

Chief Executive Officer
Ryan Harris



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

Board of Directors
Regular Meeting Agenda
September 17, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Burney Annex Boardroom
20647 Commerce Way
Burney, CA 96013

Mission Statement
Leading rural healthcare for a lifetime of wellbeing.

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

					Approx. Time Allotted
1	CALL MEETING TO ORDER				
CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS					
2	2.1	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, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine 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 Meeting – August 27, 2025	Attachment A	Action Item	1 min.
4	DEPARTMENT/QUARTERLY REPORTS/RECOGNITIONS:				
	4.1	Hospital Pharmacy	Keith Earnest	Attachment B	Report 5 min.
	4.2	Retail Pharmacy	Kristi Shultz	Attachment C	Report 2 min.
	4.3	Physical Therapy & Cardiac Rehab	Daryl Schneider	Attachment D	Report 2 min.
	4.4	Outpatient Medical Services	Michelle Peterson	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 2025 Financial Review, AP, AR, and Acceptance of Financials			Action Item 5 min.
	5.1.3	July 2025 Financial Review, AP, AR, and Acceptance of Financials			Action Item 5 min.
	5.1.4	Investment Proposal by Clear Wealth Strategies			Action Item 5 min.
	5.2	Quality Committee			
	5.2.1	August Quality Meeting Committee Report			Report 5 min.
	5.3	Strategic Planning Committee			

5.3.1	Meeting moved to BOD Retreat on September 29, 2025		Report	2 min.
6	NEW BUSINESS			
6.1	Resolution 2025-16 Authorizing Signatories for Clear Wealth Investment Account	Attachment F	Action Item	5 min.
6.2	BOD Assessment Process		Discussion	5 min.
6.3	HR 1 Advocacy		Discussion	15 min.
7	ADMINISTRATIVE REPORTS			
7.1	Chief’s Reports – <i>Written reports provided. Questions pertaining to the written and verbal reports of any new items</i>			
7.1.1	Director of Operations- Jessica DeCoito	Attachment G	Report	5 min.
7.1.2	Chief Financial Officer – Travis Lakey		Report	5 min.
7.1.3	Chief Human Resources Officer – Libby Mee		Report	5 min.
7.1.4	Chief Public Relations Officer – Val Lakey		Report	5 min.
7.1.5	Chief Clinical Officer – Keith Earnest		Report	5 min.
7.1.6	Chief Nursing Officer – Theresa Overton		Report	5 min.
7.1.7	Chief Executive Officer – Ryan Harris			Report
8	OTHER INFORMATION/ANNOUNCEMENTS			
8.1	Board Member Message: Points to highlight in message		Discussion	2 min.
8.2	Board Education: Chapters 36-41 assigned		Discussion	10 min.
9	MOVE INTO CLOSED SESSION			
9.1	Pending Litigation (Gov. Code § 54956.9)		Discussion Action Item	10 min
10	RECONVENE OPEN SESSION:			
11	ADJOURNMENT: Next Meeting October 29, 2025			

Posted: 09/11/25

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Board of Directors
Regular Meeting Minutes
August 27, 2025 @ 1:00 PM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

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

CALL MEETING TO ORDER: Jeanne Utterback called the regular meeting to order at 1:00 PM on the above date.

BOARD MEMBERS PRESENT:

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

ABSENT:

Ashley Nelson, Board Clerk

STAFF PRESENT:

Ryan Harris, CEO
Travis Lakey, CFO
Libby Mee, CHRO
Theresa Overton, CNO
Valerie Lakey, CPRO
Jessica DeCoito, Director of Operations
Jack Hathaway, Director of Quality
Sharon Lyons, Director of Skilled Nursing
Michele King, Program Director, Mayers Healthcare Foundation
Lisa Neal, Executive Assistant to CEO

2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: NONE.

3 APPROVAL OF MINUTES

3.1	A motion was made and carried; Board of Directors accepted the Regular Board Meeting minutes of July 30, 2025.	<i>Cufaude, Humphry</i>	<i>Approved by All</i>
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4 DEPARTMENT/OPERATIONS REPORTS/RECOGNITIONS

4.1	Resolution 2025.- July EOM is Ralph Freitas Resolution was approved and passed.	<i>Hathaway, Humphry</i>	<i>Approved by All</i>
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4.2	Hospice Quarterly: A written report was provided. Keith Earnest reported that grievance resource packages are available at the schools, and he will research options for availability to independent study students. Visiting Nurses Service is part of the strategic plan with a target date of June 30, 2026. Work is underway to develop policies, determine the staffing model, and utilize the RHC software for eligible patients.
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4.3	Mayers Healthcare Foundation Quarterly: Michele King provided a written report. The Mayers Foundation Golf Tournament was a success, and we are waiting for a couple of other financial pieces to report on the benefit to the Thrift Store. A generous MMHD volunteer donated to a building front "facelift" of the new Thrift Store space. More volunteer interest is anticipated after the relocation to the new space.
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4.4	Skilled Nursing: Sharon Lyons provided a written report. SNF precautions will start to be lifted after the recent respiratory outbreak. The Resident Family Council has had great engagement of around 8-10 attendees each month, and guests have included Dietary discussing menus, Dana discussing Safety, and an ombudsman.
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- 4.5 Telemedicine:
The BOD requested a monthly graph that Keith will provide moving forward. These visits are billed as an RHC service.

5 BOARD COMMITTEES

5.1 Finance Committee

- 5.1.1 Committee Meeting Report:
Cash on hand looks good; AR days are down, and outsourcing is being researched. H.R.1 will affect us, and annual payments will be reduced, but nothing is set in stone yet. Sequestration has been in place since 2013. A \$50 billion Rural Health Transformation Program (RHTP) is a federal grant program to help states improve and transform rural health care. Application metrics are being developed and will open in September. Travis is attending an Office of Health Care Affordability (OHCA) meeting in September focused on RHTP. California is not guaranteed to receive any of this funding; DHLF has advised not to plan for any of this funding in our budget. The investment proposal for Clear Wealth strategies was discussed, and the Finance Committee is moving it to the full board next month for action. It was agreed that negotiation can move forward, and formal approval will happen at the September full board meeting. A resolution will be brought for action to approve Ryan and Travis as signers with Clear Wealth at the next meeting. The June Financial will also move to the full board next month for approval.

- 5.1.2 Quarterly Finance Board Binder Review – Motion moved, seconded, and approved. **Hathaway, Cufaude** **Approved by All**

5.2 Quality Committee

- 5.2.1 July Quality Meeting Committee Report:
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, MMHD 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 workplace violence for staff safety. 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.

5.3 Strategic Planning Committee Report

- 5.3.1 No Strategic Planning Committee Meeting in August:

6 NEW BUSINESS

- 6.1 California Special Districts Association (CSDA) “Enhance Your Board Leadership Skills - October 5-8, 2025, Redding, CA. Abe and Les will check their availability and let Lisa know if they will attend, and she’ll register on their behalf. **No Action Taken**

6.2 Policies and Procedures

Board Guidelines for CEO Compensation – reviewed existing policy. Libby will work with Jeanne to update and bring back to the BOD.

Social Media Guidelines – Libby will add to staff education. Motion moved, seconded, and approved.

Cufaude, Humphry **Approved by All**

- 6.3 **Resolution 2025-14 – Authorizing Real Estate Negotiator Interactions.** Motion moved, seconded, and approved.

Hathaway, Ferguson **Approved by All**

ADMINISTRATIVE REPORTS

7.1 Chief’s Reports: Written reports provided in packet

- 7.1.1 **DOO:** Written report submitted.

- 7.1.2 **CFO:** Written report submitted.

The RHC is not receiving Medi-Cal assigned lives in the FR Valley because our clinic address is Burney. Harold is working on a DEXA scan proposal as a new service. MMHD has a large cash reserve.

- 7.1.3 **CHRO:** Written report submitted.

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

Service Excellence Initiative - Leadership Empowerment Survey was completed by 83% of staff. Our leaders have an overall rating of 3.466 out of 4, which gives us our baseline. The Employee Engagement survey will go out in September. Our Implementation Specialist, Larry Chatterton, will take some time at our next on-site event to provide clarification on the surveys. HR has built a virtual organizational org chart within Paycom and is researching additional capabilities.

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|-------|---|
| 7.1.4 | CHPRO: Written report submitted.
The fair is this weekend. MMHD has a booth, and the mobile clinic will be set up outside the vendor building. The website redesign proposal is under review for approval. TCCN is researching funds that may be available to offset remodeling costs. TCCN Brewfest proceeds support the community center events/programs. Grants fund the majority of TCCN. |
| 7.1.5 | CCO: Written report submitted.
The Respiratory Therapy (RT) Manager position is open again and actively recruiting; currently staffed with registry. The Hospital Pharmacist has accepted the position with a September start date. The Care Coordinator position has been filled. Very successful first two days of mobile MRI appointments. MMHD is the first of the four collective hospitals to be licensed to use the trailer, and we can use it full-time until the others become licensed; then, we will have it every other Thursday. |
| 7.1.6 | CNO: Written report submitted.
SNF has come together and is working with the staff education manager to develop a plan to reduce medication errors. Theresa, Jack, and Dr. Watson are creating a baseline report to start trending and determine areas of improvement. |
| 7.1.7 | CEO: Written report submitted.
Met with a recruitment firm, Medicus, to discuss physician recruitment. It is a 4 to 6-month recruitment process to fill positions, and we have a good starting point. There is a locum physician at the RHC. Shout out to Dana for her great job with the functional disaster drill, which is a requirement. The ELT and DOO will bring recommendations to a BOD Retreat, which is being planned, with a focus on construction projects and deferred maintenance. Jessica is researching potential funding from a \$50 million grant. |

8 OTHER INFORMATION/ANNOUNCEMENTS

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| | Board Member Message:
TCCN Events
Solar Project
Employee of the Month |
| 8.1 | Intermountain Community Center office space to rent
October Brewfest
NorthState Giving Tuesday
Taking Referrals for MRI
Thank you to Fair Booth volunteers |
| 8.2 | Board Member Tour of Masonic Lodge took place at the conclusion of Closed Session. |
| 8.3 | Board Education: Board Assessment Survey reviewed.. |

9 MOVE INTO CLOSED SESSION: 3:34 pm

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|-----|--|------------------------------|----------------------------|
| 9.1 | Public Employee Performance Evaluation (\$54957)
Title: CEO Contract Revisions
Motion moved, seconded, and approved. | Hathaway,
Humphry | Approved
by All |
| 9.2 | Conference with legal counsel regarding pending litigation (Gov. Code § 54956.9)
Conference with Real Estate Negotiators (Gov. Code § 54956.8)
Property: Vacant lot, Burney CA 96013 | Cufaude,
Humphry | Approved
by All |
| 9.3 | Real Estate Negotiator: Ryan Harris
APN: 028-340-015
Motion moved decline to enter into negotiations, seconded, and approved. | | |
| 9.4 | Conference with Real Estate Negotiators (Gov. Code § 54956.8)
Property: Medical office building-20623 Commerce Way. Burney CA 96013
Real Estate Negotiator: Ryan Harris | Cufaude,
Humphry | Approved
by All |

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9.5 Hearing (Health and Safety Code §32155) – Medical Staff Credentials

**Ferguson,
Cufaude****Approved
By All****MEDICAL STAFF REAPPOINTMENT**

1. Samantha Allen, MD (UCD)
2. Melissa Asmar, MD (UCD)
3. Sasikanth Gorantla, MD (UCD)
4. Christopher Campos, DO (UCD)

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

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

Motion moved, seconded and approved Med Staff Credentials.

10 RECONVENE OPEN SESSION: 4:32 pm

11 Adjournment: 4:52 pm. Next meeting is September 17, 2025, in Burney

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



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department: Keith Earnest, Hospital Pharmacy **Reporting Month & Year:** 9/2025

Summary:

The hospital pharmacy provides medications to inpatients, outpatients, ER, skilled nursing residents, and hospice patients. The department focuses on regulatory compliance throughout the organization. The hospital pharmacy was recently surveyed on Sterile Compounding and received no action items.

Top Projects (1-3):

- 1) 340B expansion. To lower drug costs to the hospital, we will be expanding the 340B program to include ER patients and Outpatient Services. The expansion requires new policies, new accounts with our wholesaler, and some set up in CERNER.
- 2) Continuous Glucose Monitoring (see below).
- 3) Pharmacist recruitment (see below).

Wins (1-2):

- 1) Mayers cannot bill Medicare B for continuous glucose monitoring supplies. The pharmacy has been providing this to SNF residents without reimbursement. It was costing between \$1500 and \$2000 each month. We found a company that can bill Medicare B and will deliver continuous glucose monitoring machines and sensors via mail. The monitors have been successfully delivered. We will be refining the procedure so future orders will be as smooth as possible.
- 2) Gary Pinklley, Pharm.D., will start his position as Hospital Pharmacist, September 25th. Gary is excited to return to Shasta County and learn the hospital role.

Challenge (1):

SNF psychotropics and survey plan of corrections. This is a complicated process, and I am working closely with providers and nursing staff on customizing targeted behaviors charting.



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department: Kristi Shultz, Retail Pharmacy

Reporting Month & Year: September 2025

Summary:

This past year, our pharmacy has seen strong growth in prescriptions, new patients, and customer satisfaction. We remain focused on improving care, strengthening community relationships, and maintaining the high service standards our patients expect.

Top Projects (1-3):

1. **Security Upgrades:** Installed a new narcotic cabinet to accommodate expanding volume and strengthen security.
2. **Surveillance Enhancements:** Partnered with Bay Alarm to install additional cameras, ensuring a safer pharmacy environment.
3. **External 340B Audit:** Successfully completed, identifying areas for improvement and reinforcing compliance standards.

Wins (1-2):

1. **Mayers Pharmacy App:** Partnered with Lumistry to launch our branded pharmacy app, now available in the Apple App Store and Google Play Store, improving accessibility and patient engagement.
2. **Sustained Growth & Reputation:** Achieved year-over-year prescription growth while maintaining positive reviews, further solidifying community trust.

Challenge (1):

1. **Staffing Limitations:** Ongoing shortages across roles are straining operations, compliance, and growth as prescription volumes and regulatory demands rise.



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Department: Daryl Schneider PT & Cardiac Rehab

Reporting Month & Year: September 2025

Summary:

The physical therapy department remains steady in-patient visits with no current projects significantly affecting therapists. The cardiac rehab program has experienced a significant setback, but we are actively pursuing solutions, as well as looking at additional opportunities to enhance our services offered.

Top Projects (1-3):

1. Phase II equipment replacement: On July 28, 2025 our MindRay monitoring system for Phase II cardiac rehab ceased functioning and is no longer serviceable. As a result, we are unable to offer Phase II service at this time. We are working on obtaining quotes for updated systems, currently looking at Scottcare and LSI, to restore services.
2. Zio Holter Monitors (iRhythm Partnership) - We are working with Veronica Layman, from iRhythm, in order to implement Zio Holter Monitors. These will allow us to extend cardiac monitoring from the current 3-day limit to up to 2 weeks. While Mountain Valley Health Centers currently uses these monitors, we will be the first provider to offer this service to pediatric patients. We are also building a relationship with a San Diego based group to read pediatric reports, since no local cardiologists are performing pediatric monitoring. Both the monitors and partnership with San Diego will be at no cost to our facility.
3. Participating in Service Excellence Initiatives with Daryl Schneider serving as a captain for OASIS Keywords and Service Standards, and Laura Sanders contributing as a Service Excellence Advisor.

Wins (1-2):

1. MRI registration support: The PT department is successfully assisting the imaging department with becoming the registration site for MRI services, streamlining



patient access, with Laura Sanders assisting in walking over or pushing wheelchairs from the PT office to the MRI trailer.

Challenge (1):

1. The unexpected failure of the MindRay system has created a gap in our cardiac rehab offerings. While we are working to secure replacement technology, this remains a challenge both for continuity of patient care and for maintaining program momentum.



Department Reporting Managers Meeting and Regular Board Meeting

Manager & Dept: Michelle Peterson, Outpatient Medical **Reporting Month & Year:** 092025

Department Summary – Outpatient Medical Department (OPM)

The Outpatient Medical Department has maintained consistent volume in advanced wound care and IV infusion services. The team continues to demonstrate a strong commitment to professional development and clinical excellence, ensuring the highest standards of patient care.

Top Projects (1–3):

1. Clinical Skills Review & Competency Training:

OPM clinical staff have successfully completed comprehensive skills reviews and competency assessments focused on high-risk procedures. This includes blood transfusions, central line management, PICC and port maintenance, and wound debridement. These educational efforts have been essential in supporting the department's increased volume of patients requiring central line care.

2. Census Growth Strategies:

A multifaceted approach has been implemented to drive patient volume in the OPM. These strategies have resulted in a significant increase in encounters, exceeding the targeted 5% growth benchmark—a key departmental win.

3. Cross-Departmental Education & Training Initiatives:

Targeted educational sessions were conducted across all MMHD clinical departments using varied teaching methods. Topics included wound VAC troubleshooting, ostomy care, pressure injury prevention, standardized wound documentation practices (including photography), wound selection guidelines, and product education. These sessions have enhanced clinical knowledge and consistency in wound care practices.

Wins (1–2):

- **Collaboration with MMHD for Growth:**

OPM continues to collaborate closely with MMHD leadership and departments to drive increases in patient census and service utilization.

- **Cross-Departmental Teamwork and Staffing Support:**

Strong teamwork with Acute Care and travel staff has ensured continuity of care and



staffing support in response to increased patient volumes, reinforcing high standards of care delivery.

Ongoing Challenge (1):

- **Access to Privileged Providers for New Patients:**

One ongoing challenge involves securing privileged providers for new patients and discharge transitions from larger facilities such as Mercy or SRMC. Efforts are underway to streamline this process and improve access to care within the OPM.



RESOLUTION NO. 2025-16

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

Authorizing Signatories for the Clear Wealth Investment Account

WHEREAS, Mayers Memorial Healthcare District (MMHD) Board of Trustees deems it advisable and in the best interest of the District to designate authorized signatories for the management of the District's investment account with Clear Wealth;

NOW, THEREFORE, BE IT RESOLVED by the MMHD Board of Trustees, that the following individuals are hereby authorized to act on behalf of the Organization regarding the Clear Wealth investment account:

- Ryan Harris
- Travis Lakey

BE IT FURTHER RESOLVED that Ryan and Travis are authorized to execute all necessary documents, agreements, and instructions related to the investment account, including but not limited to signing checks, withdrawal forms, and other transaction documents;

BE IT FURTHER RESOLVED that this resolution shall remain in effect until rescinded or amended in writing by the Board of Directors.

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 17th day of September, 2025.

AYES:

NOES:

ABSENT:

ABSTAIN:

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

ATTEST:

Lisa Neal
Clerk of the Board of Directors

Director of Operations Report

Prepared by: Jessica DeCoito, Director of Operations

Facilities, Engineering, and Other Construction Projects

- **TCCN Phase 3 and FR RHC:** permits have been picked up.
 - **Solar Project:** The team is currently cleaning up the site. We received approval of the alternate strut for the connection point in the generator yard. And we have received final approval on the cutover date of October 2nd with PG&E. We anticipate that the project will be completed by the October 25th deadline.
 - **PIN 74 Lot Line Adjustments:** We are still waiting to hear from the county on their approval of the lot line adjustment.
 - **Retrofit:** I have engaged our architect team to help develop our retrofit options for meeting seismic compliance. We have SPC and NPC updates that will need to take place, and our team will be working on the best laid plan.
 - **Construction Projects:** As you'll see in our upcoming workshop on the 29th, our team has been actively working on the list of construction projects. We'll be presenting our recommendations along with supporting details to help guide us toward a well-informed decision.
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IT

- **Printer Refresh:** Our IT Manager, Jeff Miles, has initiated the process to renew our printer contract. As part of this effort, we plan to engage multiple vendors through our GPO to identify the best company and product to meet our needs.
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EVS

- **Homelike Environment:** Our Burney Floor Technician and Housekeeping staff are working diligently to ensure all resident bathroom floors and toilets are thoroughly cleaned to meet the requirements outlined in our recent relicensing survey's plan of correction. Looking ahead, our long-term goal is to implement more user-friendly solutions for maintaining cleanliness around the base of toilets and to establish a proactive plan that prevents floors from deteriorating to an unsatisfactory condition.

Human Resources Board Report

Reporting Period: September 2025

Prepared by: Libby Mee, Chief Human Resources Officer

Employee Support and Recruitment

As of this reporting period, the Human Resources, Payroll, and Benefits Department is actively supporting **307 employees** across all departments. Our ongoing focus remains on:

- **Strategic recruitment**
- **Employee retention**
- **Engagement initiatives**

These efforts aim to address current staffing needs and support MMHD's continued organizational growth.

Currently, we have **18 active job requisitions** to fill **32 open positions** across various departments, as detailed below:

Department	Position	Status	Openings
Administration	Chief Medical Officer	Full Time	1
Ambulance	Rural Healthcare Paramedic	Full Time	1
Computer	Customer Support Specialist	Full Time	1
Dietary	Dietitian	Full Time	1
Dietary	F&NS Aide I – Fall River	Full Time	1
Emergency Room	Emergency Department Medical Director	Full Time	1
Emergency Room	Emergency Room RN I – Day Shift	Full Time	1
Emergency Room	Emergency Tech	Per Diem	1
Housekeeping	Housekeeper	Full Time	1
Med/Surg Acute	CNA – Med/Surg Acute	Full Time	1
Respiratory Therapy	Respiratory Therapist	Full Time	1
Retail Pharmacy	Pharmacy Clerk	Full Time	1
Retail Pharmacy	Pharmacist	Full Time	1
Rural Health Clinic	Medical Assistant (RHC MA)	Full Time	1
Rural Health Clinic	Provider (RHC)	Full Time	1
Skilled Nursing	Unit Assistant	Full Time	5
Skilled Nursing	CNA – Fall River SNF	Full Time	9
Skilled Nursing	RN – Fall River SNF	Full Time	3

Recruitment Outreach

To support our recruitment efforts, MMHD staff will be attending the following career and job fairs:

Date	Location	Host	Audience
Sept 12	Mt. Shasta	Smart Center	General
Sept 25	Redding	Shasta College	Healthcare
Oct 31	Klamath Falls	Oregon Tech	Healthcare

These events are valuable opportunities to engage with potential candidates, raise awareness of MMHD as an employer of choice, and strengthen our recruitment pipeline.

Employee Annual Compliance

- **Annual Evaluations:** All annual employee performance evaluations were completed on time. A total of **292 reviews** were conducted, with the following distribution:
 - **69%** of staff: *Meeting Expectations*
 - **31%** of staff: *Exceeding Expectations*
- **Annual Re-Orientation:** Employees are required to complete their **Relias Re-Orientation** by **September 30, 2025**.
- **Employee Health Compliance:** Our annual Employee Health compliance program has officially launched. Participation tracking and follow-up communications are underway.

Leadership Development

Aligned with our **People Pillar**, MMHD has launched a **Leadership Academy** in partnership with the **Healthcare Leadership Institute**.

- **Participants:** 18 members of the MMHD leadership team
- **Current Focus:** Completion of **DiSC** and **360-degree assessments**, which will serve as foundational tools for the remainder of the leadership curriculum.

This program is designed to strengthen leadership competencies and build a cohesive, high-performing leadership culture across the organization.

Chief Public Relations Officer – Valerie Lakey
September 2025 Board Report

Legislation/Advocacy

Advocacy and communication efforts regarding H.R. 1 have been steady and collaborative, focusing on ensuring that rural hospitals like Mayers Memorial Healthcare District are represented in policy discussions. At the federal level, contact was made with Congressman Doug LaMalfa's office through his Chief of Staff, Mark Spannagel. At the state level, outreach has been initiated to Senator Megan Dahle to review H.R. 1's implications, with further outreach to Assemblymember Hadwick still pending. MMHD has also been active in statewide coalitions, participating weekly in the California Hospital Association's Legislative Strategy Group, which addresses strategies specific to H.R. 1 and rural healthcare. CHA's Vice President Peggy Wheeler has played a key role in guiding rural-focused advocacy. MMHD collaborates closely with CHA, the Association of California Healthcare Districts, and the District Hospital Leadership Forum, aligning with joint letters of support and broader statewide strategies rather than pursuing an independent approach. This ensures consistency and more substantial collective impact across rural hospitals. The next steps include increasing direct legislative engagement, documenting meetings and outcomes for leadership review, and being prepared to intensify MMHD-specific advocacy if directed. MMHD's advocacy has been consistent, coalition-driven, and well-positioned to protect rural healthcare interests under H.R. 1.

Grant/Scholarship Update

This fall, we will open the Employee Scholarship program to support staff in advancing their education and career goals. Preparations are also underway for the Departmental Awards, which recognize innovation, teamwork, and excellence in patient care. Looking ahead, we are gearing up for North State Giving Tuesday to highlight the impact of the Mayers Healthcare Foundation and inspire new donors. In addition, we are actively pursuing grant funds to help offset the cost of needed updates to the TCCN building.

Public Relations/Marketing

Work continues on the website—no new updates since the end of August report.

Mayers Healthcare Foundation

MHF 25th Anniversary Golf Tournament – August 2, 2025. The Foundation had a successful summer, highlighted by our 25th Anniversary Golf Tournament. Thanks to 76 golfers, 16 sponsors, 25 raffle prize donors, and 20 volunteers, we raised \$15,000 in support of the Lucky Finds Thrift Store relocation project. We're grateful to the Board for directing proceeds to this important endeavor—your support makes a difference!

Lucky Finds Thrift & Gift Store. The relocation project is moving forward! To close our old location, we held dime-store and penny sales, which were well received. MMHD Maintenance

has refreshed the new building with paint, lighting, and upgrades. While donations are paused as we finalize spaces, we're getting close to a grand reopening celebration.

2026 Denim & Diamonds Hospice Gala - Planning is underway with new ideas in the works for next year's Gala.

Tri-County Community Network

Bright Futures

Kiely hosted a clothing giveaway at FRE on September 4, serving 7 families. She will also provide clothing at BES Back-to-School Night on September 11.

ACEs Aware

Shay's caseload continues to grow, and she is now billing for her services. Internal referrals are expected to launch by early October.

Shasta County SNTIF Grant – BOTVIN

TCCN's grant request was approved, with \$4,000 awarded—\$500 more than requested—to continue BOTVIN in schools. Additional funding may become available to expand the program and hire another staff member.

September Board Report

Clinical Division

9/9/2025

Physical Therapy and Cardiac Rehab, Retail Pharmacy, and Hospital Pharmacy are not included as their annual report was on the agenda.

Service Excellence Initiative

Service Excellence (SE) Workshops

Tiffani McKain, Service Excellence Coordinator, reports that our Service Excellence Advisors are doing a fantastic job delivering the SE Workshops to all Mayers employees, sparking strong engagement and participation. The workshop covers five key attributes that define exceptional service:

- Understanding Your Customer
- Communication Matters
- Showing Compassion Behind the Mask
- “License to Please” Empowerment Tools
- Attitude is Everything

Oasis Teams Update

- CLS educators joined a call with Oasis Team Members to collaborate and to assist with any questions.
- According to Dana Hauge, our Oasis Super Coach, all teams are actively developing their ideas and making great progress.
 - Each team will focus on one core project, rather than multiple initiatives.
 - Emphasis is being placed on Good Outcomes, Synergy, and Conflict Resolution.
 - Teams should have their plans finalized and tested by early 2026 to determine what works best and presents well.
 - Full implementation of each project is scheduled for April 6th, 2026.

Respiratory Therapy

- The department is currently fully staffed with travelers
- The staffing company is actively working on finding an RT Manager, and an interview is scheduled for September 10th.
- Kevin Davie, Director of Ancillary Services, is reaching out to a respiratory therapist referred to us by a family member.

Care Coordination

- We’re thrilled to welcome Alyson Jones as our new Coordination Specialist! Alyson will begin orientation on September 18th. She brings a wealth of experience from her time as a Medical Assistant at Mountain Valley, and we’re excited to have her join the team.

Infection Prevention

Exposure Control Plan

- The Exposure Control Plan has been completed by Kristen Stephenson, RN, Infection Preventionist, and will be submitted for review. A new binder has also been created and provided to the Emergency Department staff, outlining policies and procedures to follow in the event of an employee exposure to a bloodborne pathogen (e.g., needlestick injury).

Hand Hygiene

- Infection Prevention is preparing for a Fall hand hygiene initiative. New seasonal signage will be displayed on all alcohol-based hand sanitizer (ABHS) dispensers throughout the facility, featuring a fall theme. This is anticipated to launch in October to align with National Infection Prevention Week, observed October 19–25.

Skilled Immunizations

- With the recent outbreak in our long-term care facility, the Infection Prevention team is prioritizing ensuring residents are up to date with their fall vaccination schedules as quickly as possible. A newly approved vaccination consent form has been sent to families. This consent remains valid for three years, which will help streamline workflow and support improved compliance.

Laboratory

CLIA Inspection (Clinical Laboratory Improvement Amendments)

- CLIA inspection was done on September 03, 2025.
- We have not been inspected since 2021, so two inspection cycles were completed. Sophia Rosal, CLS, Lab Manager, has diligently prepared for the CLIA inspection. The usual number of citations is 16 and the inspector found 8.
- Three major issues we need to comply with.
 - 1) Dr. Morris, Laboratory Medical Director, should review all the policies and procedures of the laboratory, and he should be the approver in the header of the policy. He will have remote access to MCN policies and procedures to approve each policy.
 - 2) Biofire Filmarray should have a separate clean fume hood. PCR preparation should have a unidirectional workflow. All laboratory equipment should be maintained with yearly preventive maintenance, and the laboratory should have a copy of the records on file.
 - 3) N806, XN30, and Yeast ID cards should have an interlaboratory comparison as required by CLIA, since the laboratory doesn't have a backup machine.

Staffing

- Amber Garcia, phlebotomy applicant, accepted the offer and will be scheduled for orientation soon.

Imaging

MRI Service Launch

- Our MRI go-live has been successfully initiated, and volumes remain strong. While other sites prepare for implementation, we currently utilize the mobile MRI unit two days per week to meet patient demand.

Service Expansion

- **Bone Density (DEXA):** ROI analysis is underway. Data from one vendor has been collected, and we are awaiting information from a second vendor before finalizing recommendations.
- **Portable X-ray:** A comprehensive cost analysis is in progress, comparing the renewal of the current service contract versus purchasing a replacement unit. Data has been obtained from four of the five vendors, including five-year ownership cost comparisons.

Community Engagement

- Harold Swartz, Imaging Manager, participated in volunteering at the local fair, furthering our commitment to community outreach and strengthening engagement with our patient population.

Contract Review

- Currently evaluating existing vendor contracts to identify potential opportunities for cost savings and operational efficiencies.

Compliance & Quality Initiatives

- CMS has released new Electronic Clinical Quality Measures (eCQMs) focused on radiation dose monitoring for CT. We are looking to partner with ALARA to establish a reporting gateway to CMS at no cost. This initiative will enhance our ability to track scan quality, optimize radiation dosing, and improve patient safety.

Teleradiology

- We have experienced some challenges with our current teleradiology provider and are actively reviewing alternative options to ensure consistent turnaround times, service quality, and operational reliability.

Capital Planning

- Harold Swartz has taken the lead regarding the Capital Expenditure Plan. He has aggregated and submitted all departmental capital requests for this year's budget cycle to align with strategic priorities.

Rural Health Clinic

Partnership Health Site Visit

- The Partnership Site review triggered by the addition of OB to our scope was completed on September 4th with 100% compliance.

Staffing

- Interviews to fill the medical assistant position have been conducted.

Visiting Nursing Service

- Working on policies and procedures for this program.

Telemedicine

See Attached Report

Telemedicine Program Update as of September 5th, 2025

Respectfully submitted by Samantha Weidner for Kelsey Sloat, M.D., FACOG, Kimberly Westlund, CRHCP, Clinic Manager and Keith Earnest Pharm.D., Chief Clinical Officer

We have completed a total of 4,088 live video consults since August 2017 (start of program).

Endocrinology:

- Dr. Bhaduri saw 31 patients in August. She continues to be our most productive, consistent provider.
- We've had 1,492 consults since the start of this specialty in August 2017.

Nutrition:

- Jessica saw three patients in August. We have extended our monthly block by one hour to meet patient volume.
- We've had 271 consults so far since we started this specialty in November 2017.

Psychiatry:

- Stephaine saw seven patients in August. We have two monthly blocks set with her as she requires more time than our previous provider.
- We've had 846 consults since the beginning of the program in August 2017.

Infectious Disease:

- Dr. Siddiqui saw two patients in August.
- We've had 151 consults since the start of this specialty in September 2017.

Neurology:

- Dr. Nalla saw four patients in August. Currently, she is only able to see patients with Partnership and Blue Shield/Blue Cross insurances. On September 2nd I was notified that credentialing for our second Neurologist was completed, and we could start offering services to patients with Medicare. Unfortunately, I was notified today that Telemed2U will no longer be moving forward with the provider we had credentialed. As frustrating as this is, they assured me that they are making it a high priority item to find us a new provider.
- We've had 495 consults since the start of the program in November 2018.

Rheumatology:

- Dr. Tang saw 15 patients in August. We are currently booked through November for this specialty.
- We've had 317 consults since the start of the program in May 2020.

Nephrology:

- Dr. Bassila saw nine patients in August.
- We've had 152 consults since the start of the program in April 2023.

Talk Therapy:

- We officially have our new provider, BreeAnne Williams, LCSW, seeing patients. She has given us one additional hour on Wednesdays at this time and will be adding more as her schedule allows.

Referral Update:

We received 15 New Patient referrals in August. Below is a breakdown of where we received them from:

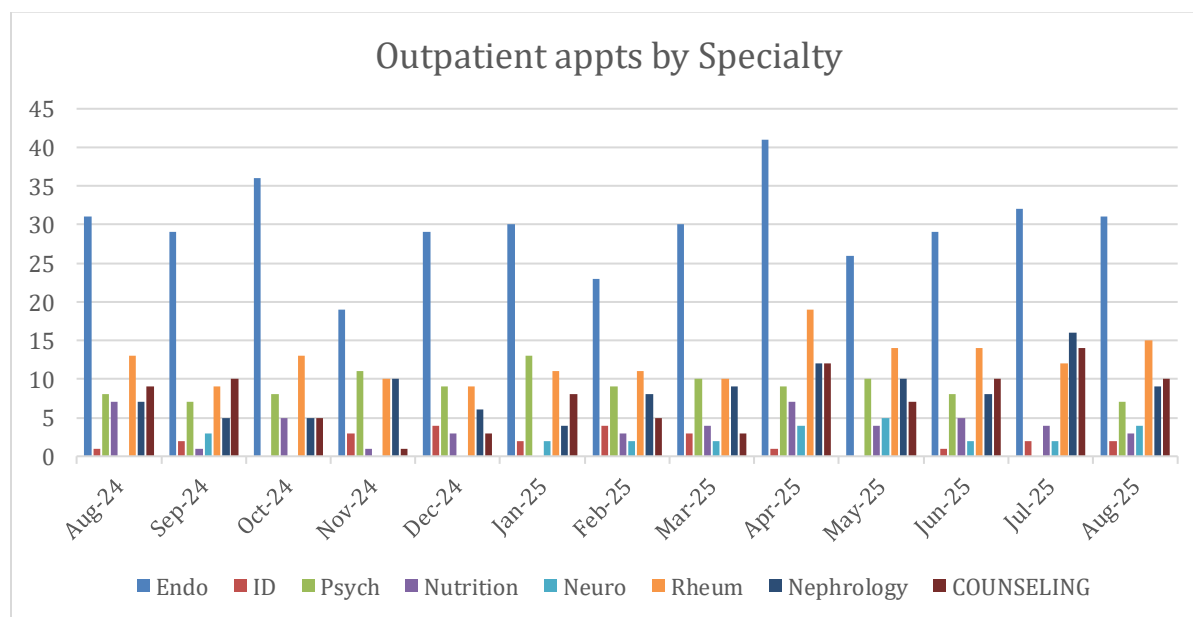
- Mountain Valleys Health Center – 0
- Hill Country Clinic – 4
- Pit River Health Center – 2
- Canby Family Practice – 0
- Mayers RHC – 9
- Mayers SNF – 0

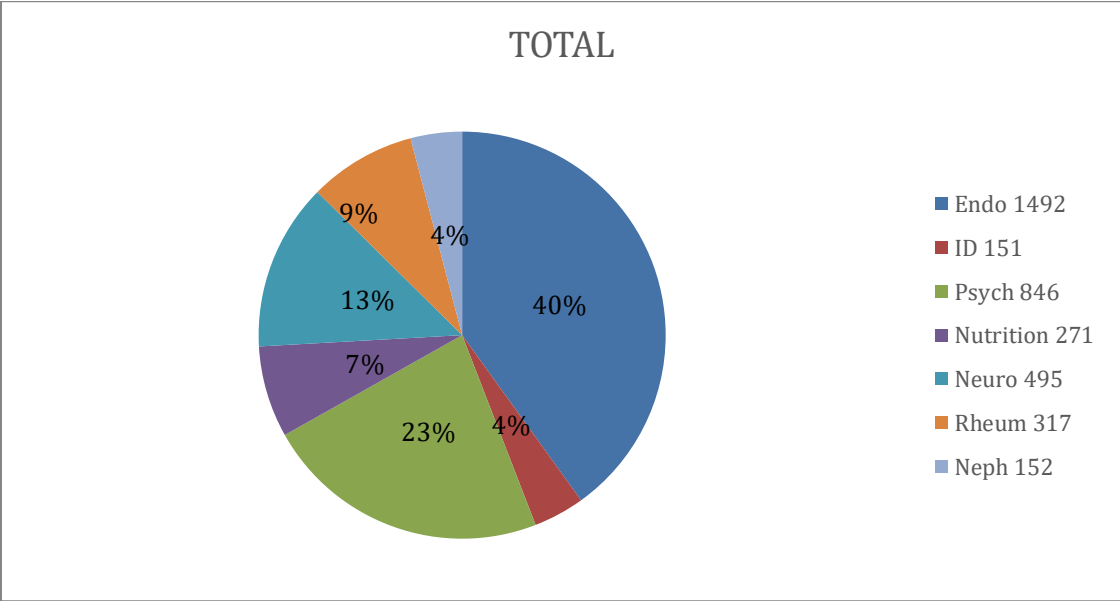
ConferMED –

We had two ConferMED consultations sent in the month of August. We have had 11 total sent since implementation.

Remote Patient Monitoring –

We have had 18 patients referred to our RPM program since implementation. We currently have three patients monitoring.





NURSING SERVICES BOARD REPORT

September 2025-Reporting for August

CNO Board Report

- **Census & Capacity:** SNF census remains strong at 62 residents. Acute and Swingbed volumes are steady, and outpatient activity continues at high levels.
- **Staffing:** Regulatory staffing levels were met district-wide, though reliance on agency staff continues, particularly in SNF and CNA roles. Recruitment efforts are ongoing with several new hires onboard. Staff development remains active, with medication pass audits, charge nurse realignment, and clinical education programs underway.
- **Regulatory & Quality:** CDPH recertification surveys resulted in citations, with corrective measures actively being implemented. EMTALA and ACHC Plans of Correction remain on track with revised processes and monitoring in place.
- **Clinical Updates:** Telemetry training was completed for Acute RNs, Zoll Defibrillator implementation is finalized, EMS launched monthly training, and Surgery continues to improve scheduling efficiency while addressing a facilities citation.
- **Patient & Family Engagement:** A respiratory outbreak at the SNF temporarily paused admissions and Family Council, but communication with families has been positive and supportive. Callback rates and follow-up in Emergency Services remain strong, contributing to patient satisfaction.

Overall, our teams continue to adapt to challenges while advancing recruitment, education, and compliance initiatives to ensure safe, high-quality care across the district.

SNF

Capacity

- Resident Census= Sixty-Two (62)
- Fall River= Twenty-Five (26)
- Burney= Twenty-Three (22) general resident population and
- Burney Memory Care= Seventeen (17) residents

Staffing

- We have met regulatory staffing requirements for the month.
- A primary challenge we face continues to be the high percentage of agency utilization. To address this, we have:
 - Hired new team members: one (1) Unit Assistants, and two (1) LVN's and one (1) RN
- Continue discussions with Nurses in Professional Healthcare (NPH) to engage in aligning registry training and review role shift duties, and POC training to ensure consistency and effectiveness across the board.
- We will continue to aggressively screen, interview, and job-offer viable candidates.

Updates

- Staff Development

- Director of Staff Education has been doing random medication pass checks with on-the-spot training/correction as needed.
- This will be an ongoing process that will not only provide training but also bring to leadership any ambiguous orders that may need to be addressed by the Provider.
- Departmental Education: Realignment will continue with all new hires.
- Charge Nurse Realignment was completed in June, and we have had 2 successful meetings since. Starting in September they will occur every other week.
- Regulatory
 - Mayers Memorial Healthcare District collaborative with Shasta College C.N.A program was reinstated by CDPH. The first class was successfully completed with 3 Students. 2 of which have tested and passed their certification exam. Next class is projected to start in October with 4 students.
 - CDPH performed their annual recertification survey in August, resulting in 7 tags between the 2 sites.
 - DON/ADON have been working hard to put new systems in place to correct the Medication errors and Psychotropic restraint issues.

Infection Control

- Station 2 experienced a respiratory outbreak at the end of August resulting in many residents and staff becoming infected.

Family engagement:

- Family Council was postponed in August due to the respiratory outbreak; all families were very understanding. It will start again in September at the Burney Annex.

Activities Department Update

- Over the past month, residents at the Burney Annex enjoyed attending the Intermountain Fair. Unfortunately, residents from Fall River were unable to attend this year due to health precautions. The van program continues to provide valuable opportunities for outings, including field trips and personal shopping.
- As a department, we have implemented twice-weekly service huddles to strengthen communication among staff and enhance our ability to provide patient-centered care. Family Council remains active and well-received, with families appreciating the information shared by guest speakers and the chance to connect with staff on a more personal level.
- With summer coming to a close, our team is beginning preparations for the upcoming holiday season, including Halloween, Thanksgiving, and Christmas celebrations.

Acute

August 2025 Statistics

Dashboard

- Acute ADC: 1.58
- Acute ALOS: 2.89
- Swingbed ADC: 3.05
- Swingbed ALOS: 7.27
- OBS Census Days: 7

Staffing

- Staffing Requirements: Our department's optimal staffing includes 8 FTE RNs, 2 PTE RNs, 4 FTE CNAs, and 2 FTE Ward Clerks. Currently, all FTE RN and Ward Clerk positions are filled.

We currently have three open CNA positions. Additionally, one FTE RN remains on an approved leave of absence.

- Utilization of Registry Staff: We are using one part-time NPH RN to support day-to-day coverage and assist during surgical cases. A full-time contracted RN is backfilling the RN on approved LOA. To meet CNA needs, we continue to schedule NPH CNAs to cover the remaining three CNA FTE vacancies.

Updates

- Education: In partnership with the Center for Education, we hosted an eight-hour telemetry class for the acute care team. All FTE RNs attended. The session strengthened telemetry interpretation and monitoring best practices, with direct application to bedside care.
- ACHC POC Follow Up: Met with key stakeholders to review progress on the Plan of Correction, confirm next steps, and update the master POC document in preparation for the upcoming review timeline. Related performance indicators remain under active audit with feedback provided to unit leads.
- Zoll Defibrillator: We finalized the Zoll/Code Writer implementation. Code Writer and Case Review training modules were built in Relias for all staff, iPads were deployed to enable Code Writer features at the bedside, and daily crash-cart check documentation was revised to align with new standards. The project is now operationalized and closed.

Emergency Services

- **August 2025**
 - Total patients treated: 475
 - In-patient Admits: 19
 - Transferred to higher level of care: 23
 - Pediatric patients: 78
 - AMA: 10
 - LWBS: 2
 - Present to ED vis EMS: 56

☐ Staffing:

- Required: 8 FTE RNs, 1 PTE RNs, 2 FTE Techs, 1 PTE Tech
- Utilizing 2 FTE Noc shift contract nurses, and 1 PTE contracted nurse (shared with OPM)

☐ Updates:

- All staff members successfully signed up for the mandatory SEI training events.
- All in-person, one-on-one annual evaluations were completed on schedule.
- A revised auditing process for all transferred patients was developed and implemented to ensure compliance with the EMTALA Plan of Correction.
- The 30% patient callback rate for Emergency Department patients continues to be met or exceeded, supporting effective follow-up and patient satisfaction.

Ambulance-Reporting

August 2025

- 64 ambulance calls, 8 of those were for transfers.

- We hired a new per diem EMT that moved to the Cassel area. He will begin his new hire orientation this month.
- Intermountain Fair- We were able to staff a second ambulance and provide coverage for different events throughout the fair days. There were only minor incidents, none of which required transport to the ED.
- In August we began the first monthly EMS training after our staff meeting. This month we started with run reviews, where we go over several ambulance runs as a crew and offer comments, suggestions on how to improve. The group really enjoyed this. This along with other trainings will be a monthly event for our crews.

Surgery:

Referrals:

32- Referrals received

- All referred patients have been called. 1 refused to schedule at this time. 5 unable to reach for scheduling. 2 pending cardiac clearance. 3 rejected (BMI and procedure not performed here).
 - *Appointment's scheduled 1-10 days after referrals received. Typically, able to offer procedures times within 1 to 1 ½ months.*
- **15 - Total patients underwent procedures**
- **16- Total procedures performed (1 patient had both upper and lower endoscope).**
- 23 patients were scheduled. 3 canceled with short notice (no driver or sick), 4 cancelled day of surgery (3 patients had incomplete bowel prep and 1 did not hold blood thinner).

Staffing:

- Hired a part-time endoscopy technician to work 3 days per month during procedure. She began training on August 18th.
- Surgical tech was pulled to work at the retail pharmacy 1-4 days per week on non-surgery week to assist while they are short staffed.
- Shared staffing with Acute and ED for Pre-op and recovery RNs. No changes to nursing staff.

ACHC Survey POC update:

- Facilities received Survey citation related to Surgical suite air exchange and humidity levels. The electrician has added a dedicated 220-amp breaker to the electrical panel required for installation. MMH maintenance staff are scheduled to begin the installation of drain lines, humidifier, and control panel on September 5th. Humidity trends are being tracked daily for compliance.

Outpatient Medical

Updates August 2025

- Census OPM: June 130 patients, July 153 patients, August 146

- The department manager has returned from leave of absence. The OPM team and Director of Nursing kept OPM running smooth especially with a high census. The teamwork here is outstanding! The department manager is catching up on tasks such as evaluations, board reports, leadership classes and SEI Oasis engagements
- The part-time travel nurse has completed the contract
- OPM has pillar goals and awaiting administration approval if we decide to change directions
- OPM staff are set up for SEI meetings to participate
- OPM staff has started working on reorientation Relias and awaiting appointments for employee wellness
- OPM staff have evaluated department spending contracts etc. At this time, we run with just what we need for patient care. We continue to work on cost capture for the department

Social Services

August 2025

We had 1 admission to our Burney Campus.

Updates:

- Covid and respiratory outbreak at ST 2 for an extended time.
- Communicating with families and community regarding the pause in admissions to LTC until mid-October. The families were very kind & understanding.

Clinical Education

Certifications & Licenses

- ACLS (Advanced Cardiac Life Support)
 - Occurred on August 18, 2025, for RNs- BLS was offered on the same day for Registered Nurses.
- BLS (Basic Life Support)- Renewal class held on August 13, 2025, was open for all staff- Facilitator: Zita

Program Updates

- NATP Class (Nurse Assistant Training Program)
 - New tentative class scheduled for October 27, 2025- 4 students to attend.
- Safe Patient Handling & Mobility (SPHM) Program
 - Bi-monthly SPHM DHW Initial Orientation continues for new and re-hired staff.
 - Last session held August 25-26, 2025- Instructor: Regina

Ongoing Projects & Initiatives

- In-Service / CEUs for CNAs (2025)
 - Completed Classes (August 20, 2025):
 - Infection Control and Prevention
 - Resident and Staff Safety
 - CNA Professionalism
 - Upcoming Classes:
 - September 3 and 16, 2025

- 2026 Training Calendar draft in progress (to comply with CDPH regulations).
- **CDPH CNA Orientation Days**
 - Conducted bi-monthly following HR orientation.
 - Two students who passed state boards are scheduled for CNA Orientation on September 8-9, 2025 (tentatively).
- Relias Platform
 - CEUs for nursing staff available for online completion.

Certification Tracking

- HR (Ashley) continues to update certification renewals for staff.
- Reminder: BLS attendees need to submit their certification cards to HR and Supervisors.

Staying the Course!

- Ongoing:
 - One-on-one, in-person education and on-the-spot corrections during med pass on SNF units (both day and night shifts) continue with updates provided to managers.

Respectfully Submitted by Theresa Overton, CNO

Chief Executive Officer Report

Prepared by: Ryan Harris, CEO

Collaboration

Negotiations are ongoing with Pit River Health Services to provide psychotropic medication management recommendations to our skilled nursing providers and to offer talk therapy sessions to our residents.

Advocacy

The district leadership team, including our Chief Financial Officer, Chief Public Relations Officer, and me, has been proactively seeking meetings with our assembly members, senators, congressmen, and Governor Newsom's cabinet members. Our main focus areas are seismic compliance, the Office of Healthcare Affordability, healthcare minimum wages, impacts on the 340B program, and ensuring that California hospitals receive their fair share of the Rural Health Transformation Fund outlined in H.R. 1. As these meetings take place, updates will be provided to the board of directors.

In addition to advocacy efforts, our Chief Public Relations Officer has been requesting congressional support or opposition for federal bills that could affect our hospital. Concurrently, our Chief Financial Officer is actively involved in ensuring that our hospital and others submit the necessary applications to the Office of Healthcare Access and Information, which is managing California's Rural Health Transformation Fund application for the state.

Service Excellence Initiative

Since my last board update, the Service Excellence Advisor workshops are ongoing and have had a profound impact on our staff and our organization as a whole. I have been truly impressed with the front-line staff members who have spoken during these training sessions, demonstrating not only their commitment but also tremendous growth.

The program is becoming a vital part of our culture, fostering a stronger sense of service excellence and teamwork across the organization. The dedication and enthusiasm displayed by our staff highlight the positive progress we are making toward our goals.

Provider Update

We are still actively recruiting for several key positions—including a Rural Health Clinic (RHC) primary care physician, a Chief Medical Officer (CMO) and hospitalist physician, as well as an Emergency Department (ED) physician and a medical director. We are utilizing locum tenens to fill these roles temporarily and have a new locum tenens provider starting in our clinic on September 15th. This ensures continuity of care while we work to strengthen our team and uphold our commitment to high-quality service for our community.

Projects and Programs

The leadership team held its first meeting to discuss proposed changes to present to the board of directors regarding our current and upcoming construction projects, deferred maintenance, master plan, and other initiatives, all aligned with our future funding models. We plan to have a follow-up meeting before the board retreat on September 29th. Our goal is to provide the board with a summary of each project along with our recommendations ahead of the retreat. In addition to changes to these projects we are also looking into other funding opportunities such as the Small Rural Hospital Relief Program.

We are also currently evaluating our recruitment, retention, travel, education assistance, and other benefits programs. We will be taking a phased approach to gradually scale down some of these programs to a more sustainable level, based on projected financials over the next five years.

CDPH Plan of Corrections

We've successfully completed our plan of corrections (POC) related to the relicensing survey from August. The team put in a lot of effort to finish the POC, along with all the necessary education and training. Over the past month, I conducted a historical review of our performance on self-reporting and relicensing surveys since 2019.

This analysis revealed some trends that highlight opportunities for improvement. Based on this, I've approved additional provider education focused on our Skilled Nursing electronic medical record, as well as conducting mock surveys every six months to prepare for future relicensing surveys. While the most recent survey showed good results in terms of the number of tags, the severity level of the tags raised some concerns. To address this, we will implement more staff and provider training through PointClickCare and regular mock surveys to help reduce the severity and improve our overall compliance.

KRCR Report

On September 2nd, KRCR aired a report about rural hospitals and the increased risk of closures due to the passage of H.R. 1. I've included my response to our staff in the packet, as we received several phone calls from the public after the segment aired, expressing concerns about our potential closure. I wanted to make sure our team has accurate information to share when speaking with community members who have questions.

Chief Executive Officer
Ryan Harris



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

September 2, 2025

I wanted to make everyone aware that KRCR News recently posted a story and discussed on tonight's newscast that many hospitals, including ours, are at risk of closure due to the passage of H.R. 1, also known as the "One Big Beautiful Bill." This is the same information that was circulated on Facebook in July. The state's Attorney General has issued a warning about the threat of closure not only to our hospital and the hospitals mentioned in the newscast but to all rural hospitals across the state.

I want to assure everyone that our organization remains financially sound, thanks to the dedicated efforts we have made over the past decade. Running a healthcare organization is complex, and managing our organization involves navigating numerous challenges. Beyond the pressure from H.R. 1 reducing our funding, we are also dealing with unfunded mandates such as seismic compliance requirements, minimum wage increases, restrictions on cost growth from California's Office of Healthcare Affordability, as well as all the complexities during surveys and the daily challenges every one of you face when treating our patients and caring for our community. I say this because we were facing these challenges long before H.R.1 and we will continue to face them all together. While more challenges lie ahead and who knows what will be next, we will confront them together and persevere, just as we have for the past 69 years.

I again want to emphasize that we have strategically prepared for situations like this over the past decade. We have taken proactive steps to ensure our organization can weather this storm and continue serving our patients and community. While the article accurately highlights that the passage of H.R. 1 increases our risk of closure, it does NOT mean we are closing and it doesn't tell the full story, leaving out other factors like those I mentioned above and our current financial strength.

Please rest assured that MMHD is strong and resilient in every aspect. We have faced challenges before, and through our collective effort, we will continue to stand strong and move forward. We are committed to maintaining our stability and providing the best possible care for those we serve.

A handwritten signature in black ink, appearing to read 'Ryan Harris', followed by a horizontal line.

Ryan Harris
Chief Executive Officer