MAYERS MEMORIAL
HEALTHCARE DISTRICT

Quality Committee
Meeting Agenda

September 17, 2025 @ 9:30 am
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

Attendees

Les Cufaude, Director and Chair of Quality
James Ferguson, Director

Ryan Harris, CEO
Jack Hathaway, Director of Quality
Lisa Neal, Board Clerk

1	**CALL MEETING TO ORDER**	Chair: Les Cufaude		
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**			
3	**APPROVAL OF MINUTES**			
	3.1 Regular Meeting – Aug 27, 2025		Attachment A	**Action Item**
4	**DIRECTOR OF QUALITY REPORT**	Jack Hathaway	Attachment B	Report
5	**OTHER INFORMATION/ANNOUNCEMENTS**			Information
8	**ADJOURNMENT:** Next Regular Meeting – October 29, 2025			

Posted: 09/11/25

Board of Directors
Quality Committee
Minutes
August 27, 2025 @ 9:30 am
Mayers Memorial Healthcare
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

These m1inutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's anda;1rather, 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 Cufaude called the meeting to order at 9:35 am on the above date.			
	BOARD MEMBERS PRESENT:		**STAFF PRESENT:**	
	Les Cufaude, Director Jim Ferguson, Director		Ryan Harris, CEO Jack Hathaway, Director of Quality Dana Hauge, Director of Safety and Security Lisa Neal, Executive Assistant to the CEO	
	Excused ABSENT: Ashley Nelson, Board Clerk			
2	**CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**			
	None.			
3	**APPROVAL OF THE MINUTES:**			
	3.1	Regular Meeting – July 30, 2025 A motion was moved, seconded, and the minutes were approved.	***Cufaude, Ferguson***	***Approved by All***
4	**DIRECTOR OF QUALITY:** Jack provided a written report. The SNF survey and tags were reviewed. Good News…no dietary tags were received! Lower number of tags, but the severity of tags was higher. A-D are low-level, and E-I are patterns being seen. We had E tags, no harm, but a pattern is being seen, a denial in payment of admissions retroactive to July 14, which we became aware of on August 14. Potentially may lose NATP and will have to re-up for reinstatement. Had one admission since the institution of the denial of payment. If we are found to be in substantial compliance by September 7, we will not incur civil monetary penalties that can be retroactive to July 14. Work in progress by Nursing and Quality. Seeing extreme behavior encounters in SNF, however, when surveyors saw the notes about incidents towards staff that are documented for workplace violence, surveyors stated that they do not care about staff around the tags for chemical restraints. It is construed as using the meds as a convenience. Moving forward, we must find another solution for documenting staff safety separately for workplace violence. Talk Therapy is being researched as a new service for residents. Our CAPHS and PG surveys are trending upward. Jack is aligning these reports to show progress improvements.			
5	**OTHER INFORMATION/ANNOUNCEMENTS:**			
6	**MOVE INTO CLOSED SESSION:** 10:45am			
7	**CLOSED SESSION ITEMS:**			
	7.1 HEARING (HEALTH AND SAFETY CODE § 32155) – MEDICAL STAFF CREDENTIALS **MEDICAL STAFF REAPPOINTMENT** 1. Samantha Allen, MD (UCD) 2. Melissa Asmar, MD (UCD) 3. Sasikanth Gorantla, MD (UCD) 4. Christopher Campos, DO (UCD)		***Ferguson, Cufaude***	***Approved By All***

	MEDICAL STAFF APPOINTMENT 1. George Wang, MD – Pathology 2. Maher Dakroub, DO – Oncology 3. Mantiderpreet Singh, MD (T2U) – Neurology 4. Tawana Nix, DO (Pit River) – Family Med. 5. Amar Amin, MD (Vesta) 6. Bina Mustafa, MD (Vesta) 7. Scott Presuen, MD (Vesta) 8. Haresh Solanki, MD (Vesta) 9. Gholamreza Malek, MD (Vesta) **AHP REAPPOINTMENT** 1. Sharon Hanson, NP (MVHC) – Family Med. **AHP APPOINTMENT** 1. Stephanie Sisneros, PA (T2U) - Psychiatry **STAFF STATUS CHANGE** 1. Stephen McKenzie, MD to Inactive 2. Richard Granese, MD to Inactive 3. Arun Kalra, MD to Inactive 4. Howard Fellows, MD to Inactive 5. Kyle Greene, MD to Inactive 6. Edward Laine, DO to Inactive 7. Benjamin Weaver, CRNA to Inactive 8. Anne Glaser, MD to Inactive		
8	**ADJOURNMENT:** at 10:52 am Next Meeting is September 17, 2025, in Burney		

Board Quality Report September 2025

Mortality In the hospital

No deaths in the hospital for July or August

Patient Experience

I have consulted Press Ganey about the time frames on the reports – currently the battery of reports that we are able to access have that time lag in them because of the various reporting windows that are used nation wide for those reports. The data will have lag in it because of the time frames that are allowed for collecting the data and reporting it to CMS. I am waiting to see if we can have the option of running our own timeframes in our reports, the PG team said they would get back to me.

PI Review

I have been discussing PI work with some departments as there has been some fall off in reporting – I will have an update for you next month on the outcomes of those discussions and the continued work around the ACHC mid-cycle review that will be coming in February 2026.

Risk (RL6) Review

See following pages for graphs – I moved them for a better view of the data.

Medication error data as requested will be provided in meeting due to employee specific data it contains

State

The Plan of Correction for the SNF was accecpted and we were found to be in compliance with all of the cited deficient practices. See attached.

We had a visit regarding our second self-reported EMTALA issue. The surveyor came and we had 2 days of work and interviews with staff involved. Upon exit there were no citations issued; I have to wait to read the letter to see what the official decisions were around that visit – but based on the conversations during the exit conference there are no citations expected. We are waiting on the supervisor review on that survey exit.

Complaints

I have received a partnership complaint based on an ED visit – Dr. Watson and I responded to the written request for information, and we are awaiting their follow up.

Conclusion

Another exciting month (or 3 weeks really) here at Mayers. Thank you for your time and attention to the Quality Improvement work we are engaged in.

Respectfully submitted, Jack Hathaway – DOQ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056416	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYERS MEMORIAL HOSPITAL	43563 HWY 299 E , FALL RIVER MILLS, California, 96028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An offsite revisit survey was conducted on September 8, 2025, for all previous deficiencies cited on August 7, 2025 . All deficiencies have been corrected, and no new noncompliance was found. The facility is in compliance with all regulations surveyed September 7, 2025.	F0000		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		6

September 8, 2025

Administrator
Mayers Memorial Hospital
43563 WHY 299 E
Fall River Mills, CA 96028

Dear Administrator:

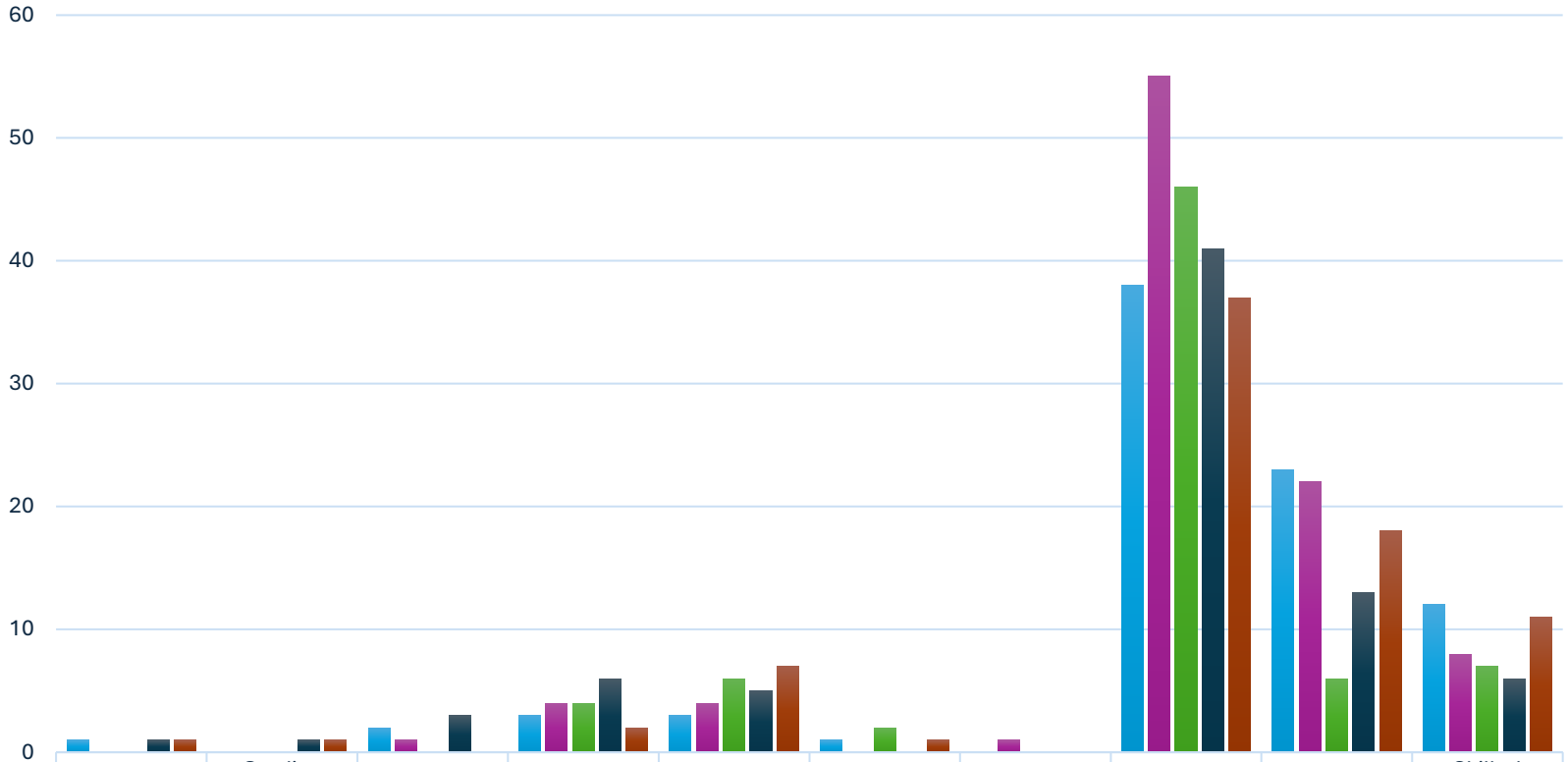
Your plan of correction from a **Federal Recertification** survey, **incident no(s). 2483233/969573, 2483234/968519, 2483235/967627, 2565280, 2579674, and 2570526**, completed on **August 7, 2025**, has been accepted and you have corrected all deficiencies noted during the survey.

Should you have any questions, please contact Yvonne Mulcahy, Nurse Surveyor Supervisor, at (530) 895-6711.

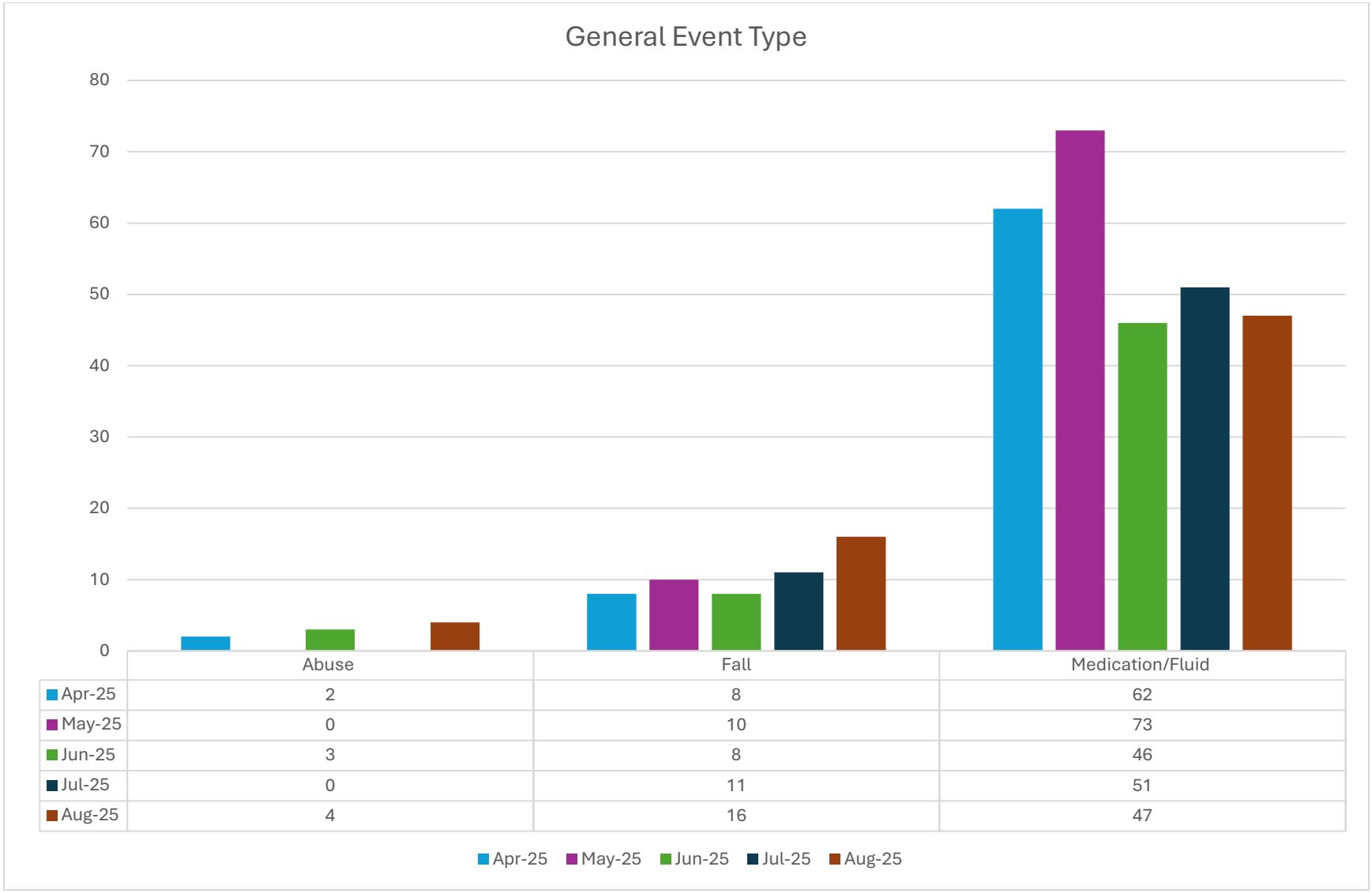
Sincerely,

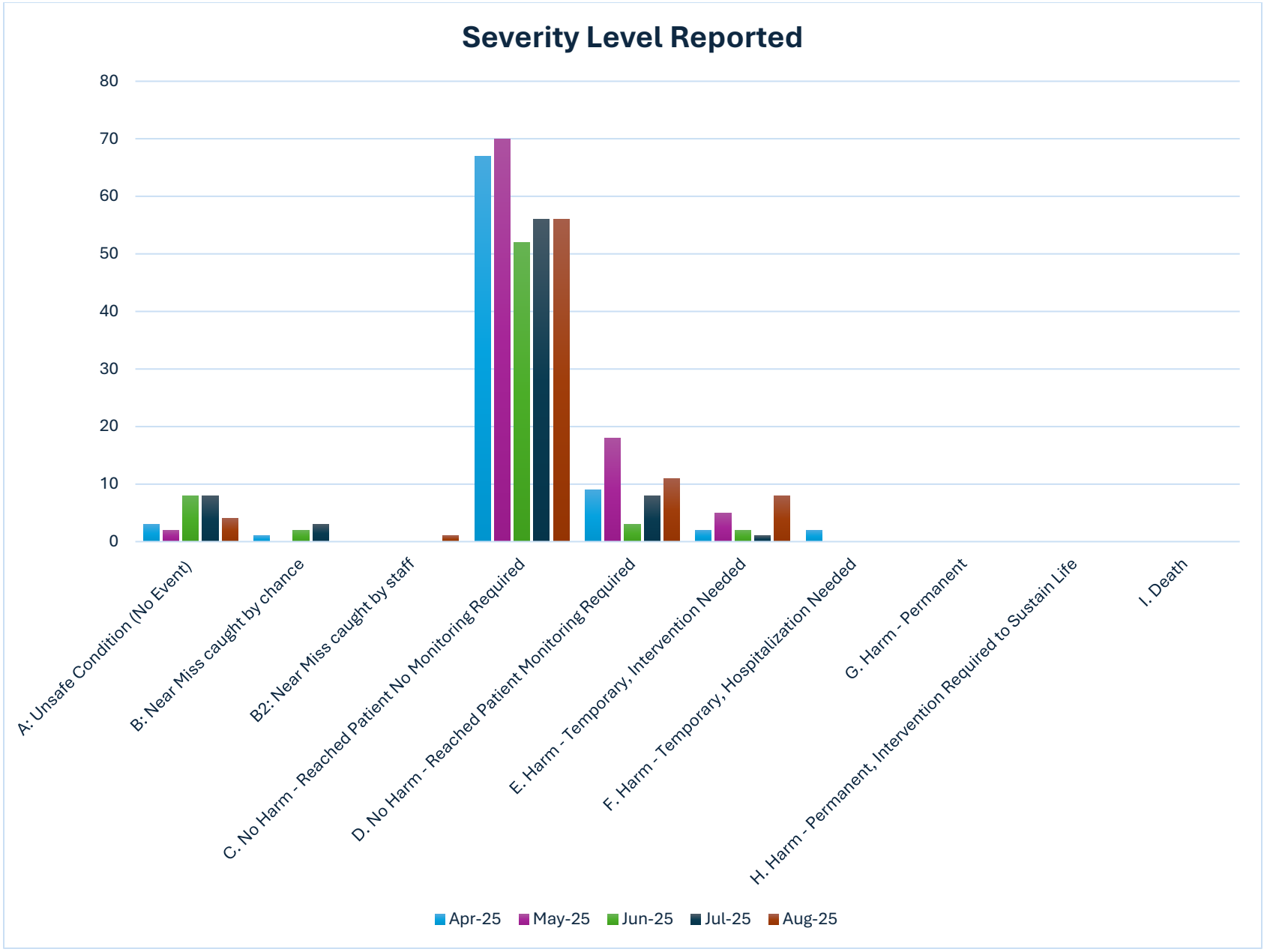
Kimberly Liles, AGPA, for
Joanne Gilchrist, RN
District Manager

Care/Service Area



	Admitting	Cardiac Rehab	Clinic	Emergency	Med / Surg	OPM	Retail Pharm	Skilled FRM	Skilled BAF	Skilled BAMCU
Apr-25	1	0	2	3	3	1	0	38	23	12
May-25	0	0	1	4	4	0	1	55	22	8
Jun-25	0	0	0	4	6	2	0	46	6	7
Jul-25	1	1	3	6	5	0	0	41	13	6
Aug-25	1	1	0	2	7	1	0	37	18	11


General Event Type
80
70
60
50
40
30
20
10
0
Abuse
Fall
Medication/Fluid
Apr-25 2 8 62
May-25 0 10 73
Jun-25 3 8 46
Jul-25 0 11 51
Aug-25 4 16 47
Apr-25 May-25 Jun-25 Jul-25 Aug-25


Severity Level Reported
80
70
60
50
40
30
20
10
0
A: Unsafe Condition (No Event)
B: Near Miss caught by chance
B2: Near Miss caught by staff
C. No Harm - Reached Patient No Monitoring Required
D. No Harm - Reached Patient Monitoring Required
E. Harm - Temporary, Intervention Needed
F. Harm - Temporary, Hospitalization Needed
G. Harm - Permanent
H. Harm - Permanent, Intervention Required to Sustain Life
I. Death
Apr-25
May-25
Jun-25
Jul-25
Aug-25