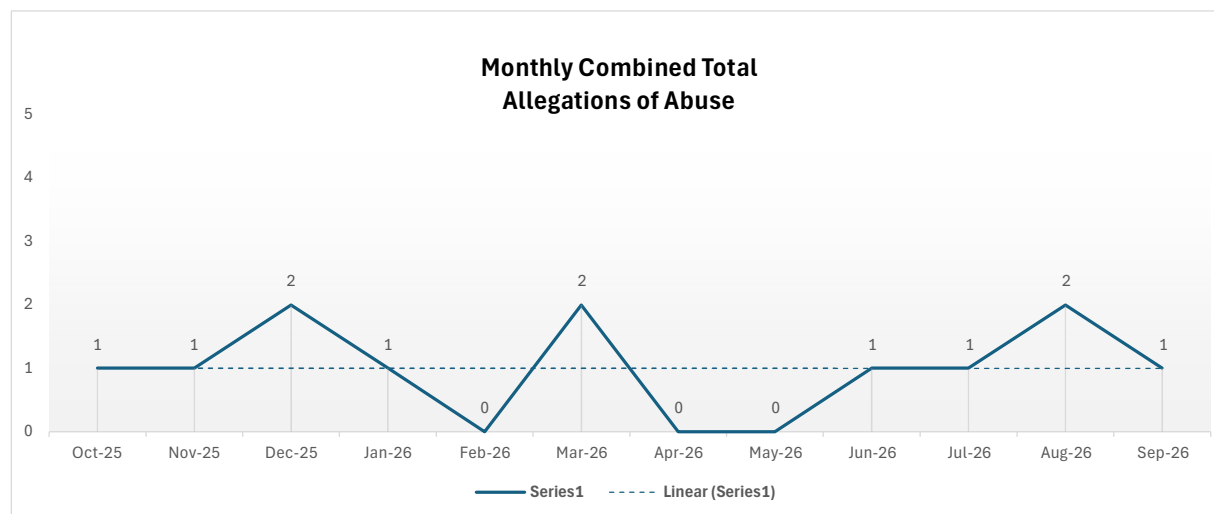
	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	2	1	2	1								
Denominator: the total number medication admin OPPORTUNITIES	2776	2224	2056	3713								
Compliance Rate	0.07	0.04	0.10	0.03	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A



Mayers Memorial Healthcare District Adverse Drug Reactions - Acute

	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	April	May
CMS Benchmark	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
MMHD Benchmark	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%	<3%
Numerator: the number of medication variances	0	0	0	1								
Denominator: the total number medication admin OPPORTUNITIES	2821	2224	2056	3713								
Compliance Rate	0.00	0.00	0.00	0.03	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A





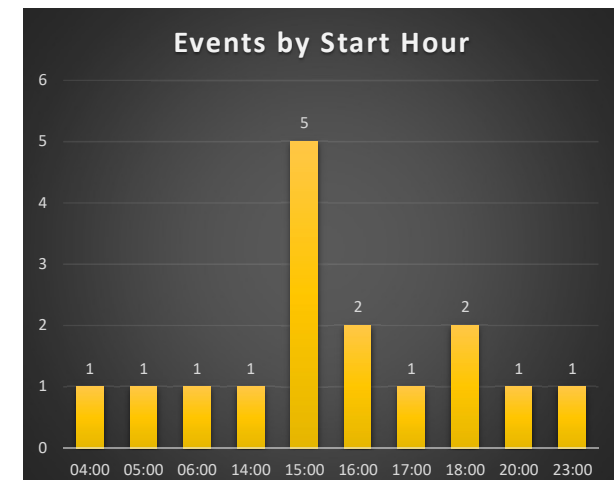
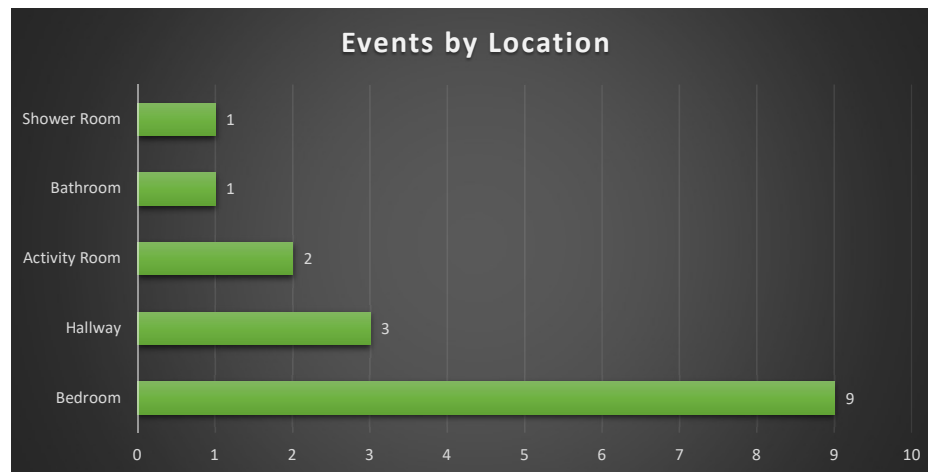
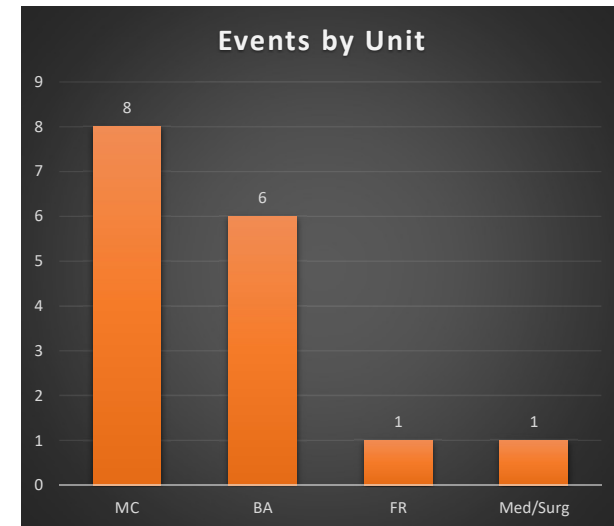
Analysis:

September 26: One patient to patient aggression incident in Burney on the Memory Care Unit.

SEPTEMBER 2026 FALL TRENDS

Distribution of 16 documented events by general event type, unit, location, and starting hour

Total Falls: 16 | 15(LTC) 1(Acute Care)



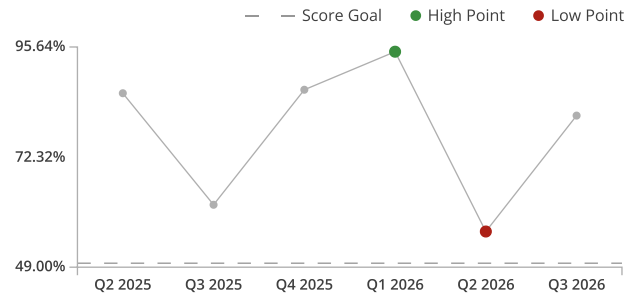
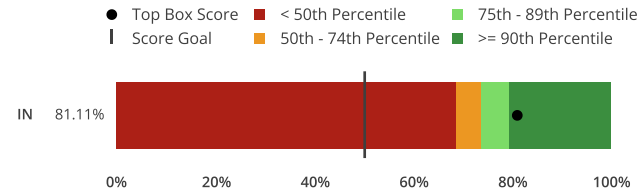
Analysis/Follow up

September 2026: Falls increased from prior month from 5 to 16. Of the 16 falls that occurred in September, 15 occurred in LTC. Falls reduction committee meeting on 10/16/26 to evaluate increase in falls and reassess/evaluate implemented action items.

Service Line Performance 📄

PG Overall

INPATIENT



n	13
Top Box Score	81.11%
Score Goal	50.00%
Percentile Rank	92

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	16	13	12	8	19	13
Top Box Score	85.85%	62.22%	86.59%	94.64%	56.56%	81.11%
Percentile Rank	98	19	98	99	9	92

Section Performance 📄

SORT BY

SELECT

Default

Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
CAHPS	Comm w/ Nurses	13	88.94%	79.00%	9.93%	▲
CAHPS	Response of Hosp Staff	11	85.31%	57.79%	27.52%	▲
CAHPS	Comm w/ Doctors	13	91.34%	71.12%	20.22%	▲
CAHPS	Hospital Environment	13	100.00%	84.85%	15.15%	▲
CAHPS	Comm About Medicines	11	62.44%	61.38%	1.05%	▲
CAHPS	Discharge Information	13	88.31%	64.55%	23.76%	▲
CAHPS	Restful Hosp Environment	13	68.27%	69.15%	-0.88%	▼
CAHPS	Care Coordination	13	89.69%	67.97%	21.72%	▲
CAHPS	Info About Symptoms	12	90.79%	85.87%	4.93%	▲
PG	Nurses	13	84.62%	61.97%	22.64%	▲
PG	Doctors	13	76.32%	49.02%	27.30%	▲

- Only one metric remains below prior quarter, up from two below prior quarter.
- Restful Hosp Environment still slightly below prior quarter but up from prior month - increase in 4.02%

Facility Performance ⓘ

Peer Group: All PG Database | PG Overall N=597

Current Period: Q3 2026

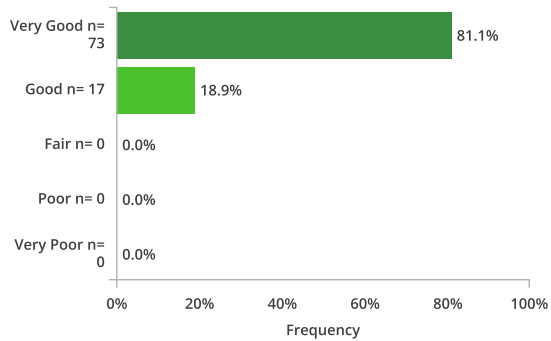
Previous Period: Q2 2026

High Percentile Rank: 75 - 99

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	13	81.11%	92	83

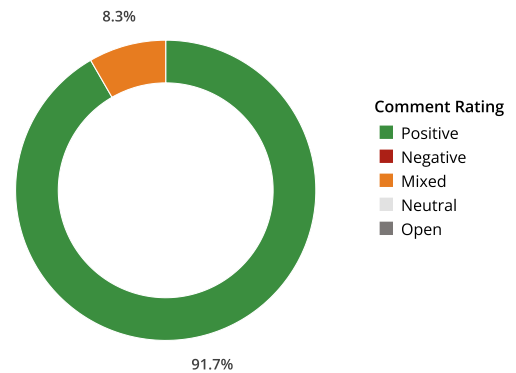
Distribution of Responses ⓘ

PG Overall



Comment Distribution ⓘ

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



Priority Index ⓘ

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

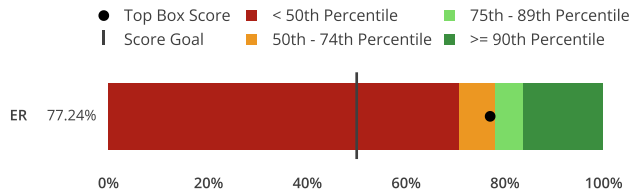
Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Recommend the hospital	79	0.75
2	CAHPS	Tell you what new medicine was for	66	0.61
3	CAHPS	Nurses listen carefully to you	58	0.57
4	CAHPS	Doctors listen carefully to you	82	0.69
5	PG	Nurses expl daily plan of care	80	0.59
6	PG	Nurses took time to answer quests	77	0.55
7	CAHPS	Help toileting soon as you wanted	77	0.51
8	CAHPS	Staff help you rest and recover	84	0.61
9	PG	Nurses kept you informed	84	0.6
10	CAHPS	Staff helped with care plan	51	0.38

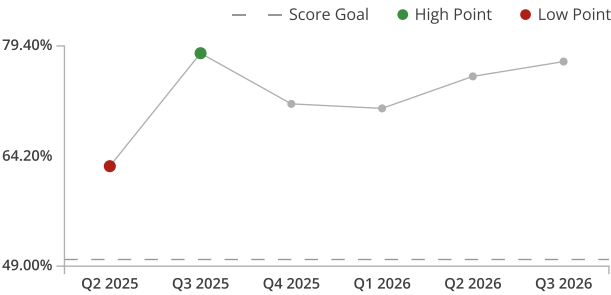
† Custom Question ^ Focus Question

Service Line Performance ⓘ

PG Overall



EMERGENCY DEPARTMENT



n	47
Top Box Score	77.24%
Score Goal	50.00%
Percentile Rank	71

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	13	34	73	46	16	47
Top Box Score	62.80%	78.40%	71.40%	70.78%	75.20%	77.24%
Percentile Rank	19	74	49	49	63	71

Section Performance ⓘ

SORT BY

SELECT

Default

Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
PG	Arrival	45	74.16%	68.75%	5.41%	▲
PG	Nurses	47	85.71%	83.75%	1.96%	▲
PG	Doctors	45	69.41%	58.67%	10.74%	▲
PG	Overall Assessment	47	77.42%	87.30%	-9.88%	▼

Facility Performance ⓘ

Peer Group: All PG Database | PG Overall N=2235

Current Period: Q3 2026

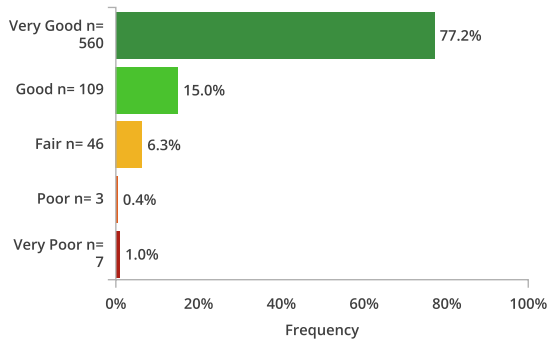
Previous Period: Q2 2026

Medium Percentile Rank: 50 - 74

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	47	77.24%	71	8

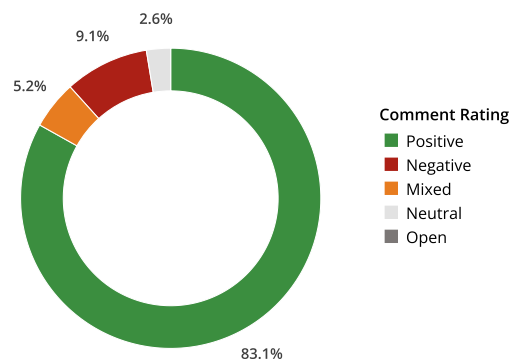
Distribution of Responses ⓘ

PG Overall



Comment Distribution ⓘ

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



Priority Index ⓘ

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

Benchmark by: All Respondents

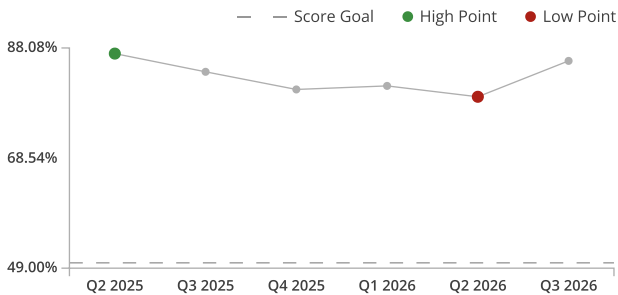
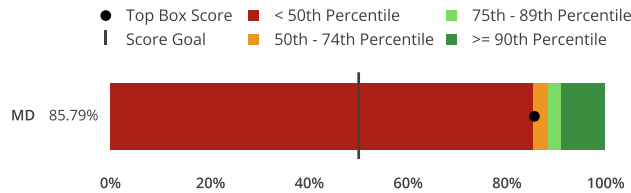
Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Doctors took time to listen	42	0.89
2	PG	Doctors include you trtmt decision	61	0.87
3	PG	Courtesy of doctors	26	0.84
4	PG	Doctors informative re treatment	51	0.85
5	PG	Likelihood of recommending	75	0.85
6	PG	Doctors' concern for comfort	56	0.83
7	PG	Staff worked together care for you	88	0.86
8	PG	Overall rating of care	90	0.89
9	PG	Nurses took time to listen	85	0.75
10	PG	Staff cared about you as person	90	0.85

† Custom Question ^ Focus Question

Service Line Performance ⓘ

PG Overall

MEDICAL PRACTICE



n	67
Top Box Score	85.79%
Score Goal	50.00%
Percentile Rank	52

Time Period	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026
n	49	55	91	57	26	67
Top Box Score	87.08%	83.85%	80.72%	81.35%	79.42%	85.79%
Percentile Rank	69	44	23	23	15	52

Section Performance ⓘ

SORT BY

SELECT

Default

Standard

▲ Positive ▼ Negative

Survey Type	Section	Current n	Current Period (Q3 2026)	Previous Period (Q2 2026)	Change	
PG	Access	67	83.97%	76.00%	7.97%	▲
PG	Moving Through Your Visit	63	71.79%	75.56%	-3.76%	▼
PG	Nurse/Assistant	67	84.96%	75.00%	9.96%	▲
PG	Care Provider	67	90.69%	82.95%	7.74%	▲
PG	Personal Issues	65	84.92%	80.77%	4.15%	▲
PG	Overall Assessment	66	89.31%	80.39%	8.92%	▲

Facility Performance ⓘ

Peer Group: National Sites | PG Overall N=30516

Current Period: Q3 2026

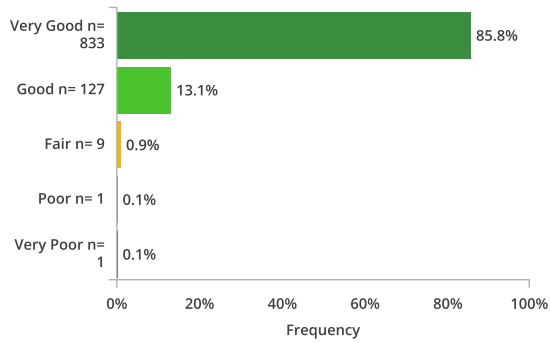
Previous Period: Q2 2026

Medium Percentile Rank: 50 - 74

Facility Name	n	Top Box Score	Percentile Rank	Percentile Rank Change
Mayers Memorial Hospital	67	85.79%	52	37

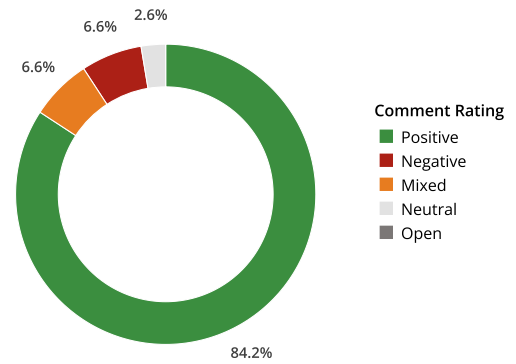
Distribution of Responses ⓘ

PG Overall



Comment Distribution ⓘ

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



Priority Index ⓘ

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

Benchmark by: All Respondents

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	PG	Information about delays	48	0.84
2	PG	Our concern for patients' privacy	29	0.74
3	PG	Wait time at clinic	46	0.81
4	PG	How well staff protect safety	43	0.76
5	PG	Concern of nurse/asst for problem	31	0.74
6	PG	How well nurse/asst listen	50	0.79
7	PG	Staff worked together care for you	34	0.71
8	PG	Likelihood of recommending	69	0.81
9	PG	CP explanations of prob/condition	55	0.76
10	PG	Ease of contacting	45	0.45

† Custom Question ^ Focus Question



Safety & Security Board Report

Manager & Department: Dana Hauge- Safety & Security

Reporting Month & Year: October, 2026

Summary:

The Safety, Security, and Emergency Preparedness programs continue to support a safe, coordinated, and resilient environment across the district.

AB-2975:

Working with California Hospital Association (CHA) and the Chief of Operations to represent the district in adjusting the draft form for the legislation presented by California Occupational Safety and Health Association. Additionally, we are forecasting the potential impact of the legislation.

OASIS Teams:

Both teams have successfully started implementation of their projects with success. They are working together to further develop district wide initiatives that focus on patient care outcomes as well as employee satisfaction.

Accreditation Commission for Healthcare (ACHC):

Focused work on preparing and continuing strategies for program and survey preparedness. Improving program guidelines and reporting structures to ensure appropriate follow-through and successful outcomes. The 2025 version of the ACHC manual was presented with enhanced guidelines and increased need for inter-department knowledge.

Working with the Director of Quality (DOQ) on ACHC requirements for the district surrounding Safety Officer reporting requirements in conjunction with the DOQ reporting requirements by improving reporting pathways and performance improvement data for life safety and the physical environment with assistance from Richard Parker-Director of Life Safety and Physical Environment for ACHC.

Collaboration and growth:

Working with infection prevention and facilities to increase safety in construction and maintenance activities, focusing on improving the internal safety risk assessment and permitting process.

Disaster Preparedness- The district has a certified First Receiver Operations-decon team. This team is ready to decontaminate victims exposed to hazardous materials, prior to entering the facility. The California Governor's Office of Emergency Services certified the team. Certified team members are Kristen Stephenson, Erin Glebe, Dana Hauge, Taylor Eiffert,

Safety & Security Board Report

Kimberlee Hartshorn, Joe Patten, Cody Robertson, Sherry Yochum, Jonathan Stephenson, and trained employee Steve Holt. We are excited for our first certified team and are excited to continue training and being prepared.

Safety, Emergency & Environment of Care Committee Reports

District Wide Risk Assessments

Risk Assessment

Topic/Department	Location	Status
Infection Control & Response; High level Disinfection and Sterilization	Endoscopy suite, ultrasound room, sterile processing	Complete- No high-risk deficiencies
Emergency Department Ligature Risk Assessment	Emergency Room Suite	Complete- If patient is at risk, staff will always sit within arm's length.

Infection Control Risk Assessments (ICRA)



Alternative Life Safety Measure Assessment- Life Safety

Date	ALSM & Location	Status
9/23/2026	Fire Panel transmission times were longer than 90 seconds	Complete with continued monitoring.

Performance Improvement Measures to monitor the Fire Panel Transmission Times

Monitor Internal clock on Fall River Fire Panels to ensure accuracy for alarm reporting, due to previous fire drill reporting failure. One month of correct times, followed by monthly checks until next fire drill.					
Fire Panel Station 1	Week 1	Week 2	Week 3	Week 4	Week 5
Date	9/30/2026	10/6/2026	10/14/2026		
Time correct (Y/N)	Y	Y	Y		
Fire Panel ER	Week 1	Week 2	Week 3	Week 4	Week 5
Date	9/30/2026	10/6/2026	Y		
Time correct (Y/N)	Y	Y	Y		

Transmission Times for Fire Panel/ Fire Drill

Fire Drills	
Fire Panel Station 1- Day	8/24/2026
Time Alarm Activated	2:28pm
Time Alarm Received	2:28pm
Fire Panel Station 1- Night	9/29/2026
Time Alarm Activated	6:07pm
Time Alarm Received	6:07:57
Fire Panel ER- Day	8/24/2026
Time Alarm Activated	2:39pm
Time Alarm Received	2:41pm
Fire Panel ER- Night	9/29/2026
Time Alarm Activated	6:25pm
Time Alarm Received	6:25:18

Utilities Performance Improvements- Physical Environment

Peterson Power Systems performed work on the water pump of the Fall River generator. Performance Improvement measures on the working order of the generator to ensure a complete fix, using weekly maintenance logs.

Monthly Inspection	Aug-26	Sep-26	Oct-26	Nov-26
Date Inspection Completed	8/20/2026		10/14/2026	
Fuel Level	Full		Full	
Water Pump	Pass		Pass	
Abnormal Issues	No		No	
Service Hours	204.4-205.4		206.2-207.8	
Weekly Inspection	Sep Wk 1	Sep Wk 2	Sep Wk 3	Sep Wk 4
Date Inspection Completed	9/2/2026	9/9/2026	9/15/2026	9/23/2026
Fuel Level	Pass	Pass	Pass	Pass
Coolant Level	Pass	Pass	Pass	Pass
Abnormal Issues	No	No	No	No

Board ReportEmployee Injuries

April – September 2026

- Days missed from one injury.
- Safe Patient Handling related incidents are the most common for this period.
- Injury data is in a downward trend compared to quarters before.

Type	Burney	Fall River
First Aide	5	1
BETA/ OSHA reported	0	3
Near Miss/ No	0	1
Altered work	0	0
Days Missed	0	45

Security Data

Security Incident Trends

Fall River campus / outbuildings • fiscal-year comparison • current year through October

Current YTD (Jul–Oct 20th) **21** Prior YTD (Jul–Oct) **24**

Year-over-year change **-12.5%** Two-year change **75.0%**

Month	2024/25	2025/26	2026/27
Jul	3	7	6
Aug	2	4	5
Sep	0	8	5
Oct	7	5	5
Nov	4	3	
Dec	3	1	
Jan	3	3	
Feb	6	1	
Mar	6	6	
Apr	5	4	
May	5	5	
Jun	3	4	

- Current YTD: 21 incidents, 12.5% below the same four months last year.
- Current monthly pattern: July peaked at 6, followed by 5 incidents in each month from August through October 20th.
- Longer view: 2025/26 totaled 51 incidents versus 47 in 2024/25 (8.5% increase).