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## **AGENDA**

### **LAST FRONTIER HEALTHCARE DISTRICT**

### **BOARD OF DIRECTORS**

**Thursday, October 31, 2024, 3:30 pm**  
**Modoc Medical Center, Education Conference Room**  
**Alturas, CA**

Parties with a disability, as provided by the American Disabilities Act, who require special accommodations or aids in order to participate in this public meeting should make requests for accommodation to the Modoc Medical Center Administration at least 48 hours prior to the meeting. Board Agenda packets are available to the public online at [www.modocmedicalcenter.org](http://www.modocmedicalcenter.org) or at the MMC Administration offices.

#### **3:30 pm - CALL TO ORDER – J. Cavasso, Chair**

#### **1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – J. Cavasso, Chair**

#### **2. AGENDA APPROVAL - Additions/Deletions to the Agenda – J. Cavasso, Chair**

**3. PUBLIC COMMENT** - This is the time set aside for citizens to address the Board on matters not on the Agenda or Consent Agenda. Comments should be limited to matters within the jurisdiction of the Board. If your comment concerns an item shown on the Agenda, please address the Board after that item is open for public comment. **By law, the Board cannot act on matters that are not on the Agenda.** The Chairperson reserves the right to limit the duration of each speaker to **three minutes**. Speakers may not cede their time. Agenda items with times noted, will be considered at that time. All other items will be considered as listed on the Agenda, or as deemed necessary by the Chairperson.

#### **4. VERBAL REPORTS**

- A.) K. Kramer – CEO Report to the Board
- B.) E. Johnson – CNO Report to the Board
- C.) J. Lin – FD Report to the Board
- D.) A. Vucina – CHRO Report to the Board
- E.) A. Willoughby – COO Report to the Board
- F.) Board Member Reports

#### **5. DISCUSSION**

- A.) A. Willoughby – SNF and HA Project Monthly Report

Attachment A

#### **REGULAR SESSION**

**6. CONSENT AGENDA** - Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.

- A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – September 26, 2024,

Attachment B

- C.) T. Ryan - Medical Staff Committee Meeting Minutes – September 25, 2024.

Attachment C

- Medical Staff Committee Meeting Minutes – August 28, 2024.
- Pathology Report – August 21, 2024
- New Business
  - Policy Review – September 2024

D.) E. Johnson – Policy and Procedures

Attachment D

- Radiology
- Physical Therapy
- Dietary – SNF
- Activities – SNF
- Infection Control – SNF

**7. CONSIDERATION/ACTION**

A.) E. Johnson – Departmental Policy Manuals

Attachment E

- Skilled Nursing Facility
- Skilled Nursing Facility Activities
- Skilled Nursing Facility Social Services
- Human Resources

B.) J. Lin – September 2024 LFHD Financial Statement (*unaudited*)

Attachment F

C.) A. Vucina – GRMSA MOU

Attachment G

***EXECUTIVE SESSION***

**8. CONSIDERATION / ACTION**

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –September 25, 2024

Attachment H

(Per Evidence Code 1157)

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – August 28, 2024

***REGULAR SESSION***

**9. CONSIDERATION / ACTION**

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –September 25, 2024.

(Per Evidence Code 1157)

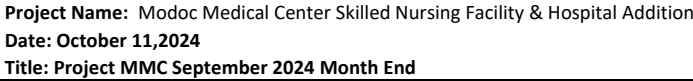
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –August 28, 2024.

**10. MOTION TO ADJOURN – J. Cavasso – Chair**

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE -  
([www.modocmedicalcenter.org](http://www.modocmedicalcenter.org)) ON October 25, 2024.

# **ATTACHMENT A**

## **SNF and HA Project Monthly Report**



**Schedule Data Date: 10/6/2024**  
**Reporting Period: 9-1-2024 thru 9-30-24**

**Modoc Medical Center - SNE & HA**

**Business Plan**

- Design & Permitting
- Make Ready
- Building 400 Skilled Nursing
- Hospital Addition

**Design & Permitting**

- Inc. #1 Site Make Ready
- Inc. #2 UG / Foundations / SOG
- Inc. #3 Interiors
- Inc. #4 Roof Trusses
- Inc. #5 Breakout Structural
- Hospital Addition

**Construction**

- Building 400 Skilled Nursing
- Site Make-Ready
- Foundations and Slab on Grade
- Building Structure
- Exterior Skin & Roof
- Interiors
- Startup, Test & Commission
- Final Inspections
- Hospital Addition
- UG, Foundations, Structure & Skin
- Interiors
- Final Inspections

**Legend**

- Design Development
- Permitting
- Substantial Completion

**Timeline**

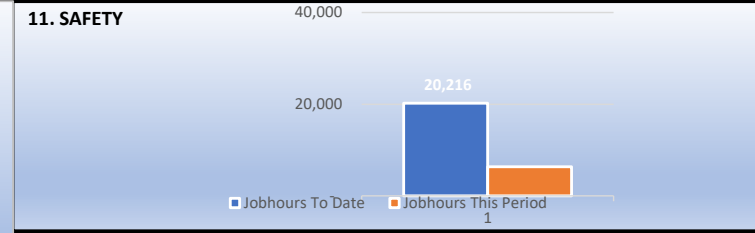
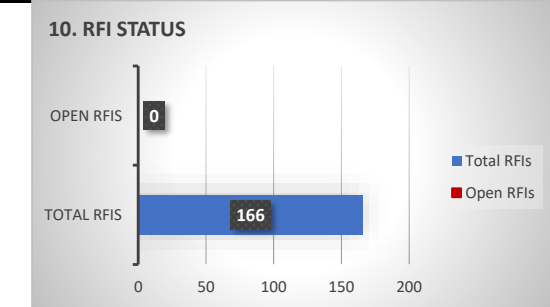
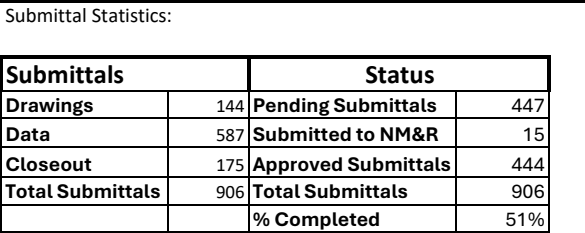
2002 2003 2004 2005

April 16, 2004

April 16, 2005

5. MAJOR MILESTONES	Baseline	Last Month	This Month
SNF Structure Complete	7/29/2024	9/25/2024	9/12/24AF
SNF Building Dry-in (all areas)	9/5/2024	10/16/2024	10/14/2024
HA Building Dry-In	9/5/2024	9/23/2024	10/8/2024

7. WEATHER ALLOWANCE		8. CONSTRUCTION DAILY REPORT STATISTICS		TOTAL
Planned	20	Status Through (date)	8/30/2024	
Used This Period	0	Project Work Day Since NTP	101	
Used To Date	19	Total Daily Reports Prepared	101	
Remaining	1	Total Daily Reports Submitted	101	



	This Period	To Date
Total Jobhours (Construction)	6,336.0	20,215.5
Avg Project Mgt Staff	10	10
Avg Field Craft	82	92
Recordable Incidents	0	0
First Aid	0	2
Lost Time Injuries	0	0



Project Name: Modoc Medical Center Skilled Nursing Facility & Hospital Addition  
Date: October 11,2024  
Title: Project MMC September 2024 Month End

EXECUTIVE SUMMARY

Design & Permitting Milestones				
GN-MI-220	Receive Site Make Ready Permit	0d	0d	6-21-23 A
GN-MI-160	Receive Building 400 Increments 1 & 2 Permit (UG / Foundations / SOG)	0d	0d	9-14-23 A
GN-MI-180	Receive Hospital Addition (Bldg 120) HCAI Permit - Alt 2B	0d	0d	2-15-24 A
GN-MI-190	Receive Skilled Nursing Facility (Bldg 400 / 410) Increment 5 HCAI Permit	0d	0d	2-16-24 A
GN-MI-150	Receive Skilled Nursing Facility (Bldg 400 / 410) Increment 3 HCAI Permit	0d	0d	6-25-24 A
GN-MI-170	Receive Skilled Nursing Facility (Bldg 400 / 410) Increment 4 HCAI Permit	0d	0d	7-10-24 A



Buyout of Division 10 scopes are putting all out to bid for public bid practices.

Site activites in progress: Site grade for parking areas and loop roadcompleted,with first lift of paving completed 10-08-24, base coat for roofing is completed, receive building dry in from HCAI on 10/7/24, roofing is ongoing through out SNF, Link and HA, Sto gold coat water proofing Densglass exterior sheathing is completed with EFIS finishing started on SNF & HA, elcectrical yard transformer is set along with all pads. In-wall rough and above ceiling rough-in going in SNF and HA.

Billings: July's was concurred 10-2-24 by USDA, waiting for funding. August's is in review with USDA. Septmeber's will be submitted 10-11-24.

OWNER PROJECT MANAGER REPORT

As can be seen by comparing the photos from last month’s report to the photos herein the construction is progressing at an exceptional pace. There is little doubt now that the Swinerton team will beat the upcoming winter season. The structure is nearly dried in with minor exception of a few window openings that can be easily covered. The sloped roofs are nearly all covered with underlayment and the TPO roof is 95% complete. Site concrete is all but complete. Site paving began in late September and will be completed in early October. Quality continues to be assured by a collaboration of the Swinerton quality engineer, the MMC IOR and special inspectors and the HCAI field staff. The 2 large change orders pending with the USDA State office mentioned in the last report have been concurred by the USDA. The District received a potential change order request of over \$500,000 for the cost impacts allegedly created by adherence to Davis Bacon wage rates and compliance. This request is under consideration by the District’s CEO, PM and Attorney. Purchase orders for equipment were let in September continuing into October. Furniture was put out to bid in September. Signage will be put out in October. The district Board has approved the plan and amount of interim financing and closing for the financing is schedule for October 2nd. The District still has significant cash on hand. The State HCAI field staff continues to be pleased with the progression and quality of the construction. Project completion is still scheduled for April of 2025

PROGRESS PHOTOS



# **ATTACHMENT B**

## **Adoption of LFHD Board of Directors Regular Meeting Minutes (draft) September 26, 2024**



## **REGULAR MEETING MINUTES**

### **LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS**

Thursday September 26, 2024, at 1:00 pm  
City Hall Chambers, 200 W North St.  
Alturas, California

Directors present: Edouard (Jim) Cavasso, Rose Boulade, Mike Mason  
Directors absent: Carol Madison, Paul Dolby  
Staff in attendance: Kevin Kramer, CEO; Edward Johnson, CNO; Jin Lin, Finance Director; Adam Willoughby, COO; Amber Vucina, CHRO, Denise King, LFHD Clerk.  
Staff absent:

#### **CALL TO ORDER**

**Jim Cavasso, Chair** called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 1:00 pm. The meeting location was City Hall, at 200 W. North Street in Alturas, California.

#### **1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA**

#### **2. AGENDA – Additions/Deletions to the Agenda**

**Rose Boulade** moved that the agenda be approved as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

#### **3. PUBLIC COMMENT**

#### **4. DISCUSSION**

##### **A.) A. Willoughby – SNF and HA Project Monthly Report**

**Adam Willoughby, COO** advised the Board of the progress for the New SNF and HA and answered any questions the Board had.

##### **B.) A. Willoughby – Revenue Cycle Update – Cerner**

**Adam Willoughby, COO** provided the Board with the Lights On Dashboard and answered any questions they had. **Rose Boulade** requested that **Adam** send the report to the Board at the beginning of the month so they can see the report after month end and have complete data to reference.

#### **REGULAR SESSION**

**5. CONSENT AGENDA** - Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.

**A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes –August 29, 2024**

**B.) D. King - Adoption of LFHD Board of Directors Special Meeting Minutes – September 19, 2024**

**C.) T. Ryan - Medical Staff Committee Meeting Minutes –August 28, 2024.**

- Medical Staff Committee Meeting Minutes –July 31, 2023.
- Pathology Report – July 2, 2024
- Policy Review – August 2024

**C.) E. Johnson – Policy and Procedures**

- Alturas and Canby Clinic Business Office
- Central Supply



- Dietary SNF Emergency Department
- Engineering Infection Control – SNF
- Information Technology
- Infusion Laboratory
- Operating Room
- Physical Therapy
- Radiology
- Radiology CT
- Radiology IR
- Radiology Ultrasound

**Rose Boulade** moved that the Consent Agenda be approved as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

## **6. CONSIDERATION/ACTION**

### **A.) E. Johnson – Departmental Policy Manuals**

- Canby Clinic – Medical and Dental
- Alturas Clinic

**Ed Johnson, CNO** introduced Alturas Clinic Manager, Jon Crnkovic to the Board. Ed advised the Board that we are trying to mirror Alturas Clinic policy manuals and are in the process of revising the Canby Dental policy manuals.

**Mike Mason** moved to approve the Departmental Policy Manuals as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye”.

### **B.) J. Lin – August 2024 LFHD Financial Statement (unaudited).**

**J. Lin, Finance Director** presented the *unaudited* Last Frontier Healthcare District Financial Statement for August 2024, from the narratives and financial statements provided in the Board meeting packet.

**Rose Boulade** moved to accept the August 2024 LFHD Financial Statement (unaudited) as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

### **C.) C. Cavasso – Board Meeting Time Change**

**Jim Cavasso, Chair** proposed the idea of changing the Board Meeting times to start at 3:30 pm starting on October 31<sup>st</sup> at the next scheduled Regular Meeting. A discussion was also held regarding a restructure of the agenda to have Board Reports in the beginning of the meeting and all other items following in case meetings run late and individuals have to leave to pick up children or fulfill other obligations.

**Mike Mason** moved to accept the proposal of the time change for all future Board Meetings, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

## **7. VERBAL REPORTS**

### **A.) K. Kramer – CEO Report to the Board Provider Recruitment**

- Ryan Ciantar is scheduled to take his national exams. After passing that he can license as a FNP in California. We anticipate that he will likely start near the end of the calendar year at this point.
- We have another candidate interested in the full-time job in Canby. I will send that candidate an offer this week and she will decide if she would like to come out for a site visit to see the Canby Clinic. She was an applicant that was also interested in the Alturas position when we extended an offer to Ryan Ciantar.
- We had a site visit with a permanent dentist candidate last week and have another one tomorrow with an interested candidate as well. Hoping that one of these two candidates will commit to being here so we can have a permanent dentist in Canby.

#### **SNF Project**

- Some interim Financing documents are being signed this week so that we can close in October.

- Will likely put some of our capital expenditures on hold this fiscal year until we are able to reach our goal of \$14 million in reserves after we expend all the District funds that are planned to be spent on the New SNF and Hospital Expansion project (About \$36.9 million). We have already spent \$18 million on the project out of our own reserves. We have about \$19 million left to fund according to our budget for the project. Projects put on hold will likely include the generator project, office building project, and others that are larger in dollar amount.

#### **QIP Project**

- Audit is completed and they uncovered no issues. Final performance rates have been filed. We will know the amount of money we have earned later this calendar year, and these funds will be paid out in February, but everything went very well during the audit.

#### **340B Compliance**

- Macro Helix has been unable to validate quantities dispensed for some NDCs that were dispensed and accumulated to 340B incorrectly. This is because of some of our mapping of NDCs to charge codes that was incorrect. We are working with them to figure out a good path forward.

#### **Ambulance Donation**

- I have not been able to reach out to local fire departments to ask if they need an ambulance, but will try to prioritize that in October.

#### **Old SNF/Warnerview Update**

- Ed and I have asked CDPH if we can continue to operate the SNF at 225 W. McDowell as a composite DP/SNF. If they agree that it can remain a DP/SNF and we don't have to retrofit the building, we will likely keep it licensed for 25 beds and convert them to private rooms.
- If CDPH approves this, we will do a very rough financial analysis to ensure that we can make money by keeping those beds open and will proceed with an implementation plan to accommodate that goal as we transition to the new SNF. This would increase our total licensed SNF beds from 50 to 75.

#### **Clinic Scope of Change**

- We are planning on converting Brian Bernard's old office in the clinic into a wound care room. We would like to run a wound care/visiting nurse program out of our Alturas Clinic. This will allow us to file for a scope of change in that clinic, which would cause for the state to have to re-establish our rate for the clinic. This would likely increase our rate in the clinic from MediCal significantly. Wipfli's rough estimate of the annual impact is between \$200k and \$300k per year in additional reimbursement.

#### **Other Items**

- DHLF and Partnership Healthplan of CA Site Visit today - went well.
- PHP would like us to focus on offering more services, including non-medical and prioritized the efforts listed below:
  - SNF expansion
  - Nonemergency Medical Transportation
  - Transitional Housing
  - Quality Performance

### **B.) E. Johnson – CNO Report to the Board**

#### **Warnerview**

- Increased Covid outbreak.
- Residents are scheduled to go to the football game.
- Star Rating remains at 3 Stars.
- Census of 49 with one person coming next week.

#### **Radiology**

- MRI notice received today that we will no longer have Mobile MRI available.

### **B.) J. Lin – Finance Director Report to the Board**

#### **Accounting**

- Auditors were on-site last week and we submitted 129 items that they asked for.
- The Auditors were very happy that we were on top of everything.
- This week we move on to Sing Audit and there shouldn't be too much going on with that, one item may be regarding the old hospital that was transferred back to the County.
- The Cost Report has also been started.
- Our Controller only works two days a week until the end of October then she will resume her normal work schedule.

- We made an offer for our AP Tech position today – Thank you Julie for your continuing support in the Accounting Department.

**Purchasing**

- Staying busy.

**Office Workers**

- We have a new extra Office Worker, hoping she can start next week.

**D.) A. Willoughby – COO Report to the Board  
Revenue Cycle**

- Busy working through Revenue Cycle.

**C.) A. Vucina – CHRO Report to the Board  
Permanent/Travel Staff**

- 266 total staff
- 20 travel staff (excluding SNF registry)

**Compliance**

- Performance Evaluations 81% compliant
- TB 88% compliant
- Physicals 89% compliant

**Recruiter**

- Will be hiring a recruiter for the HR Department in the near future.

**F.) Board Member Reports**

- **Jim Cavasso** – Nothing to report.
- **Carol Madison** – Absent.
- **Paul Dolby** – Absent.
- **Mike Mason** – Excited about the New SNF and the progress.
- **Rose Boulade** – Nothing to report.

**Mike Mason** moved to close the Regular Session of the Board of Directors, **Rose Boulade** seconded, and the motion carried with all voting “aye.”

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 1:59 pm.

***EXECUTIVE SESSION***

Executive Session was called to order by **Jim Cavasso, Chair**, at 2:00 pm.

**7. CONSIDERATION / ACTION**

**A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –August 28, 2024– (Per Evidence Code 1157).**

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –July 31, 2024.**

Based upon character, competence, training, experience and judgment, favorable recommendation by peers and credentialing criteria fulfillments, the Medical Executive Committee recommended the following appointments for Last Frontier Healthcare District Board of Directors’ acceptance:

- Matthew Kilpatrick, MD – Recommend appointment of Consulting privileges in the Pathology category.
- Allen Mendez, MD – Recommends reappointment of Consulting privileges in the Pathology Category.
- Mindy Cooper-Smith, MD – Recommends reappointment of Consulting privileges in the Pathology Category.
- Matthew Farson, MD – Recommends appointment of Provisional privileges in the Emergency Medicine category.
- Julie Torman, MD – Recommends reappointment of Limited Active privileges in the General Surgery category.

**Mike Mason** moved to close the Executive Session and resume the Regular Session of the LFHD Board of Director’s meeting, **Rose Boulade** seconded, and the motion carried with all voting “aye.”

The Executive Session of the Board of Directors was adjourned at 2:15 pm.

### **RESUME REGULAR SESSION**

The Regular Session of the Board of Directors was called back to session by **Jim Cavasso, Chair**, at 2:15 pm.

#### **8. CONSIDERATION / ACTION**

A.) **T. Ryan – Medical Executive Committee Minutes & Credentialing Items –August 29, 2024.**

*(Per Evidence Code 1157)*

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – July 31, 2024.**

**Rose Boulade** moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above, **Mike Mason** seconded, and the motion carried with all members voting “aye.”

#### **11.) MOTION TO ADJOURN**

**Rose Boulade** moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 2:16 pm, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

The next meeting of the Last Frontier Healthcare District’s Board of Directors will be held on October 31, 2024, at 3:30 pm in the Education Conference Room, Modoc Medical Center in Alturas, California.

**Respectfully Submitted:**

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**Denise R. King**  
**Last Frontier Healthcare District Clerk**

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**Date**

# **ATTACHMENT C**

## **Medical Staff Committee Meeting Minutes September 25, 2024**





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DATE: OCTOBER 31, 2024

TO: GOVERNING BOARD

FROM: T.RYAN – CREDENTIALING AIDE

SUBJECT: MEDICAL STAFF COMMITTEE MINUTES

\*The following Medical Staff Committee Minutes were reviewed and accepted at the September 25, 2024, meeting and are presented for Governing Board review:

**A. REVIEW OF MINUTES**

1. Medical Staff Committee – August 28, 2024

**B. PATHOLOGY REPORT – 08/21/2024**

**C. NEW BUSINESS**

1. Policy Review – September 2024



## MEDICAL STAFF COMMITTEE MEETING

### August 28, 2024 – Education Building

### MINUTES

#### In Attendance

Matthew Edmonds, MD Chief Medical Officer  
 Edward Richert, MD Vice Chief Medical Officer  
 Lisanne Burkholder, MD  
 Ruth Moeller, FNP  
 Mike Gracza- Pharmacist

Kevin Kramer- CEO  
 Ed Johnson- CNO  
 Alicia Doss- Risk Management  
 Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1205 by Dr. Edmonds, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following minutes were reviewed: A. Medical Staff Committee Meeting of July 31, 2024.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 07/02/2024.	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Currently, looking into our new walk-in provider. That being, cannot finalize until we have our replacement for the PCP spot at the Canby Clinic. Once our new clinic provider arrives to Modoc and gets settled, we will begin the process to replace Wendy in Canby. She will then come to the Alturas Clinic and start doing walk-ins. A lot of moving around, but we think it is going well. Also, had a meeting previously discussing updating our Cerner reporting ability and there is a third-party vendor that looks like they will be able to help us with that. This should help us with our healthcare maintenance and our QIP. Apart from this, just	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	continuing business as usual and focusing on primary care. We are starting a new year with our radio advertisements. The providers seem to like it as well as receiving some good feedback from the community. We are going to change the topics a little this year and have a few suggestions already, so that is all underway.	
V. EMERGENCY ROOM REPORT	Nothing to report.	
VI. CEO REPORT	Nothing to report.	
VII. CNO/SNF REPORT	Nothing to report.	
VIII. PHARMACY REPORT	The new season of Influenza Vaccines are here now. We also have the new Covid Booster on order and that should arrive within the next week. That being, we should be all set for the fall season.	Report at next meeting
NEW BUSINESS IX. POLICY REVIEW & APPROVAL	The following New Business was presented for review/approval: 1. Policies of August 2024	After review and discussion, a recommendation was made to implement the August 2024 Policies. The recommendation was ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.
X. ADJOURNMENT	The meeting was adjourned at 1230.	

  
Matthew Edmonds, MD Chief Medical Officer

09/25/2024  
Date



## **PATHOLOGIST ON-SITE VISIT REPORT**

**DATE OF VISIT: 08/21/2024**

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 7 ½ - 8 hours in Laboratory, Medical Records, and at the Canby Clinic.

While in medical records, I reviewed 3 surgical path reports left over from May compared with the clinical histories. 14 surgical path reports from June were also compared with their clinical histories. In addition, I reviewed 10 surgical path reports for the month of July and compared them with their clinical histories. There were two blood transfusions for review. There were no issues identified in any of these reports.

I spoke with Walter in the laboratory about staffing and he is very happy with the present staff. All the new employees are now able to staff the laboratory without any individual overview of their work. Levi has agreed to stay as Per DM when necessary, when the permanent staff go on vacation or if there is any illness. This is good because it allows continuity as Levi has worked in the lab for some time as a traveler and as well accustomed with the machinery and laboratory tests performed. There were some issues in regard to one of the machines having technical problems with lactic acid samples, so the lactic acids will now be performed on our backup machine and the procalcitonin's will now be performed on a separate machine. Nursing has complied with the request for adequately inputting transfusion information into Cerner and the nursing should be congratulated on their excellent approach on working with the laboratory on the transfusion issue. While in the lab I reviewed the ALCOR group coordination report for June and July in regard to the Minised-291 machine. The QC charts for the NX-550 machine for June and July. The lactic acid comparison between the Nova and the Istat machines for August. The hematology coagulation verified the 2nd event. The amended reports for the XN-50 complete blood count parameter – whole blood automatic CBC. The lactic acid comparison values on Nova and Vitreous for July. The unity laboratory services report shows the calibration certification of our pipets. The general laboratory procedure updated procedures. The API performance for microbiology 2024 2<sup>nd</sup> event. The updated microbiology procedures for using the HARDY diagnostic Vagar. The procedure for the basic guidelines for using the HARDY diagnostic modified Thayer martin media. The new procedure for group A Beta strep Vagar plating medium. The company testing for clinical lab scientist procedure. The QC stats for quantity control report for Hepatitis studies. The quality control report for the aHCV – serum. The QC statistics for the vitros 7600. The new procedures AELB- vitros albumin chemistry. The new procedure for the vitros total protein for chemistry. The new HNID pano instruction for use of microbiology. The competency test for Brian Mailari. The American Proficient Institute report for blood culture substitutability. The new procedure for blood vagra for microbiology. The American Proficiency Institute of microbiology 2<sup>nd</sup> event gram stain letter indicating one of the test samples sent out would not be graded because no consensus could be agreed upon from different laboratories. The new procedure for the HARDY CHROM - MRSA Vagra for microbiology. The new procedure for anaero Gro Brucellosis vagar for microbiology. The new procedure for the Columbia CNA vagar for microbiology. The new procedure for the McConkey Agar instructions for microbiology. The new procedure for the micro scan positive panel procedure for microbiology. The new procedure for use of interpretation of Bactrian A disk in microbiology. The new procedure for beta-lactamase (cefinae bracket test for microbiology). The new procedure for MMC laboratory quality manual for the general laboratory. The QC

report for the vitros for May. The QC report for vitros 7600 for June. And the TP and A LB single slide verification vitros 7600 for July.

I spoke with Chantelle in the emergency room, and she indicated that she was pleased with the laboratory and the new personnel. We discussed the issue with lactic acids and how that issue will be solved by the laboratory. I thanked her for input.

I spoke with Kevin Kramer. We discussed the staffing of the laboratory and how it appears to be working out well. All the new CLSs are able to perform testing alone so this allows for adequate staff scheduling of the lab. We discussed the lactic acid issue that the lab is having and how it has been solved. We discussed the fact that Levi will be the Per DM CLS backup when the various CLSs go on vacation, have an illness, or injury. I'm fortunate I met with Julie, the new clinic manager out at Canby Clinic. I also met with the nurses in the clinic in regard to being prepared for any onsite inspections by the state.

  
ROBERT JAMES, MD, PhD  
CONSULTING PATHOLOGIST

9/8/24  
Date

### September 2024 MedStaff Policy Review

Department	Name
Activities -SNF	8360.24.03 Activity Assessment.docx
Activities -SNF	8360.24.06 Unable to Attend List.docx
Activities -SNF	8360.24.05 Comprehensive Activity Care Plan .dotx
Activities -SNF	8360.24.06 Documentation.docx
Activities -SNF	8360.24.01 ACTIVITY DOCUMENTATION PLACEMENT & STORAGE.docx
Dietary - SNF	8340.24.10 Cold Foods Trayline.docx
Dietary - SNF	8340.24.11 TRAY ID CARDS .docx
Infection Control - SNF	8753-SNF.24.02 VIRAL PATHOGENS .docx
Infection Control - SNF	8753-SNF.24.03 VACCINATION OF RESIDENTS .docx
Laboratory	7500.24.07 Pre-employment Drug Testing.docx
Physical Therapy	7770.24.24 SCREENING FOR POST-OPERATIVE INFECTION IN TOTAL JOINT PATIENTS.docx
Radiology	7630.24.06 Radiology Department Hours .docx

# **ATTACHMENT D**

## **Policies and Procedures**



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## MEMORANDUM

**DATE:** 10/15/2024  
**TO:** Board of Directors  
**FROM:** Samantha Farr  
**SUBJECT:** Review of Departmental Policies

The following policies are submitted for your review and approval:

RADIOLOGY

RADIOLOGY DEPARTMENT HOURS

PHYSICAL THERAPY

SCREENING FOR POST-OPERATIVE INFECTION IN TOTAL JOINT PATIENTS

DIETARY - SNF

COLD FOODS TRAYLINE

TRAY ID CARDS

ACTIVITIES -SNF

ACTIVITY DOCUMENTATION PLACEMENT & STORAGE

ACTIVITY ASSESSMENT

COMPREHENSIVE ACTIVITY CARE PLAN

DOCUMENTATION

INFECTION CONTROL - SNF

VIRAL RESPIRATORY PATHOGENS -PREVENTING DEVELOPMENT AND CONTROLLING

TRANSMISSION

VACCINATION OF RESIDENTS

Respectfully Submitted,



REFERENCE #	LEAVE BLANK	EFFECTIVE New Policy
SUBJECT:	PRE-EMPLOYMENT DRUG SCREEN,	
DEPARTMENT:	LABORATORY	REVISED 2024

**PURPOSE:**

The purpose of this policy is to establish basic rules for performing the pre-employment drug screen at Modoc Medical Center (MMC).

MMC is a drug-free workplace. Under the MMC Drug and Alcohol Testing Policy, all current and prospective employees must submit to a pre-employment drug screen.

The prospective employee will only be asked to submit to a drug screen once a conditional offer of employment has been extended and accepted. An offer of employment by MMC is conditioned on the prospective employee yielding a negative drug screen result.

**AUDIENCE:**

Organization Wide

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to drug screen all prospective employees prior to their first day of work. The policy is intended to comply with all state and federal laws governing drug screening and is designed to fully safeguard employee privacy rights.

**PROCEDURE:**

**Confidentiality and Recordkeeping** ~~CONFIDENTIALITY AND RECORDKEEPING~~

Drug screening records are strictly confidential. MMC securely maintains pre-employment drug screening records within the HR Department.

**PROCEDURE**

The following steps are followed as part of the pre-employment drug screening process:

- The MMC’s HR Department will extend a conditional job offer to a prospective employee that is contingent on the applicant passing the drug screen. HR will provide the applicant with the Drug and Alcohol Testing Policy, which they will sign off on prior to being tested.
- HR will coordinate the scheduling of a pre-employment physical at which time the prospective employee will also be seen for their drug screen at the MMC Lab.
- A urine sample will be provided by the prospective employee for the drug screen.

REFERENCE #	LEAVE BLANK	EFFECTIVE New Policy
SUBJECT:	PRE-EMPLOYMENT DRUG SCREEN,	
DEPARTMENT:	LABORATORY	REVISED 2024

- A negative dilute test (Diluted/No temperature) will result in a secondary drug screen. The prospective employee is not allowed to leave the Lab during this time. If they leave the Lab, the testing is considered a dirty test, and the offer of employment will be retracted.
- If the drug screen indicates the presence of a drug, the test will be sent to the Medical Review Officer (MRO). The MRO will review the screening results and conduct a confirmation test. The Lab will order Urine Drug Screen with reflex confirmation from LabCorp.
- In the event, they cannot produce a urine sample they will be subjected to a blood draw. The Lab will order Serum Drug Screen with reflex confirmation from LabCorp (Test: 700845, CPT: 80307).
- Lab staff will send notice to the HR Department that the sample has been sent to the MRO.
- The following will result in a retraction of a job offer.
  - a. Confirmed positive drug test
  - b. Tampering of any kind with the sample.
  - c. Refusal to test (urine and/or blood).
  - d. Leaving the Lab during the testing.
  - e. Two negative dilute tests.
- Lab staff will fax all results to HR within one business day of receiving results.

### Target Substances

The pre-employment drug screen, will screen for the following substances:

- Amphetamines, including methamphetamines (meth, crank, ecstasy, speed)
- Cocaine (crack, coke)
- Marijuana/THC (weed, cannabinoids, hashish)
- Opiates (morphine, codeine, opium, heroin)

REFERENCE #	LEAVE BLANK	EFFECTIVE New Policy
SUBJECT:	PRE-EMPLOYMENT DRUG SCREEN,	
DEPARTMENT:	LABORATORY	REVISED 2024

- Phencyclidine (angel dust, PCP)

#### Materials and Urine Drug Screen InformationGeneral Urine Drugs Screen Collection Procedure and Guidelines

1. Set bluing tablet in the toilet prior to collection.
2. Instruct applicant to empty all pockets, remove hats, belts etc.
3. Open the empty CLIA Waived Instant Drug Test Cup. Set the lid and cup down.
4. Applicant instructed not to open faucet while collecting sample.
5. Start urinating (peeing) into the toilet as usual.
6. With a steady stream of urine, move the empty urine cup into the urine stream to catch the urine.
7. Fill the cup with up to 25 to 30 ml urine.
8. Instruct the applicant not to flush the toilet.
9. Return the urine cup to the Patient Care Technician.
10. Applicants can now wash their hands with soap and water.

Materials needed to perform a pre-employment drug screen include the following materials:

- Bluing Ttablet
- The 14 Panel CLIA Waived Inc. Instant Drug Test Cup
- Soap
- Water
- gloveGloves

The CLIA Waived, Inc. Instant Drug Test Cup offers a variety of solutions for fast and reliable drug testing in the privacy of your own home. This product can detect up to 15 commonly abused drugs in human urine:

REFERENCE #	LEAVE BLANK	EFFECTIVE New Policy
SUBJECT:	PRE-EMPLOYMENT DRUG SCREEN,	
DEPARTMENT:	LABORATORY	REVISED 2024

Abbreviation	Drug	Cutoff (ng/ml)
AMP	Amphetamine	500
BAR	Barbiturates	300
BUP	Buprenorphine	10
BZO	Benzodiazepines	300
COC	Cocaine	150
EDDP	Methadone Metabolite	300
MET	Methamphetamine	500
MDMA	Ecstasy	500
MTD	Methadone	300
OPI	Morphine	300
OPI	Opiates	2,000
OXY	Oxycodone	100
PCP	Phencyclidine	25
TCA	Tricyclic Antidepressants	1,000
THC	Marijuana	50

This test provides only a preliminary analytical test result. A more specific alternate chemical method must be used to obtain a confirmed analytical test result. Gas chromatography/mass spectrometry (GC/MS), Liquid Chromatography / Mass Spectrometry / Tandem Mass Spectrometry (LC/MS/MS) and High-Performance Liquid Chromatography (HPLC) are the preferred confirmatory methods. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly in the evaluation of a preliminary positive test result. This test does not distinguish between drugs of abuse and certain medications. It may yield preliminary positive results when prescription tricyclic antidepressants, barbiturates, benzodiazepines, methadone, buprenorphine or opiates are ingested, even at therapeutic doses. There are no uniformly recognized drug levels for these prescription drugs in urine.

- Please refer to the product insert for testing interpretation information.

Commented [SF1]: @Walter Dimarucut @Amber Vucina can this be added as an attachment?

Commented [WD2R1]: Yes

REFERENCES:

- [Pre-Employment Drug Test: A Complete Guide \(2022\)](#)
- [National Drug Screening Resources. Drug Testing Information](#)
- [Rodgers, Matthew J. \(Aug. 7, 2024\) Pre-Employment Drug Test:A Complete Guide 2024 \(https://iprospectcheck.com\)](#)

Commented [SF3]: @Walter Dimarucut Please use full APA citations.

Commented [WD4R3]: Will this do?

ATTACHMENTS:

None

SUBJECT: RADIOLOGY DEPARTMENT HOURS	REFERENCE # <a href="#">7630.24.06</a>
DEPARTMENT: RADIOLOGY	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: 2010 REVISED: <del>024</del> /2021

## PURPOSE

The purpose of this policy is to ensure that the Radiology Department is adequately staffed to meet the needs of the hospital.

## POLICY

It is the policy of Modoc Medical Center to provide competent, timely staff coverage for Radiology procedures during normal business hours, after hours, weekends and holidays.

## PROCEDURE

Radiology Department hours are as follows:

- Computed Tomography (CT) and X-ray regularly scheduled hours for outpatients are Monday through ~~Sunday~~Friday, 0730 to ~~1630.1800. X-ray is on-~~
- A Radiology Tech will be onsite from ~~1700-0730~~ to 2100 ~~Monday through Friday~~every day.
- CT and X-ray on-call hours for emergent procedures are Monday through ~~Friday-Sunday~~, 2100 to 0730 and twenty-four hours Saturday and Sunday. If there is not a technologist here during normal hours the Emergency Room will be notified of when call starts and who is on call.
- Holiday hours for ~~emergent~~emergency procedures are twenty-four hours on-call.
- Ultrasound regularly scheduled hours for outpatients are Tuesday through Friday, 0730 to ~~1630~~1600.
- Ultrasound on-call hours for emergent procedures are Tuesday through Thursday, ~~1800~~ 1600 to 0730. Some instances this may change to accommodate Interventional Radiology.
- On-call staff are required to report to the hospital within 30 minutes of receiving notification of the need for a procedure.

REFERENCE #	LEAVE BLANK	EFFECTIVE	09/2016
SUBJECT:	SCREENING FOR POST-OPERATIVE INFECTION IN TOTAL JOINT PATIENTS	REVISED	06/2024
		REVIEWED	
DEPARTMENT:	PHYSICAL THERAPY	PRIOR REVISIONS:	

**PURPOSE:**

The purpose of this policy is ~~The purpose of this policy is~~ to provide early identification of post-operative infections in total joint replacement patients.

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**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center ~~It is the policy of Modoc Medical Center~~ Physical Therapy Out-patient Clinic to screen all new total joint patients for signs and symptoms of infection at each visit for four weeks following the date of surgery.

**PROCEDURE:**

The Physical Therapist will initiate use of the Total Joint Replacement Screening Tool at the initial evaluation; (see Attachment A). All questions will be answered and recorded in the appropriate space. The Physical Therapist will evaluate the results. If there are positive results indicating possible infection, the patient will be referred to one of the following: ~~his/her~~their orthopedist, ~~their~~ primary care provider, or the Emergency ~~Department.~~

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~~Department.~~

The Physical Therapist will call the physician office to report the results. ~~The treating physical therapist or physical therapist assistant will update the form at each subsequent visit until four weeks from the surgery date.~~At each subsequent

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~~visit until four weeks from the surgery date the form will be updated by the treating Physical Therapist or Physical Therapist Assistant.~~ The screening form will be reviewed at each appointment; by the Physical Therapist; for indications of infection or trends suggesting the start of possible infection. If there are positive results or trends indicating possible infection, the patient will be referred to one of the following: ~~his/her~~their orthopedist, ~~their~~ primary care provider, or the Emergency Department. The Physical Therapist will call ~~the physician office to report the results.~~

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~~the physician office to report the results.~~

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**REFERENCES:**

-American Academy of Orthopedic Surgeons.  
Diagnosis and Management of Infected Total Knee Arthroplasty. Niraj V Kalore, Terence J Gioe, and Jasvinder A Singh.

**ATTACHMENTS:**

None

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REFERENCE #	LEAVE BLANK	EFFECTIVE	2005
SUBJECT:	<del>HANDLING-COLD-FOODS-FOR-TRAYLINE</del> HANDLING COLD FOOD FOR TRAYLINE	REVISED	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY		

**PURPOSE:**

The purpose of this policy is to maintain ~~that~~ cold food temperatures during meal services ~~will be maintained during meal services.~~

**Commented [BP1]:** @Raven Sparks I believe there is a different header for the policies. Can you please update this? Thanks.

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**AUDIENCE:**

Department Staff

**TERMS/DEFINITION:**

None

**POLICY:**

It is the policy of Modoc Medical Center (MMC) Skilled Nursing Facility (SNF) Dietary Department; that cold food items will be refrigerated and temped ~~prior-before~~ and during ~~-meal~~ services.

**PROCEDURE:**

Prior to food services:

- Cold food items (such as canned fruit, desserts, salads, pudding, cottage cheese, juice, and milk) will be placed in the refrigerator at least 3 to 4 hours before serving. Food should be chilled at ≤less than 41°F.
- Cold food temperature will be taken and recorded prior-to-before meal services and recorded on the appropriate form.
- 

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At time of food services:

- Cold food items will be taken from the refrigerator one tray at a time to be used at ~~the~~ meal services (unless a reach-in refrigerator or system for icing cold food down on the serving line is available);.
- Milk will be iced to chill it ~~for-before~~ a meal service.
- Cold food temperature will be taken and recorded ~~prior-to-before~~ and halfway through service to assure foods are ≤less than 41°F ~~-degrees~~.

**REFERENCES:**

None

**ATTACHMENTS:**

None

SUBJECT: <u>MEAL IDENTIFICATION AND PREFERENCE</u> <u>CARD</u>	REFERENCE #
DEPARTMENT: SNF DIETARY	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: 2011
	REVISED: <u>06/2020</u> <u>8/2024</u>

#### PURPOSE:

The purpose of ~~this policy~~ a tray identification card is to identify the resident, their diet order, their meal preferences, their beverage preferences, allergies, and their location that all residents will have a meal identification and preferences card shortly after admission.

#### POLICY:

It is the policy of Modoc Medical Center's (MMC) Skilled Nursing Facility (SNF)'s Dietary ~~SNF~~ Department is that an identification and food preferences card (meal ID card) will be used to properly identify everyone needs including food and beverages preferences. The meal ID card may be a permanent card that is gathered, cleaned, and sanitized after each meal, or may be printed daily from a database and disposed of after meals. ~~all residents will have a permanent laminated tray identification card shortly after admission to the Skilled Nursing Facility.~~

#### PROCEDURE:

- ~~1. The Dietary Manager visits all newly admitted residents to obtain food and beverage preferences as well as dislikes before a permanent laminated tray card is made.~~
- ~~2.1. The Dietary Manager or designee will visit a newly admitted individual to obtain food beverages preferences, dislikes and food allergies/intolerances before a permanent meal ID card is written. - temporary diet card, containing the resident's name, room number and diet order may be used until a permanent laminate card is made.~~
2. Temporary diet card, containing the resident's name, room number and diet order may be used until a permanent laminate card is made.
- ~~3. A permanent laminate card will be made once all information is obtained.~~
- ~~4.3. The permanent meal ID tray card includes the name of the resident, room number, date of birth, diet order, beverage preferences, portion size, food dislikes and any specific diet information. - Food allergies should be written in red or printed boldly to call attention to them.~~
- ~~5.4. Meal Tray ID cards should be are used during meal service to ensure assure the correct diet is being served to the correct resident and food preferences are honored.~~
- ~~6.5. Meal ID Tray cards will be are placed with on corresponding meals trays to ensure assure delivery to the correct resident.~~
- ~~7.6. The server will remove permanent meal ID card after the meal is served and place them in a container to be sent to the kitchen. Dietary staff are responsible for keeping tray cards clean, sanitized and in the correct order of serving.~~



SUBJECT: <u>MEAL IDENTIFICATION AND PREFERENCE</u> <u>CARD</u> <u>TRAY ID CARDS</u>	REFERENCE #
DEPARTMENT: SNF DIETARY	PAGE: 2 OF: 2
APPROVED BY:	EFFECTIVE: 2011
	REVISED: <del>06/2020</del> <u>08/2024</u>

~~8.7.~~7. Dietary staff will be responsible ~~for~~for keepkeeping permanent meal ID ~~card~~cards ~~cleaned~~clean and sanitized and in the correct serving order following each meal.

8. The dietary manager of designee will be responsible for keeping permanent meal ID card up-to-date and for printing them prior to each meal. ~~All tray cards will be color coded to identify the different diets and textures. See Diet Card Color Code attachment.~~

~~9.~~

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REFERENCE #	LEAVE BLANK	
		EFFECTIVE 05/2012
SUBJECT:	Activity Documentation Placement & Storage	
DEPARTMENT:	Choose an item.	REVISED

#### PURPOSE:

The purpose of this policy is ~~to~~ ensure a consistent and reliable, process for ~~the~~ maintenance and storage of resident's activity ~~medical records~~

**Commented [AV1]:** Is it for medical records or just general documentation?

#### AUDIENCE:

Department Staff

#### TERMS/DEFINITION:

**Activities:** refer to any endeavor, other than routine ~~ADLs~~, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

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#### POLICY:

It is the policy of Modoc Medical Center (MMC) ~~This policy is intended~~ to provide a standardized process for placement and storage of Activity Department documentation.

#### PROCEDURE:

~~Daily Participation sheets and Independent Programming sheets for the current quarter will be kept in the Activity Department's Roll Call Binder and file folders, in the Activity office.~~

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~~In the Roll Call Binder a tab or index will be set up for each resident. The tab or index will be labeled with their last name. The tab or indexes will be in alphabetical order according to the resident's last name. New admits will be placed in the back of the binder until the following month when their names will appear in alphabetical order on the Roll Call sheet.~~

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~~When the resident's Progress Note is written, the supporting Daily Participation Sheets, and Independent Programming Sheets (if applicable) will be placed along with the Activity Progress Note, in their medical record (chart, located at nurse's station) under the Activity tab.~~

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~~Roll Call Sheets will remain in the activity office for 5 years. Progress Notes, Assessments, Admits, and Swing assessments will remain in the Activity office for five years.~~

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~~When an Activity Progress Note is written, Activity Personnel will submit completed, signed and dated Progress Note, with supporting documentation to Activity Director.~~

~~Activities Director will enter Progress Notes into Cerner and scan documents into residents digital file. Hard copies will be filed in residents folder starting from the most recent document in the front of the folder.~~

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Activity Documentation Placement and Storage Policy

Revised 05/12

The Activity section of the resident's medical record (chart) will contain the following documentation in the order shown.

- Activity Assessment

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REFERENCE #	LEAVE BLANK	
		EFFECTIVE 05/2012
SUBJECT:	Activity Documentation Placement & Storage	
DEPARTMENT:	Choose an item.	REVISED

- o Progress Note
  - Submitting Daily ~~Participation~~Participation Sheets
    - The most recent will be on top working back.
  - Supporting Independent ~~Programming~~Programming Sheets (if applicable)
- Previously written Progress Note
  - o Supporting Daily Participation Sheets
    - Most recent on top working back
  - o Supporting Independent Programming Sheets (if applicable)
    - Most recent on top working back

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When an Activity Progress Note is written, Activity Department Personnel will place the, Progress Note, supporting Daily Participation Sheets, and Independent Programming Sheets (if applicable) into the resident's medical record.

At that time the, Progress Note, supporting Daily Participation sheets, and Independent Programming sheets (if applicable) that were written six months prior, will be removed from the chart at the nurse's station and given to the Medical Records Department to be filed into the resident's stored "medical record."

The "Activity" section of the resident's chart located at the nurse's station will contain the most recent six months of documentation. Exceptions will be made when "change of status" progress notes have been written, or when other special circumstances, that require documentation within the last six months, have taken place.

On occasion special circumstances may mandate that a form, or another form of written information, be added to the "Activity" section of the medical record; in that case the form will remain just under the Activity Assessment.

"Roll Call Sheets" for the last five years will be maintained in the Activity Department office.

- The most recent on top, working back.

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REFERENCE #	LEAVE BLANK	EFFECTIVE	05/2012
SUBJECT:	<b>ACTIVITY DOCUMENTATION PLACEMENT &amp; STORAGE</b>		
DEPARTMENT:	<u>ACTIVITIES – SKILLED NURSING FACILITY</u>	REVISED	

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**REFERENCES:**

California Residential Care Facilities for the Elderly, Division 6 Chapter 8. 87219 42 CFR §483.20 (xviii)  
42 CFR §483.15 (f)

**ATTACHMENTS:**

None

REFERENCE #	8360.24.02	EFFECTIVE	
SUBJECT:	ACTIVITIES ASSESSMENT	REVISED	
DEPARTMENT:	ACTIVITIES- SKILLED NURSING FACILITY		

#### PURPOSE:

The purpose of ~~this policy~~ ~~the Activity Assessment~~ ~~is to~~ provide a comprehensive tool to use in the development of the activity care plan, and to provide a documented record of the resident as an individual.

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#### AUDIENCE:

Department Staff

#### TERMS/DEFINITION:

Activities: refer to any endeavor, other than routine Activities of Daily Living (ADLs), in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.

Commented [SF1]: @Marina Solorio please write out the full word then put the acronym in ( ) for the first time. After that you can use the acronym only. Example Modoc Medical Center (MMC)

MMC is a hospital in the .....

#### POLICY:

It is the policy of Modoc Medical Center (MMC) ~~An to complete an activity assessment~~ ~~activity assessment~~ ~~will be completed~~ for each newly admitted resident, residents who have undergone a significant change in status that warrants an updated assessment, and those residents who are due for annual review ~~will receive an updated activity assessment~~, using the ~~Activity Assessment~~ ~~activity assessment~~ -form.

In the case of a resident who is on Medicare, the ~~Activity Assessment~~ ~~activity assessment~~ will be completed within five days of admission.

#### PROCEDURE:

~~REFERENCES:~~ All applicable state laws, federal laws, Medicare regulations, other laws and regulations, and Modoc Medical Center policies will be complied with in the development~~al~~ and use of the ~~Activity Assessment~~ ~~activity assessment~~ ~~-assessment-~~.

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All state regulations, federal regulations, and Modoc Medical Center Policies regarding confidentiality will be adhered to regarding the information that is acquired during completion of the ~~Activity Assessment~~ ~~activity assessment~~ ~~-assessment-~~.

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Information used to complete the ~~Activity Assessment~~ ~~activity assessment~~ may be obtained from; the resident, approved relatives, approved friends, legal representatives, the resident's physician, the ~~resident's~~ medical record, ~~activity~~ documents/notes, social history, notes from a prior facility, staff members, by observation, and activity ~~documents~~ ~~documents~~/notes.

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REFERENCE #	8360.24.02	EFFECTIVE	
SUBJECT:	ACTIVITIES ASSESSMENT	REVISED	
DEPARTMENT:	ACTIVITIES- SKILLED NURSING FACILITY		

Every opportunity possible will be made to involve the resident and resident's representative in the ~~development~~completion of the ~~Activity Assessment~~activity assessment. This may be done during personal interviews, telephone interviews etc.

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The activity assessment will include sections on: Social History, Interests and Hobbies, Clubs and Organizations, Spiritual Preferences, Support System, Relationships, Cognitive/Behavioral, Mood State, Communication, Physical Condition, Physician's Orders & Consents, Customary Routine, Activity Preferences/ Choices.

Commented [SF2]: @Marina Solorio is there more to this sentence? It looks like a list, and it is missing some context. Remove the caps.

In each section of the ~~Activity Assessment~~activity assessment, check all applicable boxes and fill in the lines and spaces with the information that applies.

Commented [MS3R2]: @Samantha Farr I believe I made the necessary changes. let me know if i missed anything. and you are awesome!

The information in the assessment will be specific enough to be used in the development of a care plan that will meet the resident's preferences, and to identify what adaptations and assistance are needed.

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The assessment will allow space to identify when a resident is independently capable of pursuing their own activities.

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The ~~a~~Assessment will be completed by, or under the supervision of, a qualified professional. The completed ~~Activity Assessment~~activity assessment will be used in the development of the care plan.

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~~Activity Assessment~~Activity assessments will be uploaded and scanned into Cerner.

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## REFERENCES:

California Residential Care Facilities for the Elderly, Division 6  
Chapter 8. 87219 42 CFR §483.20 (xviii)  
42 CFR §483.15 (f)

## ATTACHMENTS:

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ACTIVITIES ASSESSMENT

PAGE: 2 OF 2

REFERENCE #	LEAVE BLANK	EFFECTIVE	5/2012
SUBJECT:	ACTIVITY DOCUMENTATION		
DEPARTMENT:	ACTIVITIES-SKILLED NURSING FACILITY SKILLED NURSING FACILITY	REVISED	

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#### PURPOSE:

The purpose of this policy is to provide a written record of, and to guide; the identification of the resident's specific interests and needs, the development of a plan of care, the provision of activity services, and the evaluation of outcomes,

#### AUDIENCE:

Department Staff

#### TERMS/DEFINITION:

**Activities:** refer to any endeavor, other than routine ADLs, in which a resident participates that is intended to enhance her/his sense of well-being and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, a sense of well-being, pleasure, comfort, education, creativity, success, and independence.

#### POLICY:

It is the policy of Modoc Medical Center (MMC)  
Activity Department documentation will consist of:

- Activity Assessment.
- Minimum Data Set/Resident Assessment Protocol
- Activity Care Plan
- Roll Call
- " Daily Participation
- " Independent Programming (for residents with special needs that require detailed documentation)
- Progress Notes

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#### PROCEDURE:

All resident participation and daily activity will be entered into Cerner, CareTraker.

Only the abbreviations listed in the facility's "Approved Abbreviations" list, will be used in Activity Department documentation.

Errors on all hard copies will not be erased, written over, scribbled out, whited out, or otherwise made illegible. ~~Instead~~ Instead, one line will be drawn through the error and the word error and the writer's initials will be written next to it.

A line will be drawn from the last word of all written documentation, to the beginning of the writer's signature, thus leaving no space available where documentation may be added later.

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REFERENCE #	LEAVE BLANK	EFFECTIVE	5/2012
SUBJECT:	ACTIVITY DOCUMENTATION		
DEPARTMENT:	ACTIVITIES-SKILLED NURSING FACILITY ACTIVITIES-SKILLED NURSING FACILITY	REVISED	

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~~Spaces will not be left open in order to add documentation at a later date. Late entries will be written as such, with the current date as the date of entry, followed by the words "Late Entry," and the date that the entry represents;~~

~~All forms will be signed with; name, title and date.~~

~~The date of progress notes, and other notations, will be either at the beginning of the documentation or it will follow the signature and title.~~

The abbreviation A.D.C. may be used to designate the position of Activity Director Certified, AD. for Activity Director, A.A.D.C. for Assistant Activity Director Certified, and A.A. for Activity Aide.

#### REFERENCES:

California Residential Care Facilities for the Elderly, Division 6 Chapter  
8. 87219 42 CFR §483.20 (xviii)  
42 CFR §483.15 (f)

#### ATTACHMENTS:

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ACTIVITY DOCUMENTATION

PAGE: 2 OF 2



REFERENCE #	LEAVE BLANK	EFFECTIVE 2012
SUBJECT:	UNABLE TO ATTEND LIST	REVISED, 2024
DEPARTMENT:	ACTIVITIES- SKILLED NURSING FACILITY	

#### PURPOSE:

The purpose of this policy is ~~As to be a~~ reference to aid in tracking individual resident progress and trends, ~~a list of those resident's whose' condition did did not allow them to participate in activity programs for that day will be maintained.~~

**Commented [AD1]:** What is meant by progress? Are we looking for trends of participation by individual resident?

#### AUDIENCE:

Department Wide

#### TERMS/DEFINITION:

Activities: refers to any endeavor, other than Activities of Daily Living (~~ADLs(ADLs), in~~), in which a resident participates that is intended to enhance ~~their/his~~ sense of well-being and to promote or enhance physical, cognitive, and emotional health. ~~These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence. These include activities that promote self-esteem, pleasure, comfort, education, creativity, success, and independence.~~

#### POLICY:

It is the policy of Modoc Medical Center (MMC) ~~A daily~~ To identify list of all residents whose condition does not allow them to participate in activity programs for that day ~~will be obtained from nursing, and will be recorded in Care Tracker, on the Roll Call Form. This information will then be transferred to the resident's individual Daily Participation Sheet at the end of the day.~~

#### PROCEDURE:

~~At the beginning of each day activity staff will obtain a list of those residents who are not able to attend activities. At the beginning of each day, staff will obtain a list of residents unable to attend activities.~~

This information will be recorded ~~on the Roll Call in Care Tracker Form on the Unable to Attend line. The Roll Call Form will be kept for five years in the Activity office.~~  
A list of those residents whose condition prevented them from participating in the activities of the day will maintained

**Commented [AD2]:** Where is this list located?

~~At the end of the day this information will be transferred to the resident Daily Participation Form.~~

~~The Daily Participation Form will be kept in the Activity Chmtng Binder and file folder until the Activity Progress Note has been written. It will then be placed into the resident's medical record.~~

#### REFERENCES:

California Residential Care Facilities for the Elderly, Division 6 Chapter 8.  
87219 42 CFR §483.20 (xviii)

REFERENCE #	LEAVE BLANK	EFFECTIVE 2012
SUBJECT:	UNABLE TO ATTEND LIST	
DEPARTMENT:	ACTIVITIES- SKILLED NURINSING FACILITY	REVISED, 2024

42 CFR §483.15 (f)

**ATTACHMENTS:**

REFERENCE #	LEAVE BLANK	EFFECTIVE
SUBJECT:	VIRAL RESPIRATORY PATHOGENS -PREVENTING DEVELOPMENT AND CONTROLLING TRANSMISSION	REVISED
		REVIEWED
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY	PRIOR REVISIONS:

**PURPOSE:**

The purpose of this policy is to establish a process for mitigating the risk of Viral Respiratory Pathogens to residents, Health Care Personnel (HCP), and visitors of MMC Skilled Nursing Facility (SNF).

**AUDIENCE:**

Facility Wide

**TERMS/DEFINITION:**

**Viral Respiratory Pathogen:** Any Virus that affects the respiratory system. This may include, but is not limited to, Influenza, COVID-19, RSV, and other common respiratory viruses.

**POLICY:**

It is the policy of Modoc Medical Center (MMC) to mitigate the risk of respiratory pathogens at the SNF by preparation, response, and control. The SNF will refer to and follow as needed the CDC (Center for Disease Control) publication “Viral Respiratory Toolkit for Nursing Homes” and the CDPH (California Department of Public Health) publication “Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24”.

**Preparation:**

**Vaccination:**

All residents and HCP will be offered and educated regarding vaccinations as recommended by the CDC. Educational information concerning vaccination will also be provided to families and visitors through postings and/or mailings.

**Resources:**

PPE (Personal Protective Equipment), ABHR (Alcohol Based Hand Rub) will be always available at the facility. The facility Ward Clerk will ensure that the facility has adequate stock in coordination with Infection Control Nurse and MMC Central Supply Dept.

All HCP will have an annual N95 fit test per policy.

**Education:**

HCP will have annual and as needed training on infection control basics (hand hygiene, cleaning and disinfection, proper PPE use and transmission precautions). Residents, Visitors, and HCP will be made aware of recommended and newly implemented infection prevention and control practices in the facility. The facility will encourage visitors with respiratory symptoms to delay non-urgent in-person visitation until they are no longer infectious. HCP will follow the exclusion from work and return to work policies if out from work with an infectious illness. Education may be done through 1:1 discussion and/or in-services and/or postings and/or mailings.

Commented [BP1]: Suzanne R. Johnson your header needs updated please.

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REFERENCE #	LEAVE BLANK	EFFECTIVE
SUBJECT:	VIRAL RESPIRATORY PATHOGENS -PREVENTING DEVELOPMENT AND CONTROLLING TRANSMISSION	REVISED
		REVIEWED
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY	PRIOR REVISIONS:

#### **Monitoring and Masking:**

When levels of respiratory illness within the community are at high levels the SNF may consider that HCP and Visitors wear a mask when in the facility. Consideration will also be given to having residents wear a mask when outside their rooms. These decisions will be made by the Medical Director.

#### **Response: when a Resident or HCP develops signs or symptoms of respiratory infection and/or an outbreak is identified**

##### **Surveillance:**

A respiratory line list will be implemented for both staff and residents as soon as any acute respiratory symptoms are identified.

If an outbreak is identified, the facility outbreak policy will be followed. The respiratory outbreak checklist will be started and used for the duration of the outbreak and for the post outbreak follow up report.

##### **Prevent the spread:**

After discussion with the resident's provider, SNF staff will apply appropriate Transmission Based Precautions for symptomatic residents based on the suspected cause of the acute respiratory infection.

If this resident shares a room, the facility will consider ways to increase ventilation with the use of in-room HEPA air cleaners after consultation and coordination with the Maintenance Department.

Symptomatic residents will not be moved to a different room unless it is a private room.

Because roommates of symptomatic residents have already been exposed, they should not be placed with new roommates. Any resident that is considered exposed will be educated to wear a facemask for source control around others. Any exposed resident will have a minimum of q shift nursing "well checks" and be placed on appropriate transmission precautions if symptoms develop.

Residents placed on Transmission-Based Precautions for acute respiratory infection will primarily remain in their rooms except for medically necessary purposes. If they need to leave their room, staff will assist the resident with physical distancing and the wearing of a facemask for source control.

Transmission-Based Precautions will be removed as soon as the resident is not infectious to others.

"HCP who enter the room of a resident with signs or symptoms of an unknown respiratory viral infection that is consistent with SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved® particulate respirator with N95® filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). This PPE can be adjusted once the cause of the infection is identified. Recommendations on PPE for respiratory viruses are available in Appendix A of the 2007 Guideline for Isolation Precautions." 1

Healthcare Personnel will follow the MMC policy for Employee sick leave and return to work.

REFERENCE #	LEAVE BLANK	EFFECTIVE
SUBJECT:	VIRAL RESPIRATORY PATHOGENS -PREVENTING DEVELOPMENT AND CONTROLLING TRANSMISSION	REVISED
		REVIEWED
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY	PRIOR REVISIONS:

### Testing:

“Any resident with respiratory illness signs or symptoms should be promptly tested. Selection of diagnostic tests will depend on the suspected cause of the infection (e.g., which respiratory viruses are circulating in the community or the facility, recent contact with someone confirmed to have a specific respiratory infection) and if the results will inform clinical management (e.g., treatment, duration of isolation). At a minimum, testing should include SARSCoV-2 and influenza viruses with consideration for other causes (e.g., RSV)”<sup>1</sup>

The facility will follow any current CDPH/CDC testing guidelines for SARS-CoV-2 infection.

Nursing will follow the Provider orders for any testing.

### Treatment and Prophylaxis:

After discussion with providers, the facility will provide recommended treatment and prophylaxis to infected and exposed residents when indicated. It is recommended that antiviral medication be offered promptly if influenza is confirmed or suspected. Providers should follow current CDC guidance when considering treatment and prophylaxis orders for influenza.

For SARS-CoV-2 infection it is recommended to provide COVID-19 treatment for eligible residents with mild-to-moderate COVID-19 with one or more risk factors for severe COVID-19. Providers should be aware of potential drug interactions. Treatment must be started as soon as possible and within five days of symptom onset to be effective. Providers should follow current CDC guidance when considering treatment and prophylaxis orders for Covid-19. MMC Pharmacists are also available for consultation.

For any other acute respiratory infections nursing will follow Provider orders for treatment. It is recommended that providers follow the most current guidance when prescribing these orders.

### Investigation:

Surveillance will be ongoing for potential respiratory virus spread among residents and HCP. Symptom screening may be done for HCP, visitors and residents to identify any new cases. Potential exposures may also be investigated.

REFERENCE #	LEAVE BLANK	EFFECTIVE
SUBJECT:	VIRAL RESPIRATORY PATHOGENS -PREVENTING DEVELOPMENT AND CONTROLLING TRANSMISSION	REVISED
		REVIEWED
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY	PRIOR REVISIONS:

**Additional control considerations when respiratory virus transmission is identified and/ or transmission fails to stop.**

1. Follow the SNF outbreak policy.
2. Notify the local or state public health department when respiratory viral outbreaks are suspected or confirmed. Health departments have IPC expertise and might also have access to additional testing resources to identify potential etiology.
3. Follow further guidance in the CDC publication “Viral Respiratory Toolkit for Nursing Homes” and CDPH “Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24” if the above interventions fail to stop transmission.
4. The CDPH publication Influenza and Other Non-COVID-19 Respiratory Illness Outbreak Quick sheet may also be of use for a non-covid respiratory outbreak.

Copies of preferred line lists and CDPH and CDC guidance publications may be found in the SNF Infection Control resource binder.

**REFERENCES:**

[Viral Respiratory Pathogens Toolkit for Nursing Homes \(cdc.gov\)](#)

[Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24](#)

**ATTACHMENTS:**

[Viral Respiratory Pathogens Toolkit for Nursing Homes \(cdc.gov\)](#)

[Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | CDC](#)

[Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24](#)

[Influenza and Respiratory Illness Outbreak Quicksheet \(ca.gov\)](#)

<b>REFERENCE #</b>	8753-SNF.24.03	<b>EFFECTIVE</b>
<b>SUBJECT:</b>	<b>VACCINATION OF RESIDENTS: PNEUMOCOCCAL, INFLUENZA, RSV, COVID AND OTHERS</b>	<b>REVISED</b>
		<b>REVIEWED</b>
<b>DEPARTMENT:</b>	<b>INFECTION CONTROL -SKILLED NURSING FACILITY</b>	<b>PRIOR REVISIONS:</b>

**PURPOSE:**

The purpose of this policy is to define the process for the offering and giving of vaccinations to Skilled Nursing Facility (SNF) residents

**AUDIENCE:**

Department Wide

**TERMS/DEFINITION:**

**Vaccine:**

A substance used to stimulate immunity to a particular infectious disease or pathogen, typically prepared from an inactivated or weakened form of the causative agent or from its constituents or products.

**Vaccination:**

The process of using a vaccine to stimulate the immune system to provide protection against a disease.

**POLICY:**

It is the policy of Modoc Medical Center (MMC) that each resident of the SNF or their responsible party be asked on admission about immunization status for Influenza, Pneumococcal, Shingles, Tdap, Hepatitis B, Covid, and RSV. Vaccinations may also be offered at different times throughout the year per the Medical Directors directions. MMC will follow the most current guidance and recommendations from the Centers for Disease Control (CDC) and California Department of Public Health (CDPH) for which vaccinations and/or boosters should be offered. MMC will also follow the directives from the Centers for Medicaid Services (CMS) to offer all residents influenza and pneumococcal vaccination and document the results. CMS requires all residents be vaccinated unless contraindicated medically, the resident or legal representative declines vaccination or the vaccine is not available because of shortage. This information will be reported as part of the CMS Minimum Data Set.

<b>REFERENCE #</b>	8753-SNF.24.03	<b>EFFECTIVE</b>
<b>SUBJECT:</b>	<b>VACCINATION OF RESIDENTS: PNEUMOCOCCAL, INFLUENZA, RSV, COVID AND OTHERS</b>	<b>REVISED</b>
		<b>REVIEWED</b>
<b>DEPARTMENT:</b>	<b>INFECTION CONTROL -SKILLED NURSING FACILITY</b>	<b>PRIOR REVISIONS:</b>

#### PROCEDURE:

On admission to the MMC Skilled Nursing Facility the residents current California Immunization Records System (CAIRS) record will be imported to the residents Electronic Medical Record (EMR) and a printed copy placed into their paper chart. A review of any current accompanying medical records will also be done by the Infection Control Nurse and the Primary Care Provider. If the resident has had previous immunizations from a different state every effort will be made to find those records prior to vaccination.

A consent/decline form and current CDC Vaccination Information Sheets (VIS) will be given on admit for each vaccine offered and at each new vaccination given. Education about risk, benefit, and common reactions will be offered for each vaccine ordered and opportunity to ask questions will be given.

The Primary Care Provider is responsible for reviewing vaccination status and giving orders as they deem appropriate for each individual resident. Current CDC guidance should be followed. Current VIS and CDC Vaccine Recommendations may be found online at the CDC website or in the SNF infection control resource binder.

Vaccinations will be ordered for the resident from MMC Last Frontier Pharmacy. If vaccines are unable to be obtained from this pharmacy consultation will be made to Modoc County Public Health.

Pre screenings, documentation of being given, and follow up documentation for any adverse reactions will be done by nursing.

#### REFERENCES:

CDC

CMS

#### ATTACHMENTS:



# **ATTACHMENT E**

## **Departmental Policy Manuals**



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## MEMORANDUM

**DATE:** 10/15/2024  
**TO:** Board of Directors  
**FROM:** Samantha Farr  
**SUBJECT:** **Review of Departmental Manuals**

The following manuals are submitted for your review and approval:

Skilled Nursing Facility Activities  
Skilled Nursing Facility Social Services  
Skilled Nursing Facility

Board requested revisions:  
Human Resources

Respectfully Submitted,

*Samantha Farr*



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## MEMORANDUM

**DATE:** October 15, 2024  
**TO:** Board of Directors  
**FROM:** Ed Johnson  
**SUBJECT:** Review of Departmental Policy Manual

The following manual is submitted for your review and approval:  
Skilled Nursing Facility (SNF)

This year's revisions/accomplishments:

What did you do to review your manual? Upon reviewing the SNF manual this year, I removed a lot of the others in the manual that is housed elsewhere for example job descriptions and nursing procedures. I am still in the process of updating all the policies in conjunction with moving to the new facility. The current manual addresses the issues and needs of 225 W. McDowell. The plan is to have the new manual ready for the move to the new facility by the end of April next year.

Respectfully Submitted,



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## MEMORANDUM

**DATE:** 10/14/2024  
**TO:** Board of Directors  
**FROM:** Carolyn Loughry AD  
**SUBJECT:** **Review of Departmental Policy Manual**

The following manual is submitted for your review and approval:  
Activities Policy & Procedure Manual

This year's revisions/accomplishments: Policies were carefully reviewed and compared to current State mandated requirements and updated to current procedures.

During this process, the policies were updated to the current digital system.

Follow-up actions to be completed by:

This years department goal is to update policies as needed for the move to the new Mountain View Skilled Nursing Facility.

Respectfully Submitted,



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## MEMORANDUM

**DATE:** 10/14/2024  
**TO:** Board of Directors  
**FROM:** Kayla Wood  
**SUBJECT:** Review of Departmental Policy Manual

The following manual is submitted for your review and approval:  
Social Services

This year's revisions/accomplishments:

I read through all of my policies and made a few changes. Most policies were current and up to date for my department.

Follow-up actions to be completed by:

Submit changes that are currently necessary as well as submitting updated policies for when we move to the new facility.

Respectfully Submitted,  
*Kayla Wood*



## Policy Review Form

Please submit this form each time you submit a policy(ies) for review and email the form and the attachments to the policy coordinator: [sfarr@modocmedicalcenter.org](mailto:sfarr@modocmedicalcenter.org)

If you are revising an existing policy, please provide the redlined copy, the original showing the proposed changes, and the draft version.

**Date Submitted:** 7/16/2024

**Department:** HR

**Attachments:**

- ☐ Original
- ☐ Draft
- ☐ Redlined

**New Policy (ies):**

**Revised Policies: (Include the Redlined copy with your submission. )**

**Archived:**

1. Employee Measles, Rubella and Varicella Disease Screening
2. Varicella Zoster
3. Assigning Disaster Responsibilities to Volunteer Licensed Non-Independent Practitioners
4. Privileging of Licensed Independent Practitioners During Disaster Events
5. Remove – Orientation checklist for departments (old and not relevant to NEO policy.
6. Skills Inventory for Staff Competence
7. Volunteer orientation
8. Education on the Federal False Claims Act, The Federal Program Fraud Civil Remedies Act, State False Claims Laws and Whistleblower Protection
9. Safety Education
10. Employee Safety Information
11. Safety Orientation
12. Body Mechanics Training
13. Safety Orientation Special Training
14. Safety Continuing Education
15. Hospital wide Security Inservice
16. Infant/Child Abduction Response Plan
17. How to Read the MSDS



18. Fire Safety – Evacuation of Patients
19. Emergency Management – Staff Training
20. Medical Equipment Management – Orientation/Education
21. Emergency Procedures for Medical Equipment Failure/Djsruption
22. Utility Systems Management User/Maintainer Training
23. Emergency Procedures for Utility System Failure/Disruption
24. Workplace Violence Training Outline
25. Standard Precautions
26. Hand Hygiene
27. Exposure Control Plan
28. Sharps Injury Protection Plan
29. Employee Exposure to Communicable Diseases
30. External Employee Reporting of Safety and Quality of Care Concerns
31. Remove – Competencies
32. Information Management Plan
33. Use of Abbreviations in the Medical Record
34. Failure of Fire Alarm System

**Reviewed: No Changes:**

**Missing:**

☐ Revver    ☐ Admin Manual    ☐ Different Versions:

Notes:

Reviewed HR manual in department & in Admin.

**Reviewed by:**

Printed Name

Signature

Date

Department Manager:

Amber M. Vucina

9-9-24

# **ATTACHMENT F**

## **September 2024 LFHD Financial Statement (*unaudited*)**



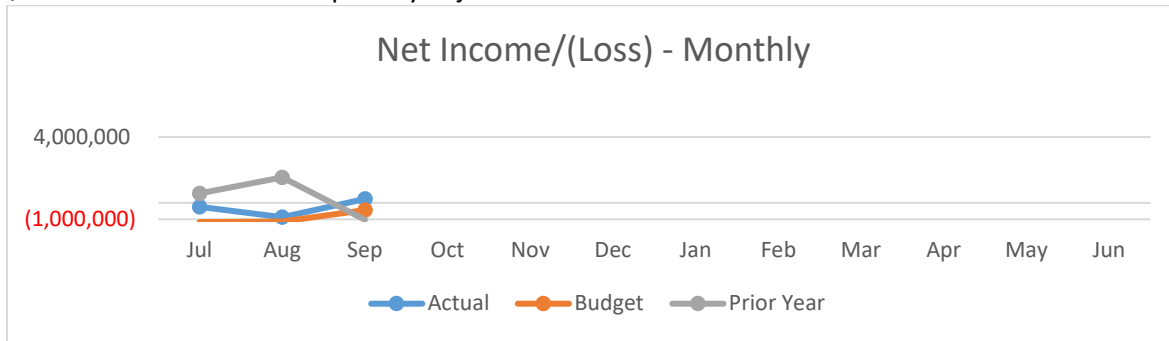


Modoc Medical Center  
Financial Narrative  
For the Month of September 2024

Prepared by Jin Lin, Finance Director

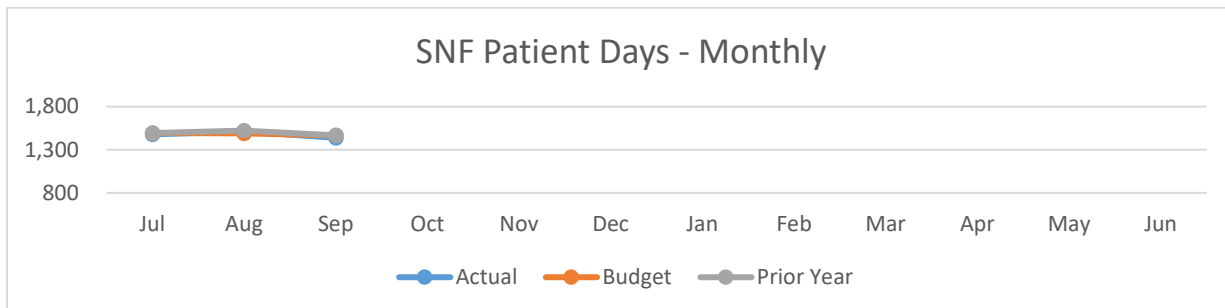
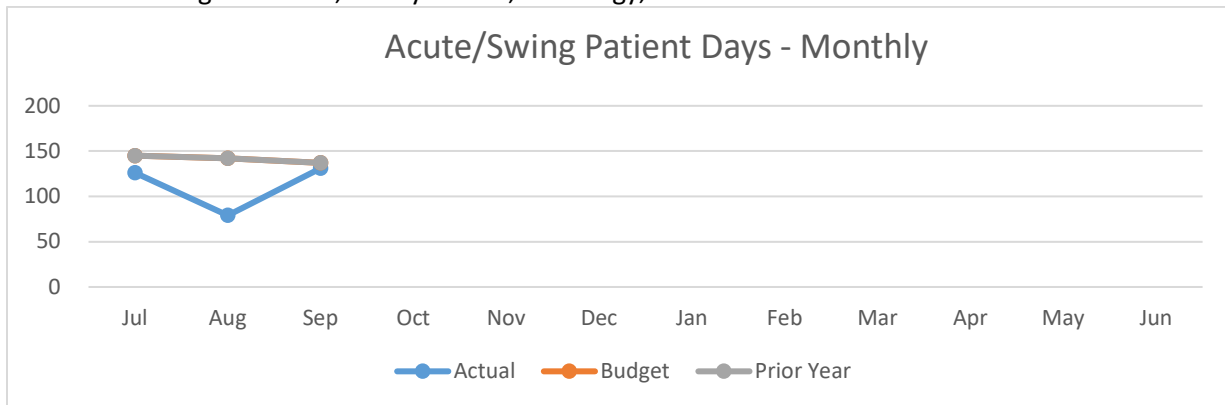
## Summary

During the month of September, Modoc Medical Center reported a net Loss from operations of \$738K that was under budget by \$84K. Inpatient revenue was up by \$278K and outpatient revenue was down by \$501K from the prior month. Total patient revenue was \$4.568 million, showed a decrease of \$222K from the prior month. Net income, including Non-Operating Activity, showed a loss of \$498K compared to the budgeted loss of \$436K. Net income for the prior YTD was much higher because we received \$2.491 million in Medicare penalty adjustments.



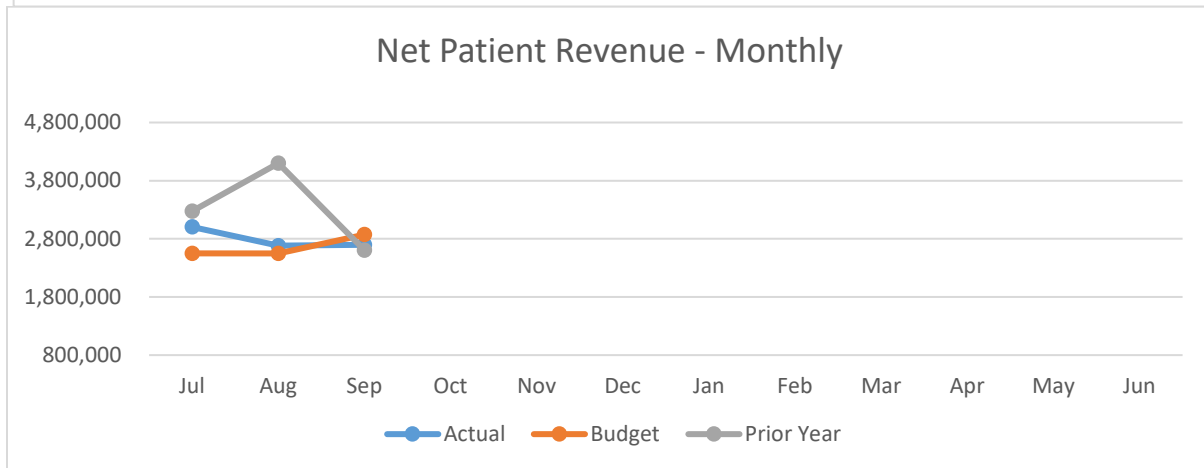
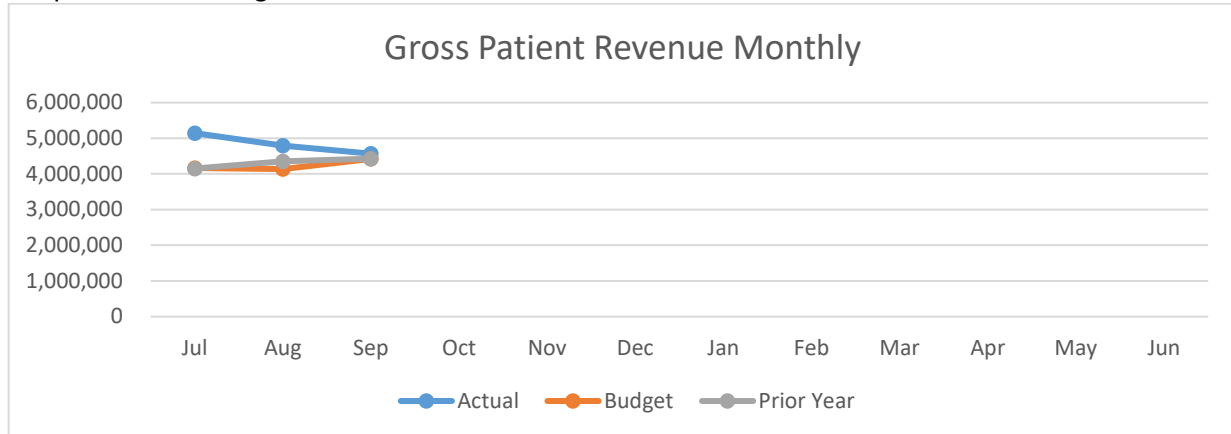
## Patient Volumes

Combined Acute Days were under budget for the month by 6 days. The SNF Patient Days were down to 1,439 under budget by 27 days. Overall Inpatient Days were under budget by 33 days (1,570 actual vs. 1,603 budget). Outpatient visits in ER, Ambulance, Canby Clinic, and Surgery were over budget; and were under budget in Clinic, Canby Dental, Radiology, and Ultrasounds.



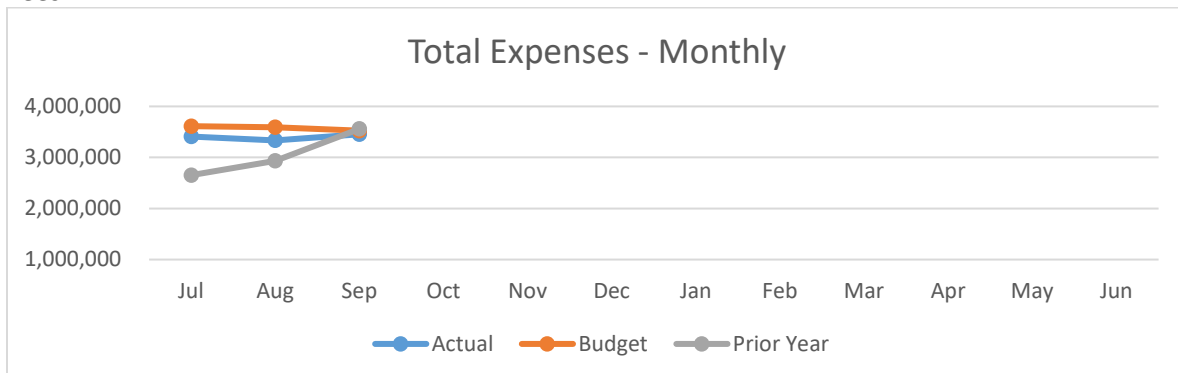
## **Revenues**

Gross Patient Revenues were \$4.568 million, compared to the budget of \$4.421 million. Inpatient Revenue was \$1.511 million compared to the budget of \$1.376 million; and Outpatient Revenue was \$3.057 million compared to the budget of \$3.045 million. Net Patient Revenue was \$2.699 million, compared to the budget of \$2.687 million.



## **Expenses**

Total Operating Expenses were \$3.454 million this month, compared to a budget of \$3.525 million. Operating expenses were up \$120K from the prior month. The largest expenses were in Professional Fees.



### **Non-Operating Activity**

Non-Operating expenses for the month: \$77K from accrued USDA loan interest. District Vouchers totaled \$3K. Interest income of \$187K from CDs, and Retail pharmacy showed a profit of \$133K because the Retail Pharmacy AR decreased by \$197K compared to the prior month, and it was recorded \$418K prescriptions revenue. Total non-operating income for the month showed a profit of \$239k.

### **Balance Sheet**

Cash decreased for September by \$3.144 million to \$29.674 million. Total assets decreased by \$1.870 million during the month due to the closing cost of \$1.781 million we made for the new SNF USDA loan. The total liabilities decreased by \$1.371 million. Days in Cash totaled 270. Days in AP totaled 18. Days in AR totaled 96. The current ratio was 9.14. Net AR as a percentage of gross AR was 39.60%.

Modoc Medical Center  
Income Statement  
For the month of September 2024

	Month	Budget	Variance	Prior Year Month	YTD	Budget	Variance	Prior Year YTD
<b>Revenues</b>								
Room & Board - Acute	744,172	317,404	426,768	318,575	1,830,200	958,311	871,889	982,054
Room & Board - SNF	766,813	782,640	(15,827)	802,683	2,418,783	2,400,096	18,687	2,442,337
Ancillary	0	276,318	(276,318)	211,691	0	793,159	(793,159)	572,695
<u>Total Inpatient Revenue</u>	<u>1,510,985</u>	<u>1,376,362</u>	<u>134,623</u>	<u>1,332,949</u>	<u>4,248,983</u>	<u>4,151,566</u>	<u>97,417</u>	<u>3,997,086</u>
Outpatient Revenue	3,056,540	3,045,001	11,538	3,094,016	10,251,913	8,570,524	1,681,389	8,938,319
<u>Total Patient Revenue</u>	<u>4,567,524</u>	<u>4,421,363</u>	<u>146,161</u>	<u>4,426,965</u>	<u>14,500,896</u>	<u>12,722,090</u>	<u>1,778,806</u>	<u>12,935,405</u>
Bad Debts (580000,580011,58010)	116,967	146,211	(29,244)	1,821,473	1,203,937	420,761	783,176	1,848,263
Contractuals Adjs	1,267,377	1,537,478	(270,101)		3,437,595	4,428,390	(990,795)	1,109,224
Admin Adjs (5930002-593001,598)	484,062	50,841	433,221		1,474,028	144,224	1,329,805	0
<u>Total Revenue Deductions</u>	<u>1,868,406</u>	<u>1,734,530</u>	<u>133,876</u>	<u>1,821,473</u>	<u>6,115,560</u>	<u>4,993,374</u>	<u>1,122,186</u>	<u>2,957,487</u>
<u>Net Patient Revenue</u>	<u>2,699,118</u>	<u>2,686,834</u>	<u>12,285</u>	<u>2,605,493</u>	<u>8,385,336</u>	<u>7,728,715</u>	<u>656,620</u>	<u>9,977,918</u>
% of Charges	59.1%	60.8%	-1.7%	58.9%	57.8%	60.8%	-2.9%	77.1%
Other Revenue	16,924	184,725	(167,801)	17,954	58,602	242,275	(183,673)	255,644
<u>Total Net Revenue</u>	<u>2,716,042</u>	<u>2,871,559</u>	<u>(155,517)</u>	<u>2,623,447</u>	<u>8,443,938</u>	<u>7,970,990</u>	<u>472,947</u>	<u>10,233,562</u>
<b>Expenses</b>								
Salaries	1,444,284	1,587,280	(142,996)	1,228,267	4,409,396	4,880,695	(471,299)	3,951,094
Benefits and Taxes	316,206	345,847	(29,641)	279,753	937,146	1,050,636	(113,491)	851,127
Registry	233,110	318,534	(85,424)	428,038	819,216	955,603	(136,386)	792,515
Professional Fees	406,595	373,576	33,019	695,436	1,256,666	1,141,991	114,675	1,267,502
Purchased Services	242,015	192,409	49,605	186,122	530,635	540,114	(9,479)	549,873
Supplies	350,992	319,270	31,722	344,785	997,848	936,553	61,295	658,554
Repairs and Maint	75,654	30,784	44,870	23,527	145,715	96,032	49,683	76,832
Lease and Rental	4,223	3,836	387	4,183	12,971	11,508	1,463	11,297
Utilities	69,912	48,130	21,782	44,971	183,144	162,586	20,558	146,571
Insurance	42,632	42,779	(147)	66,324	129,736	128,337	1,399	84,875
Depreciation	174,027	172,980	1,046	169,494	529,521	518,941	10,580	521,284
Other	94,051	89,347	4,704	100,372	246,724	308,195	(61,471)	234,450
<u>Total Operating Expenses</u>	<u>3,453,701</u>	<u>3,524,773</u>	<u>(71,072)</u>	<u>3,571,272</u>	<u>10,198,720</u>	<u>10,731,191</u>	<u>(532,472)</u>	<u>9,145,974</u>
<u>Income from Operations</u>	<u>(737,659)</u>	<u>(653,215)</u>	<u>(84,445)</u>	<u>(947,825)</u>	<u>(1,754,782)</u>	<u>(2,760,201)</u>	<u>1,005,419</u>	<u>1,087,588</u>
Property Tax Revenue	0	(3,446)	3,446	0	0	(10,338)	10,338	(5,424)
Interest Income	186,563	326,412	(139,849)	15,214	324,581	326,772	(2,191)	336,002
Interest Expense	(77,315)	(76,989)	(326)	(82,022)	(237,001)	(236,099)	(902)	(251,413)
Retail Pharmacy Net Activity	133,165	0	133,165	(92,038)	69,447	0	69,447	0
District Vouchers and Other	(2,952)	(28,480)	25,527	(455)	(16,904)	(50,808)	33,904	(65,849)
Other Non-Operating Income	0	0	0	0	0	0	0	0
<u>Total Non-Operating Revenue</u>	<u>239,460</u>	<u>217,497</u>	<u>21,963</u>	<u>(159,302)</u>	<u>140,122</u>	<u>29,527</u>	<u>110,596</u>	<u>13,316</u>
<u>Net Income/(Loss)</u>	<u>(498,199)</u>	<u>(435,718)</u>	<u>(62,481)</u>	<u>(1,107,127)</u>	<u>(1,614,660)</u>	<u>(2,730,674)</u>	<u>1,116,015</u>	<u>1,100,904</u>
<u>EBIDA</u>	<u>(246,857)</u>	<u>(185,748)</u>	<u>(61,109)</u>	<u>(855,611)</u>	<u>(848,137)</u>	<u>(1,975,634)</u>	<u>1,127,497</u>	<u>1,873,601</u>
Operating Margin %	-27.2%	-22.7%	-4.4%	-36.1%	-20.8%	-34.6%	13.8%	10.6%
Net Margin %	-18.3%	-15.2%	-3.2%	-42.2%	-19.1%	-34.3%	15.1%	10.8%
EBIDA Margin %	-9.1%	-6.5%	-2.6%	-32.6%	-10.0%	-24.8%	14.7%	18.3%

Modoc Medical Center  
Balance Sheet  
For the month of September 2024

	Unaudited 9/30/2024	Unaudited 8/31/2024	Unaudited 7/31/2024	Unaudited 24-Jun	Unaudited 24-May	Unaudited 24-Apr	Unaudited 24-Mar	Unaudited 24-Feb	Unaudited 24-Jan	Unaudited 23-Dec	Unaudited 23-Nov	Unaudited 23-Jul
Cash	1,286,064	2,336,433	2,365,865	2,040,226	1,461,100	1,475,140	2,524,085	677,751	1,121,545	1,395,384	326,804	834,261
Investments	27,164,374	29,258,720	34,438,664	35,207,420	41,068,608	23,539,822	21,514,382	21,659,450	29,504,053	31,271,417	33,414,624	34,723,012
Designated Funds	1,223,237	1,222,069	1,220,579	1,218,830	1,220,821	915,998	917,895	918,356	917,902	913,758	914,608	621,067
<b>Total Cash</b>	<b>29,673,675</b>	<b>32,817,221</b>	<b>38,025,108</b>	<b>38,466,476</b>	<b>43,750,529</b>	<b>25,930,959</b>	<b>24,956,361</b>	<b>23,255,557</b>	<b>31,543,500</b>	<b>33,580,560</b>	<b>34,656,036</b>	<b>36,178,340</b>
Gross Patient AR	15,217,390	14,384,129	15,951,519	17,014,906	18,067,468	19,104,506	20,642,241	20,663,365	19,174,034	17,032,707	15,278,904	12,942,701
Allowances	(9,190,983)	(9,053,140)	(10,459,358)	(10,896,501)	(10,475,514)	(10,817,046)	(10,055,688)	(10,249,085)	(11,234,472)	(9,294,158)	(7,977,587)	(5,794,697)
<b>Net Patient AR</b>	<b>6,026,407</b>	<b>5,330,989</b>	<b>5,492,161</b>	<b>6,118,405</b>	<b>7,591,954</b>	<b>8,287,460</b>	<b>10,586,553</b>	<b>10,414,280</b>	<b>7,939,562</b>	<b>7,738,548</b>	<b>7,301,317</b>	<b>7,148,004</b>
% of Gross	39.6%	37.1%	34.4%	36.0%	42.0%	43.4%	51.3%	50.4%	41.4%	45.4%	47.8%	55.2%
Third Party Receivable	429,549	151,108	408,396	532,397	404,549	14,256,512	13,564,567	12,571,039	151,107	151,107	151,107	472,166
Other AR	549,917	564,585	744,835	601,047	438,491	379,774	504,211	554,889	475,283	539,141	428,029	479,695
Inventory	630,091	501,991	476,338	414,897	464,974	480,896	456,600	425,161	405,115	406,575	413,036	253,513
Prepays	748,609	635,005	678,955	729,187	477,478	440,264	522,783	522,483	548,118	578,026	569,994	296,980
<b>Total Current Assets</b>	<b>38,058,248</b>	<b>40,000,899</b>	<b>45,825,793</b>	<b>46,862,409</b>	<b>53,127,975</b>	<b>49,775,864</b>	<b>50,591,075</b>	<b>47,743,409</b>	<b>41,062,685</b>	<b>42,993,958</b>	<b>43,519,520</b>	<b>44,828,698</b>
Land	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540
Bldg & Improvements	47,413,856	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806
Equipment	13,025,231	12,927,245	12,927,245	12,927,245	12,927,244	12,927,245	12,927,245	12,814,345	12,814,345	12,814,345	12,814,345	12,618,550
Construction In Progress	20,630,545	20,568,264	20,414,450	20,339,100	12,831,246	10,112,006	9,194,159	9,227,542	8,459,503	8,439,529	7,932,196	7,125,575
Fixed Assets	81,783,171	81,535,855	81,382,041	81,306,691	73,798,836	71,079,597	70,161,750	70,082,233	69,314,194	69,294,220	68,786,887	67,784,471
Accum Depreciation	(19,369,849)	(19,195,631)	(19,017,884)	(18,839,740)	(18,666,588)	(18,487,648)	(18,314,480)	(18,135,539)	(17,969,358)	(17,791,715)	(17,612,910)	(16,919,573)
<b>Net Fixed Assets</b>	<b>62,413,322</b>	<b>62,340,224</b>	<b>62,364,157</b>	<b>62,466,951</b>	<b>55,132,248</b>	<b>52,591,949</b>	<b>51,847,270</b>	<b>51,946,694</b>	<b>51,344,836</b>	<b>51,502,505</b>	<b>51,173,977</b>	<b>50,864,898</b>
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Assets</b>	<b>100,471,570</b>	<b>102,341,123</b>	<b>108,189,950</b>	<b>109,329,360</b>	<b>108,260,223</b>	<b>102,367,813</b>	<b>102,438,345</b>	<b>99,690,103</b>	<b>92,407,521</b>	<b>94,496,462</b>	<b>94,693,497</b>	<b>95,693,596</b>
Accounts Payable	1,983,597	1,762,121	6,896,917	7,066,391	4,301,989	1,783,216	1,554,387	1,591,413	1,485,577	1,416,707	1,540,663	1,110,854
Accrued Payroll	1,439,060	1,329,161	1,252,679	1,043,403	1,114,355	1,435,404	1,278,546	1,232,410	1,073,671	1,031,976	905,124	1,090,317
Patient Trust Accounts	12,512	11,302	10,067	8,622	8,435	8,420	8,133	7,712	7,422	7,367	7,220	17,479
Third Party Payables	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000
Accrued Interest												
Other Current Liabilities/Accrue	247,049	170,349	90,794	487,290	406,605	321,122	245,228	165,429	89,790	485,158	405,474	84,157
<b>Total Current Liabilities</b>	<b>4,162,217</b>	<b>3,752,933</b>	<b>8,730,456</b>	<b>9,085,706</b>	<b>6,311,385</b>	<b>4,028,162</b>	<b>3,566,294</b>	<b>3,476,964</b>	<b>3,136,460</b>	<b>3,421,208</b>	<b>3,338,481</b>	<b>2,782,806</b>
Long Term Liabilities	30,320,360	32,101,000	32,101,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000
<b>Total Liabilities</b>	<b>34,482,577</b>	<b>35,853,933</b>	<b>40,831,456</b>	<b>41,725,706</b>	<b>38,951,385</b>	<b>36,668,162</b>	<b>36,206,294</b>	<b>36,116,964</b>	<b>35,776,460</b>	<b>36,061,208</b>	<b>35,978,481</b>	<b>35,422,806</b>
Fund Balance	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743
Current Year Income/(Loss)	(1,614,660)	(1,116,461)	(245,159)	8,001,526	9,612,096	6,002,909	6,535,309	3,876,397	-3,065,681	-1,261,488	-981,727	574,046
<b>Total Equity</b>	<b>58,082,083</b>	<b>58,580,282</b>	<b>59,451,584</b>	<b>67,698,269</b>	<b>69,308,838</b>	<b>65,699,652</b>	<b>66,232,052</b>	<b>63,573,140</b>	<b>56,631,062</b>	<b>58,435,254</b>	<b>58,715,016</b>	<b>60,270,789</b>
<b>Total Liabilities and Equity</b>	<b>92,564,660</b>	<b>94,434,215</b>	<b>100,283,040</b>	<b>109,423,975</b>	<b>108,260,223</b>	<b>102,367,813</b>	<b>102,438,346</b>	<b>99,690,103</b>	<b>92,407,522</b>	<b>94,496,462</b>	<b>94,693,497</b>	<b>95,693,595</b>
Days in Cash	270	298	346	350	412	244	239	223	303	322	333	347
Days in AR (Gross)	96	91	101	107	108	114	133	148	137	122	109	93
Days in AP	18	16	63	64	40	17	14	15	14	13	14	10
Current Ratio	9.14	10.66	5.25	5.16	8.42	12.36	14.19	13.73	13.09	12.57	13.04	16.11

**STATEMENT OF CASH FLOWS**

**September-24**

	<b>CURRENT MONTH</b>	<b>September</b>	<b>August</b>	<b>FISCAL YEAR YTD</b>	<b>September</b>	<b>Jun-24</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
NET INCOME	-498,199			-1,614,660		
<b>ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES</b>						
DEPRECIATION EXPENSE	174,218	19,369,849	19,195,631	530,109	19,369,849	18,839,740
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-695,418	6,026,407	5,330,989	91,998	6,026,407	6,118,405
CHANGE IN OTHER RECEIVABLES	-263,773	979,466	715,693	153,978	979,466	1,133,444
CHANGE IN INVENTORIES	-128,100	630,091	501,991	-215,194	630,091	414,897
CHANGE IN PREPAID EXPENSES	-113,604	748,609	635,005	-19,422	748,609	729,187
CHANGE IN ACCOUNTS PAYABLE	221,476	1,983,597	1,762,121	-5,082,794	1,983,597	7,066,391
CHANGE IN ACCRUED EXPENSES PAYABLE	76,700	247,049	170,349	-240,241	247,049	487,290
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	109,899	1,439,060	1,329,161	395,657	1,439,060	1,043,403
CHANGE IN OTHER PAYABLES	0	480,000	480,000	0	480,000	480,000
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-618,603			-4,385,910		
<b>CASH FLOWS FROM INVESTMENT ACTIVITIES</b>						
PURCHASE OF EQUIPMENT/CIP	-247,316	81,783,171	81,535,855	-476,480	81,783,171	81,306,691
CUSTODIAL HOLDINGS	1,210	12,512	11,302	3,890	12,512	8,622
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-246,107			-472,591		
<b>CASH FROM FINANCING ACTIVITIES</b>						
	-1,780,640	30,320,360	32,101,000	-2,319,640	30,320,360	32,640,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	-1,780,640			-2,319,640		
CASH AT BEGINNING OF PERIOD	32,817,221			38,466,476		
NET INCREASE (DECREASE) IN CASH	-3,143,548			-8,792,800		
CASH AT END OF PERIOD	29,673,673			29,673,676		

MODOC MEDICAL CENTER "FULL TIME EQUIVALENT REPORT" Twelve Months Ending: September 30th, 2024													
Department	Sep-24	Aug-24	Jul-24	Jun-24	May-24	Apr-24	Mar-24	Feb-24	Jan-24	Dec-23	Nov-23	Oct-23	12 Mo Ave
Med / Surg	13.82	15.30	15.20	16.11	16.35	16.08	15.04	14.57	11.56	15.61	12.59	13.97	14.68
Comm Disease Care					-								0.00
Swing Beds													#DIV/0!
Long Term - SNF	54.02	55.09	51.19	56.39	54.00	54.30	56.28	51.60	49.47	52.18	45.23	51.45	52.60
Emergency Dept	12.09	12.19	10.73	11.94	12.36	9.94	10.87	9.98	9.87	12.52	9.5	10.89	11.07
Ambulance - Alturas	10.78	11.60	10.12	10.24	10.74	10.69	11.34	10.56	12.07	11.82	11.09	11.46	11.04
Clinic	18.26	18.57	18.61	16.40	17.04	16.62	19.67	22.04	19.76	20.74	20.51	21.20	19.12
Canby Clinic	8.21	8.03	7.46	6.27	7.38	7.45	6.95	7.58	7.95	7.57	7.56	9.17	7.63
Canby Dental	3.33	5.24	3.53	3.84	3.05	4.18	3.68	2.99	2.87	3.51	2.82	3.19	3.52
Surgery	3.60	3.92	4.25	4.01	4.15	4.05	4.13	4.65	3.65	3.76	4.33	4.00	4.04
IRR					-								0.00
Lab	8.60	8.76	9.05	10.10	10.77	9.36	9.38	8.56	7.25	7.38	8.84	11.23	9.11
Radiology	3.82	4.96	3.91	3.47	3.48	3.12	3.96	4.28	4.2	4.45	4.78	5.67	4.18
MRI					-								0.00
Ultrasound	1.34	1.33	1.32	1.31	1.31	1.32	1.39	1.50	1.28	1.49	1.36	1.28	1.35
CT	1.71	1.69	1.76	1.86	1.66	1.08	1.61	0.87	1.4	1.46	1.89	1.52	1.54
Pharmacy	2.16	1.77	1.93	1.84	2.16	2.12	2.05	1.91	1.38	2.04	2.16	1.93	1.95
Physical Therapy	5.71	6.99	6.51	8.22	6.24	6.29	7.65	4.88	3.72	4.64	5.12	4.20	5.85
Other PT					-								0.00
Dietary	12.33	12.01	11.76	11.02	11.22	11.16	11.83	11.74	11.63	13.04	13.11	13.79	12.05
Dietary Acute	7.67	8.26	7.81	7.24	7.74	7.91	7.23	7.61	7.82	7.07	7.27	6.56	7.52
Laundry	1.00	1.01	0.93	0.96	0.99	1.00	0.95	1.07	1.01	1.08	0.97	1.04	1.00
Activities	3.74	3.68	3.85	4.23	3.72	3.54	3.47	3.56	3.54	3.62	3.64	3.78	3.70
Social Services	1.93	1.97	1.97	2.04	2.05	1.98	1.75	2.06	2.04	2.32	1.99	1.94	2.00
Purchasing	3.05	3.07	3.26	2.96	3.19	3.15	3.11	3.06	2.99	3.02	3.19	2.98	3.09
Housekeeping	13.54	13.54	13.45	13.24	13.42	13.71	11.78	11.77	12.93	13.65	13.56	13.49	13.17
Maintenance	5.10	6.05	6.02	5.95	5.95	6.01	6.02	6.03	5.9	5.95	5.9	5.99	5.91
Data Processing	4.65	4.32	3.65	4.20	4.65	4.69	4.45	3.94	3.94	4.01	4.43	5.08	4.33
General Accounting	3.01	3.51	3.84	3.85	3.37	3.14	3.62	4.07	4.1	4.05	4.21	4.02	3.73
Patient Accounting	7.21	6.13	6.88	6.78	6.26	6.22	6.2	6.87	5.96	6.33	5.2	5.36	6.28
Administration	3.11	2.73	2.46	2.69	3.10	3.41	3.12	2.75	3.12	3.35	3.33	3.53	3.06
Human Resources	1.98	2.01	2.00	2.01	1.99	1.99	2.01	2.00	2	2.00	2	2.00	2.00
Medical Records	7.84	7.97	7.70	7.70	7.77	7.92	7.64	7.67	7.6	7.68	7.77	7.97	7.77
Nurse Administration	3.07	3.05	3.13	2.91	3.06	3.21	3.01	2.76	3.1	2.75	2	2.45	2.88
In-Service	1.01	1.00	1.00	1.00	1.00	1.00	1	1.03	1.00	1.05	1.00	1.00	1.01
Utilization Review	1.36	1.48	1.44	1.48	1.50	1.49	1.48	1.50	1.44	1.44	1.46	1.01	1.42
Quality Assurance	0.50	0.51	0.51	0.50	0.50	0.51	0.5	0.51	0.51	0.50	0.5	1.00	0.55
Infection Control	0.60	0.65	0.62	0.60	0.66	0.66	0.64	0.60	0.63	0.64	0.7	0.75	0.65
Retail Pharmacy	3.96	3.58	3.47	3.20	2.86	2.89	3.01	3.43	4.04	4.24	3.94	4.00	3.55
TOTAL	234.11	241.97	231.32	236.56	235.69	232.19	236.82	230.00	221.73	236.96	223.95	238.90	233.35

-1.48 (0.11)

0.00 #DIV/0!

0.00 #DIV/0!

-1.07 (0.02)

-0.10 (0.01)

-0.82 (0.08)

-0.31 (0.02)

0.18 0.02

-1.91 (0.57)

-0.32 (0.09)

0.00 #DIV/0!

-0.16 (0.02)

-1.14 (0.30)

0.00 #DIV/0!

0.01 0.01

0.02 0.01

0.39 0.18

-1.28 (0.22)

0.00 #DIV/0!

0.32 0.03

-0.59 (0.08)

-0.01 (0.01)

0.06 0.02

-0.04 (0.02)

-0.02 (0.01)

0.00 -

-0.95 (0.19)

0.33 0.07

-0.50 (0.17)

1.08 0.15

0.38 0.12

-0.03 (0.02)

-0.13 (0.02)

0.02 0.01

0.01 0.01

-0.12 (0.09)

-0.01 (0.02)

-0.05 (0.08)

0.38 0.10

-7.86 (0.03)



## Twelve Months Ending, September 30, 2024

**ATTACHMENT G**

**GSRMA MOU**

## Summary of Changes to the Memorandum of Understanding

GSRMA has updated the Health Plan Memorandum of Understanding (MOU) and is requiring each participating entity to sign the new MOU before the start of the 2025 calendar year.

Below is a summary of the changes that were made to help with your review and approval of the revised MOU.

**Item 3a.:** To stay in line with the PRISMHealth program, this section has been added to clarify that additional segments of the employee population that would like to have coverage and was not part of the initial population when joining the program must meet underwriting guidelines before being enrolled

**Item 5a.:** This has been expanded to explain if payment is not received within 30 days of the due date, GSRMA will commence with termination of benefits retroactive to the first day of the unpaid month of coverage. The previous MOU did not address what would happen in the case of non-payment, therefore the appropriate language was added to outline termination of benefits if timely payment is not made.

**Item 10:** GSRMA recognizes that rates are not available until mid-August, therefore the withdrawal timeline has been adjusted to allow the entity to have time to receive rates and make a decision. The timeline to submit an intent to withdraw has been moved from 180 days prior to the plan start date (or July 1) to September 1 and the date an entity must rescind by has been moved from August 31 to October 31.

**Item 10a:** To stay in line with the PRISMHealth program, this has been added to state an entity must leave the program as a total population.

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereafter “MEMORANDUM”) is entered into by and between the Golden State Risk Management Authority (hereafter “GSRMA”) and the participating public entity, Modoc Medical Center, (hereafter “ENTITY”) who is signatory to this MEMORANDUM.

### RECITALS

WHEREAS, commencing January 1, 2025, GSRMA will be an appointed administrator for the purpose of enrolling small public entities typically having 200 or less employees into the PRISMHealth Program (hereafter “PROGRAM”).

WHEREAS, the terms and conditions of the PROGRAM as well as benefit coverage, rates, assessments and premiums are governed by PRISMHealth Committee for the PROGRAM (the “COMMITTEE”) and not GSRMA.

WHEREAS, ENTITY desires to enroll and participate in the PROGRAM.

NOW THEREFORE, GSRMA and ENTITY agree as follows:

1. **PURPOSE.** ENTITY is signatory to this MEMORANDUM for the express purpose of enrolling in the PROGRAM.
2. **INITIAL COMMITMENT PERIOD.** ENTITY understands and acknowledges that it is required to remain in the PROGRAM for a period of at least three (3) full years as a condition to participation in the PROGRAM (the “INITIAL COMMITMENT PERIOD”).
3. **ENTRY INTO PROGRAM.** ENTITY shall enroll in the PROGRAM by making application through GSRMA which shall be subject to approval by the PROGRAM’s Underwriter and governing documents and in accordance with applicable eligibility guidelines.
  - a. If ENTITY enters the PROGRAM with less than their entire population, additional segments of the employee population may be added in future years assuming underwriting guidelines are met.
4. **MAINTENANCE OF EFFORT.** PROGRAM is designed to provide an alternative medical benefit solution to all participants of the ENTITY including active and retired employees, dependents and public officials. ENTITY’s contributing toward retiree benefit coverage prior to joining the PROGRAM, must contribute a minimum of 50% toward the cost of retiree benefit coverage during the INITIAL COMMITMENT PERIOD. After the INITIAL COMMITMENT PERIOD, ENTITY may discontinue coverage or change the contribution amount for retirees. However, ENTITY must contribute at least the minimum percentage required by the eligibility requirements.
5. **PREMIUMS.** ENTITY understands that premiums and rates for the PROGRAM are set by the COMMITTEE. ENTITY will remit monthly premiums based upon rates established for each category of participants and the census of covered employees, dependents and retirees.

Rates for the ENTITY and each category of participant will be determined by the COMMITTEE designated for the PROGRAM based upon advice from their consultants and/or a consulting Benefits Actuary and insurance carriers. In addition, GSRMA will add an administrative fee, not to exceed 5%, to premiums and rates set by the COMMITTEE for costs associated with administering the

PROGRAM. Rates may vary depending upon factors including, but not limited to, demographic characteristics, loss experience of all public entities participating in the PROGRAM and differences in benefits provided (plan design), if any.

- a. GSRMA will administrate a billing to ENTITY each month, with payments due by the date specified by GSRMA. Payments received after the specified date will accrue penalties. If ENTITY does not remit payment within 30 days of date specified, GSRMA will commence the termination of benefits process retroactive to the first day of the unpaid month of coverage. Medical benefit premiums are based on a full month. There are no partial months or prorated premiums.
  - b. ENTITY must send notification of termination of benefits for a covered employee to the PROGRAM and GSRMA by the 15<sup>th</sup> of the current month to terminate at the end of the month. Otherwise (i.e. notification after the 15th), termination will be as of the end of the following month.
6. **BENEFITS.** Benefits provided to ENTITY participants shall be as set forth in ENTITY's Plan Summary for the PROGRAM and as agreed upon between the ENTITY and its recognized employee organizations as applicable.
7. **COVERAGE DOCUMENTS.** Except as otherwise provided herein, PRISMHealth documents outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the PROGRAM.
8. **PROGRAM FUNDING.** It is the intent of this MEMORANDUM to provide for a fully funded PROGRAM by any or all of the following: pooling risk; purchasing individual stop loss coverage to protect the pool from large claims; and purchasing aggregate stop loss coverage.
9. **ASSESSMENTS.** Should the PROGRAM not be adequately funded for any reason, pro-rata assessments to the ENTITY may be utilized to ensure the approved funding level for applicable policy periods. Any assessments, which are deemed necessary to ensure approved funding levels, shall be made upon the determination and approval of the COMMITTEE in accordance with the following:
  - a. Assessments/dividends will be used sparingly. Generally, any over/under funding will be factored into renewal rates.
  - b. If a dividend/assessment is declared, allocation will be based upon each ENTITY's proportional share of total premium paid for the preceding 3 years. ENTITY's must be current participants to receive a dividend except upon termination of the PROGRAM and distribution of assets.
  - c. ENTITY will be liable for assessments for 12 months following withdrawal from the PROGRAM.
  - d. Fund equity will be evaluated on a total program-wide basis as opposed to each year standing on its own.
10. **WITHDRAWAL.** The program operates on a calendar basis, with the plan year spanning January 1 through December 31. ENTITY must notify GSRMA in writing of their intent to withdraw by September 1 prior to the close of the plan year in which they are terminating. ENTITY may rescind its notice of intent to withdraw no later than October 31. ENTITY may withdraw after their INITIAL COMMITMENT PERIOD (three [3] full year commitment period).

- a. ENTITY may only exit the PROGRAM as a total population. No population carve-outs of existing employee groups will be allowed once a member has entered the program.
- 11. **LIAISON WITH GSRMA.** Each ENTITY shall maintain staff to act as liaison with GSRMA and between the ENTITY and the GSRMA's designated PROGRAM representative.
- 12. **DISPUTES.** Disputes between the parties related to this MEMORANDUM shall be resolved as follows:
  - a. Mediation Before Litigation. The parties agree that in the event of any dispute by and between them, they shall first attempt to resolve the dispute by way of an informal mediation and if such efforts do not result in a resolution, they may proceed to litigate the claims.
  - b. Selection of Mediator. The mediation shall be held before a neutral mediator having at least 15 years civil business litigation experience or a retired judge. Within ten (10) days of a demand for mediation, the parties shall attempt to mutually select a neutral and qualified mediator. If the parties agree on the selection of the mediator, the mutually selected mediator shall be appointed for the mediation. If the parties are unable to mutually select a qualified mediator, they shall each select a neutral mediator and the two shall then select the third who shall be designated as the parties' neutral mediator for the dispute. Any selected mediator who is unable or unwilling to fulfill his duties may be replaced.
  - c. Time of Mediation. Subject to the mediator's availability, the parties will make best efforts to have the mediation scheduled and held within 45 days of a demand.
  - d. Costs of Mediation. The parties shall split and pay for the fees charged by the mediator equally.
  - e. Confidentiality of Mediation Process. The parties agree that the mediation of the dispute will be an effort to compromise disputed claims and that mediation shall be deemed confidential and no statements made at the mediation can be used against them in the event of future litigation.
  - f. Position Statements. Any party making a demand for mediation shall set forth in their written demand for mediation the factual and legal basis known to them for their claims or dispute and provide copies of any statements, summaries, reports, or documentary information known to them at the time to support their claims, save and except, privileged or confidential information, which may be withheld. Within thirty (30) days after receipt of a demand for mediation, the recipient shall provide a written response to the claims setting forth the factual and legal basis known to them to support the response or affirmation defenses and also provide copies of any statements, summaries, reports, or documentary information known to them at the time to support the response or affirmative defenses save and except, privileged or confidential information, which may be withheld. Copies of the position statements and information exchanged between the parties under this provision shall be provided to the mediator in advance of the mediation.
  - g. Failure to Participate in Mediation. Any party who fails to participate in the mediation shall waive their right to collect attorney fees herein.
  - h. Exclusions From Mediation. The parties agree that any claim for immediate injunctive relief is specifically excluded from the requirements of mediation. The parties further agree that disputes related to coverage under the PROGRAM are excluded from this provision and shall be governed in accordance with PRISMHealth documents and/or PROGRAM documents.

13. **GOVERNING LAW.** This MEMORANDUM shall be governed in accordance with the laws of the State of California.
14. **VENUE.** Venue for any dispute or enforcement shall be in Sacramento, California.
15. **ATTORNEY FEES.** The prevailing party in any dispute shall be entitled to an award of reasonable attorney fees.
16. **COMPLETE AGREEMENT.** This MEMORANDUM together with the related PROGRAM documents constitutes the full and complete agreement between GSRMA and the ENTITY.
17. **SEVERABILITY.** Should any provision of this MEMORANDUM be judicially determined to be void or unenforceable, such determination shall not affect any remaining provision.
18. **AMENDMENT OF MEMORANDUM.** This MEMORANDUM may be amended by the GSRMA Board of Directors and such amendments are subject to approval of ENTITY's signatory to this MEMORANDUM. Any ENTITY who fails or refuses to execute an amendment to this MEMORANDUM shall be deemed to have withdrawn from the PROGRAM on the next annual renewal date.
19. **EFFECTIVE DATE.** This MEMORANDUM shall become effective upon the signing of this MEMORANDUM by the ENTITY and Chief Executive Officer or Board President of GSRMA.
20. **EXECUTION IN COUNTERPARTS.** This MEMORANDUM may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

In Witness Whereof, the undersigned have executed the MEMORANDUM as of the date set forth below.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Board President

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Golden State Risk Management Authority