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**AGENDA**  
**LAST FRONTIER HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS**  
**Thursday, January 30, 2025, 3:30 pm**  
**City Council Chambers; Alturas City Hall; Alturas, California**

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 – C. Madison, Chair**

**1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – C. Madison, Chair**

**2. AGENDA APPROVAL - Additions/Deletions to the Agenda – C. Madison, 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**

**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 – December 12, 2024, Attachment A
- B.) D. King – Adoption of LFHD Board of Directors Special Meeting Minutes – January 15, 2025, Attachment B
- C.) T. Ryan - Medical Staff Committee Meeting Minutes – December 18, 2024 Attachment C
  - Medical Staff Committee Meeting Minutes – October 30, 2024
  - Pathology Report – 09/08/2024  
10/31/2024  
11/1/2024

**7. CONSIDERATION/ACTION**

- |  |              |
|--|--------------|
| A.) K. Kramer – Code of Conduct Policy   | Attachment D |
| B.) K. Kramer – December 2024 LFHD Financial Statement ( <i>unaudited</i> )      | Attachment E |
| C.) K. Kramer – FY 2024 Financial Audit Statement                                | Attachment F |
| D.) K. Kramer – Resolution #25-02 Authorize Signers on LAIF Money Market Account | Attachment G |
| E.) K. Kramer - Resolution #25-03 Authorize Signers on EAC Bank Account          | Attachment H |

***EXECUTIVE SESSION***

**8. CONSIDERATION / ACTION**

- |   |              |
|---|--------------|
| A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – December 18, 2024<br>(Per Evidence Code 1157) | Attachment I |
| • Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – October 30, 2024                               |              |
| B.) K. Kramer – Potential Litigation<br>(Per Government Code 54956.9)   | Attachment J |

***REGULAR SESSION***

**9. CONSIDERATION / ACTION**

- |   |  |
|---|--|
| A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – December 18, 2024<br>(Per Evidence Code 1157) |  |
| • Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –October 30, 2024                                |  |
| B.) K. Kramer – Potential Litigation<br>(Per Government Code 54956.9)   |  |

**8. MOTION TO ADJOURN – C. Madison – Chair**

POSTED AT:     MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE -  
                  ([www.modocmedicalcenter.org](http://www.modocmedicalcenter.org)) ON January 24, 2025.

# **ATTACHMENT B**

## **Adoption of LFHD Board of Directors Regular Meeting Minutes December 12, 2024**



## **REGULAR MEETING MINUTES**

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

Thursday December 12, 2024, at 3:30 pm  
Modoc Medical Center, Education Conference Room.  
Alturas, California

Directors present: **Edouard (Jim) Cavasso, Rose Boulade, Mike Mason, Carol Madison, Paul Dolby, Keith Weber**

Directors absent:

Staff in attendance: **Kevin Kramer, CEO; Jin Lin, Finance Director; Adam Willoughby, COO; Amber Vucina, CHRO, Denise King, LFHD Clerk.**

Staff absent: **Edward Johnson, CNO**

#### **CALL TO ORDER**

**Jim Cavasso, Chair** called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 3:30 pm. The meeting location was the Education Room at the new hospital building, located at 1111 N. Nagle Street, in Alturas, California.

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

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

**Kevin Kramer** asked that a verbal report from Ed Johnson, CNO, be removed from item 4B. **Mike Mason** moved that the agenda be approved as amended, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

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

#### **4. ANNUAL ORGANIZATIONAL MEETING**

##### **A.) K. Kramer - Acknowledgment of LFHD Board Chair, Jim Cavasso**

**Kevin Kramer** turned some time over to Carol Madison to recognize **Jim Cavasso** with a plaque for over 14 years of service as a Board Member.

##### **B.) J. Cavasso - Election of Board Officers (Newly elected officers will begin their tenure in office on January 1, 2024.)**

**Jim Cavasso** made nominations for the following Board members to fill the following positions, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

The organization of the Board of Directors shall be as follows:

- **Chair - Carol Madison**
- **Vice Chair - Rose Boulade**
- **Secretary – Paul Dolby**

##### **C.) Chair - Appointment of Treasurer**

- **Jim Cavasso** appointed **Mike Mason** to be Treasurer of the Board.

##### **D.) Chair - Appointment of Board Members to Standing and Special Board Committees**

- **Finance Committee** (Under Brown Act – Meets every month the Wednesday of the week the Board meeting at 3:30 pm in the Education Conference Room at MMC.) **Rose Boulade** was appointed to represent the Board on the Finance Committee.
- **Quality Council** (Meets every other month on the 2<sup>nd</sup> Wednesday at 1:30 pm in the Education Conference Room at MMC.) **Keith Weber** was appointed to represent the Board at the Quality Council.
- **New SNF/Hospital Addition Committee** (Education Conference Room at MMC.) **Mike Mason** and **Carol Madison** were appointed to represent the Board on this committee. **Jim Cavasso** was asked to stay on this committee as a community member as well since he has been on the committee from the beginning and has historical information that will be valuable to the success of the project.

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

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

###### **Provider Recruitment**

- Miriam Arana has signed an offer to work at Canby Clinic as a PA. Ryan Ciantar is still set to come January 13, 2025 to work in the Alturas Clinic as a FNP.
- Dr. Licauco has also agreed to come work in the Canby Clinic in April 2025 pending approval of her contract.

###### **SNF Project**

- We are utilizing interim financing to pay Swinerton Pay Applications currently, so those funds are being drawn down.
- Amendment 5 is still being worked through, so no update on this change order yet.
- I have signed Amendment 6 pertaining to billable rates, which just put into place what we had previously agreed on.
- Amendment 7 is currently being reviewed and is an update to the insurance provisions in the contract to reflect what is being carried and to eliminate contradictory language that was in the original contract regarding builder's risk.
- Have furniture quotes and are currently evaluating those.

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

- Ed and I are still working on a formal proposal to send to CMS asking if we can keep this open.

###### **340B Compliance**

- Still in the process of adjusting accumulation levels down to eliminate mis-accumulations that were identified earlier in the year.

###### **Ambulance Donation**

- Megan Wright will reach out to fire departments this month and I will follow up with what they say about the ambulance in January.

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

- Maintenance is working on a remodel to the space in the clinic to accommodate wound care in the clinic so we can file this. It is anticipated that we will be able to file this within this fiscal year and realize the financial benefit of a scope of change.

###### **MRI Services**

- Conducted a very high-level MRI analysis based on our volumes and referrals for MRI services. Based on that analysis we could net around \$300k per year from MRI. Given our current cash situation, we all felt that it would still be best to invest with the other five facilities in a mobile solution until we can rebuild our cash reserves. That is the path we are currently on. It is likely that we will contract with Heritage for mobile imaging services, while the group of 5 facilities establishes the legal structure that will dictate how purchase and sharing of MRI will work moving forward. All 5 facilities have verbally agreed to share in the legal expenses associated with establishing the structure that will exist to share that asset.

###### **IV Solution Shortage**

- We have cancelled our weekly meeting. IV solutions are becoming more available and we are not cancelling any surgeries or other services anymore to navigate this shortage. Things seem to be improving with allocations and supply.

#### **Potential Budget Amendments**

- Generator Project-still gathering information on this potential budget amendment.

#### **Other Items**

- Thank you Jim for all your service and leadership, we will miss you.

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

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

##### **Accounting**

- Almost wrapping up Audit, spoke with Rachel last week and had to submit additional items. It should be done by the end of this month.
- Cost Report is done.
- Accounts Payable and Payroll are doing good, Jennifer, the Controller, is almost full-time, still working some part-time hours.

##### **Purchasing**

- Continues to function very well and has no current issues.

#### **E.) A. Vucina – CHRO Report to the Board**

##### **Permanent/Travel Staff**

- We currently have 265 total staff.
- We have a total of 16 travelers.

##### **Compliance**

- Performance Evaluations are 82% compliant
- TB testing is 88% compliant
- Physicals are 88% compliant

#### **F.) A. Willoughby – COO Report to the Board**

##### **Clinics**

- Alturas Clinic, the new wound care space is starting to take shape as Maintenance has started on that project of converting our current immunization/equipment room to the new, dedicated wound care room.
- Marty and team may have run into a snag on the new immunization room, which is Brian Bernard's old office, as we may have to have a sink in the immunization space.
- On the Canby Clinic front, Julie just got done with her first site survey from Partnership and she scored over 90% on the main survey front as well as the medical records portion of the survey as they're scored separately.
- There were no major deficiencies noted.
- Julie is also working on setting up our Enhanced Care Management program, which will consist of 2 Enhanced Care Coordinators managing higher acuity patients as determined by Partnership based upon their eligibility criteria.

##### **Revenue Cycle**

- All of the high level metrics are trending in the right direction and are looking really good.
- We collected \$2.84 million, our AR decreased by \$1.35 million, our AR days decreased by about 8 days, AR>90 reduced by almost \$200k, and our DNFB was the lowest it has been since go-live.
- We do have a big change coming up in the near future that is inevitable and that is to our Cerner Patient Accounting solution. Cerner is rolling out their replacement solution, RevElate, that we will eventually have to migrate to.
- We all attended the first webinar on this new solution and it looks really good.

##### **Maintenance**

- Just finished the cabinetry in the lab phlebotomy space and will have the flooring done next week so that project is moving along.

##### **Information Technology**

- IT is gearing up to procure all of the IT equipment for the new SNF and Hospital Addition as they are tasked with ordering WAPs, security cameras, and additional switches.
- Andy is gearing up to put in place a backup system that would completely backup all of our data. They're doing a server upgrade for support services as well.

#### **Marketing**

- Our Marketing Coordinator is going to be going out for a couple of weeks again and I will be filling that gap in her absence so I'll do the best I can there.

#### **G.) Board Member Reports**

- **Jim Cavasso** – Curious when the Christmas Party is this year. Denise advised that the Christmas Party is December 21<sup>st</sup>, anyone who would like to attend was asked to let Denise know.
- **Carol Madison** – Nothing to Report.
- **Paul Dolby** – Nothing to report.
- **Mike Mason** – Happy to see the AR going down.
- **Rose Boulade** – Attended the Finance Meeting.

#### **5. 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 the questions the Board had, speaking from the monthly project report provided in the Board Packet.

##### **B.) J. Cavasso – Board Member Attendance Quarterly at Medical Staff Meetings**

**Jim Cavasso, Board Chair** appointed Carol Madison and Rose Boulade to attend the Joint Conference Committee meetings held at the beginning of Medical Staff Meetings quarterly.

##### **C.) J. Cavasso – Street Lighting at Intersection of 12<sup>th</sup> and Nagle**

**Jim Cavasso, Board Chair** would like for someone to look into getting lighting put at the intersection of 12<sup>th</sup> and Nagle. **Adam Willoughby, COO** will contact CalTrans about putting in a street light.

#### **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 –October 31, 2024**

##### **B.) T. Ryan - Medical Staff Committee Meeting Minutes –October 30, 2024.**

- **Medical Staff Committee Meeting Minutes –September 25, 2023.**
- **Pathology Report – No Report**

**Carol Madison** moved that the Consent Agenda be approved as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

#### **6. CONSIDERATION/ACTION**

##### **A.) J. Lin – October 2024 LFHD Financial Statement (unaudited).**

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

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

##### **B.) K. Kramer – Dr. Licauco Employment Agreement**

**K. Kramer, CEO**, presented the Employment Agreement for Dr. Licauco to the Board and answered any questions they may have had.

**Mike Mason** suggested to fix section C1 to reflect working a four to five day schedule, not a three day schedule as it reads currently.

**Carol Madison** moved to accept Dr. Licauco’s Employment Agreement with the changes that Mike Mason proposed, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

##### **C.) K. Kramer – Budget Amendments; Parking Lot Sealing and Striping, ER Provider Contract**



**K. Kramer, CEO**, presented the Budget Amendments to the Board and answered any questions they may have had.

**Mike Mason** would like for Kevin to obtain more bids for the parking lot sealing and striping budget item.

**Paul Dolby** moved to accept the Budget Amendments with the request for **Kevin Kramer, CEO** to get more bids for parking lot sealing and striping, once the bids have been collected Kevin will choose the lowest qualified bidder, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

**Paul Dolby** 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 4:44 pm.

### ***EXECUTIVE SESSION***

Executive Session was called to order by **Jim Cavasso, Chair**, at 4:45 pm.

#### **7. CONSIDERATION / ACTION**

**A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – October 30, 2024– (Per Evidence Code 1157).**

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –September 25, 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:

- **Kurtis Reitz, DDS** – Recommend appointment of Provisional privileges in the Dental category.
- **Tony Reynolds, FNP-C** – Recommends reappointment of Allied Health status/privileges in the Family Medicine Category.
- **Matthew Edmonds, MD** – Recommends reappointment of Active privileges in the Family Medicine Category.

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

The Executive Session of the Board of Directors was adjourned at 4:47 pm.

### ***RESUME REGULAR SESSION***

The Regular Session of the Board of Directors was called back to session by **Jim Cavasso, Chair**, at 4:47 pm.

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

**A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –October 30, 2024. (Per Evidence Code 1157)**

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – September 25, 2024.**

**Carol Madison** 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**

**Carol Madison** moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:49 pm, **Rose Boulade** 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 January 30, 2024, at 3:30 pm in the Alturas City Chambers, City Hall in Alturas, California.

**Respectfully Submitted:**



DRAFT

# **ATTACHMENT C**

## **Adoption of LFHD Board of Directors Special Meeting Minutes January 15, 2025**



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## **SPECIAL MEETING MINUTES**

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

Wednesday, January 15, 2025, at 3:30 pm

Modoc Medical Center Cafe

Alturas, California

Directors present: **Carol Madison, Mike Mason, Paul Dolby, and Keith Weber**  
Directors absent: **Rose Boulade**  
Staff in attendance: **Kevin Kramer; CEO, Denise King; LFHD District Clerk**  
Staff absent:

#### **CALL TO ORDER**

**Carol Madison, Chair** called the special meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (BOD) to order at 3:30 pm. The meeting location was in the Education Conference Room at Modoc Medical Center in Alturas, California.

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

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

**Paul Dolby** moved that the agenda be approved as presented, **Keith Weber** seconded, and the motion carried with all present voting “aye.”

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

No Public Comment.

#### **4. DISCUSSION**

No Discussion.

### **REGULAR SESSION**

#### **4. CONSIDERATION / ACTION**

##### **A.) K. Kramer – Resolution #25-01 – Resolution for Local Government Jurisdiction**

##### **Applying for its Own Project – Geothermal Grant**

**Kevin Kramer, CEO**, advised the Board that Anderson Engineering is working on a geothermal grant application that could be for up to \$1.5M to help develop a reinjection well or expand reinjection capacity within the School District’s geothermal system. This could include drilling a new well or placing an existing well into service for reinjection purposes. Kevin stated that placing an existing well into service as a reinjection well would probably be the most cost effective way of gaining capacity in the geothermal system, but we have still not found a contractor willing to even do the initial testing/inspection work on the well at the high school. Kevin advised that we need this Resolution adopted in order for the Energy Commission to accept an application for the grant and that they need this resolution prior to our next regular scheduled Board meeting.

**Mike Mason** moved to approve Resolution #25-01 Resolution for Local Government Jurisdiction Applying for its Own Project – Geothermal Grant, and **Keith Weber** seconded.

**Carol Madison, Chair**, called for a roll call vote:

- **Carol Madison**      **Aye**
- **Paul Dolby**        **Aye**
- **Mike Mason**        **Aye**
- **Rose Boulade**      **Absent**
- **Keith Weber**       **Aye**

The motion to approve Resolution #25-01 Resolution for Local Government Jurisdiction Applying for its Own Project – Geothermal Grant as presented carried with all present voting “aye” as shown in the roll call vote above.

**5.) MOTION TO ADJOURN**

**Mike Mason** moved to adjourn the Special Meeting of the Last Frontier Healthcare District Board of Directors at 3:33 pm, **Keith Weber** seconded, and the motion carried with all present voting “aye.”

The next regular meeting of the Last Frontier Healthcare District’s Board of Directors will be held on Thursday, January 30, 2025, at 3:30 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

**Respectfully Submitted:**

\_\_\_\_\_  
**Denise King**  
Last Frontier Healthcare District Clerk

\_\_\_\_\_  
**Date**

# **ATTACHMENT D**

## **Medical Staff Committee**

### **Minutes**



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DATE: JANUARY 30, 2025  
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 December 18, 2024, meeting and are presented for Governing Board review:

**A. REVIEW OF MINUTES**

1. Medical Staff Committee – October 30, 2024

**B. PATHOLOGY REPORT – 09/08/2024, 10/31/2024, & 11/01/2024**



**MEDICAL STAFF COMMITTEE MEETING  
October 30, 2024 – Education Building  
MINUTES**

In Attendance

Matthew Edmonds, MD Chief Medical Officer  
Edward Richert, MD Vice Chief Medical Officer  
Lisanne Burkholder, MD  
Julie Torman, MD  
Landin Hagge, DO  
Heather Caldwell, PA  
Wendy Richardson, PA

Ruth Moeller, FNP  
Vahe Hovasapyan- Pharmacist  
Kevin Kramer- CEO  
Ed Johnson- CNO  
Alicia Doss- Risk Management  
Maria Morales- MSC/H.I.M Director  
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 1200 by Dr. Edmonds, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following minutes were reviewed: A. Medical Staff Committee Meeting of September 25, 2024.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	No Pathology Report.	
IV. CHIEF MEDICAL OFFICER REPORT	Recently, it has been all about provider recruitment lately which is going well. We seem to have a lot of people interested. We had a really good interview out in Canby for Wendy Richardson’s replacement when she moves to walk-ins. Ryan Ciantar did pass his exams, so we are looking maybe February he will be joining our team. Also, we have been thinking about expanding patient panels a bit and part of that effective use of the care coordinator/MA team. That being, receiving great	Report at next meeting



SUBJECT	DISCUSSION	ACTION
	<p>coordinated care, it would free up a lot of time in the patient visits and would probably require fewer follow-up visits. Not all of this would be taken care of in the background because some of it does take discussion, especially things like colon cancer screenings depending on your risk factor, but in general things like, A1Cs, this patient needs a foot exam, mammogram, etc. Overall, looking to get the bulk of it handled by your teams and then you are freed up to discuss blood pressure, cholesterol, and other things like that. Everyone is on board with this, and John and Julie have been really supportive as well. Moving forward, we would like to redefine the job description for care coordinators/MAs and come up with a solid set of procedures and practices we will use across all the teams that will help us become more efficient and take care of more patients with a bit larger panel without having to keep hiring more providers. Maybe then this will allow us to dedicate some of our financial resources towards other goals we have as an institution such as MRI, mammogram, and more. We will see more patients to then take care of the demand we have, make more money from the QIP rewards, and then be able to dedicate existing resources towards more service lines which works for everybody.</p>	
<p>V. EMERGENCY ROOM REPORT</p>	<p>Nothing to report.</p>	
<p>VI. CEO REPORT</p>	<p>Currently, we have been talking a bit about provider recruitment and a couple of other updates. Dr. Licauco is a lady that came out for a site visit to Canby as a Dentist. I think she is going to come and will be in Canby by March based on the email she sent me this week. I think she is going to be great and if we want to expand Dental services, she'll have the stand to do that. She owns her own practice in Orange County and has been very successful down there, she is a really good Dentist. We are hoping she likes the community and decides to stay. As Dr. Edmonds mentioned, we are still looking for a provider for Canby. Dr. Edmonds and Julie did talk to a lady named Miriam and we are going to send her an offer this week. We also have</p>	<p>Report at next meeting</p>

SUBJECT	DISCUSSION	ACTION
	<p>a couple of other calls scheduled this week for candidates that are interested too. For the Skilled Nursing Facility project, it's on schedule still. So, it is supposed to be done in April, and we are supposed to occupy it in June. They have done a great job at getting the building weather tight and 90% of their people are inside now doing a bunch of work on the interior. Right now, they are hanging drywall, so they are moving right along. With geothermal, we need to expand the capacity of the system and the schools, and reinjection is currently the hang up with that. We are still looking for a contractor that will do some testing at the high school's well that was taken out of production that could serve as a reinjection well for all the high school's water, which then would gain us capacity in the system. So, no progress on that front has occurred yet. We did receive a technical grant from the California Energy Commission which will help us pay Anderson Engineering to then apply for a full grant to do a reinjection well, so we are going to pursue that in the meantime. Additionally on the Skilled front, we have talked about keeping the old Skilled Nursing Facility open. This is still our intent and now we have to submit a formal proposal to CMS, Centers for Medicare and Medicaid services. They will let us know if they are going to allow us to do that and retain our reimbursement rates or not. Hoping we hear back from CMS in the next couple of months, we can plan to recruit staff, more transition plan, and maybe give residents the option of staying if they want a private room. We are not going to announce any of that until we know if we can do that or not. Right now, it is cost report and audit season, so I have also been helping accounting gather what we need to get everything filed for our organization. With MRI, we are currently talking to two different vendors that can do mobile MRI services. I think we will gain a bit more access to MRI. In some cases, double and in</p>	

SUBJECT	DISCUSSION	ACTION
	<p>some cases a little less than double. The 5 CEOs are still interested in doing mobile MRIs, so we are trying to gain some flexibility in these agreements which may be a barrier because most want to do it for 3 years minimum so that they are covering the cost of the machine. That being, we are not wanting to agree to 3 years because we are wanting to buy our own, so some of our conversations are asking for mobile MRI service providers and ending with asking if they would want to manage it if we bought our own machine. Long term goal, we want to put our own MRI unit in the actual Hospital off the Radiology wing. That being, this is all factors to consider.</p>	
<p>VII. CNO/SNF REPORT</p>	<p>As of recent, census at the SNF is currently 49. The waiting list is 10. We are going to start working on our waiting list and get the people on the list sorted out. The SNF movie day is coming up and is going to likely be scheduled before Thanksgiving. That being, we received a couple donations of five hundred dollars each from resident families and the Federated Church. The SNF movie day is going to be on a Sunday night and a Wednesday evening. We will have everybody come to the movies and we are going to cover admission to the movie with popcorn and soda. Families are invited so the movie will be kept PG. Also, we had a surveyor visit the SNF building last week and leave with 4 complaints. 3 were self-reports and 1 was a community report. We got the 2567 report back today with no deficiency so now we are waiting for them to show up on their regular site visit and we are expecting them likely by next week.</p>	<p>Report at next meeting</p>
<p>VIII. PHARMACY REPORT</p>	<p>Nothing to report.</p>	
<p>NEW BUSINESS IX. POLICY REVIEW &amp; APPROVAL INCOMPLETE RECORDS</p>	<p>The following New Business was presented for review/approval: 1. Policies of October 2024 2. Incomplete Records</p>	<p>After review and discussion, a recommendation was made to implement the October 2024 Policies. After reviewing the deficiency, a recommendation was made to file the records as incomplete. The recommendations were ratified by motion, second,</p>

SUBJECT	DISCUSSION	ACTION
		<p>and vote. A form will be placed in the record delineating the deficiency, and a copy will be placed in the credentialing and/or personnel file. Recommendations will be forwarded to the Governing Board for final approval.</p>
<p>X. ADJOURNMENT</p>	<p>The meeting was adjourned at 1250.</p>	



Matthew Edmonds, MD Chief Medical Officer

12/18/2024  
Date



**PATHOLOGIST ON-SITE VISIT REPORT**

**DATE OF VISIT: 09/08/2024**

During the pathology on-site visit and visit to Canby Clinic, I spent approximately 7 - 7 1/2 hours in Laboratory, Medical Records, and at the Canby Clinic.

While in medical records, I reviewed 17 surgical path reports and compared them with clinical histories. 2 blood transfusions were reviewed and 1 mortality report. There were no issues identified in any of these reports.

I spoke with Walter about the staff and he's very happy with the staff. Walter said everyone is fitting in and showing how to work as a team. All the Techs can perform test without additional help. I spoke with the staff and they are happy with the conditions of the laboratory. I spoke with Brenda, and she indicated that the staff is working very well together, and she complemented the quality of her new colleagues. While in the laboratory I review the API core chemistry 3<sup>rd</sup> event. The American Proficiency Institute report for 2024 chemistry core 2<sup>nd</sup> event. The Bio Fire ray analyzer studies approval document. The letter from Walter Dimarucut regarding the elevated TSH Ft 4 results to Ruth Moeller. The laboratory policy for pre-employment drug screening. The ARK Fentanyl II assay packet. The microbiology procedure for the use of interpretation of the OPTOCHIN Pdisk. The seaman's cementitious QAP program results. The Nova Bio Medical data exemption reports for July 2024. The Nova Bio medical data exemption report for June 2024. The nova bio medical data exemption report for April 2024. The nova bio medical data exemption report for February 2024. The QA Quantrol level 1 for July 2024. The QA Quantrol level 2 for July 2024 data. The clinic Tec status urine quality control level 1 and level 2 for July 2024. The seamen's clinic Tec status maintenance log for July 2024. The QA control data level 1 and level 2 for June 2024. The clinic tec status inner quality control level 1 and level 2 June 2024. The seaman's clinic tec status maintenance log for August 2024. The seaman's CA 620 maintenance log for August 2024. The XNL 550 maintenance log for August 2024. The XNL 550 backup maintenance log for August 2024. The seamen's clinic Tec status maintenance logs for June 2024. The clinic tec urine urinalysis control level 1 and level 2 for June 2024. The attestation statement for the chemistry core level 3 2024. The vitros 7600 QC status report for July 2024.

I spoke with Dr. Esherick the emergency room, and he indicated that he was happy with the staffing and he had no suggestions or issues at this time.

ROBERT JAMES, MD, PhD  
CONSULTING PATHOLOGIST

10/31/24  
Date





## PATHOLOGIST ON-SITE VISIT REPORT

DATE OF VISIT: 10/31/2024

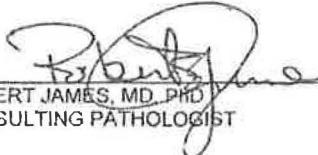
During the pathology on-site visit and discussions with Julie, the manager at Canby Clinic, I spent approximately 7 hours in Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 12 surgical path reports and compared them with their clinical histories, 4 blood transfusions were reviewed and 3 mortality reports. There were no issues identified in any of these reports.

I spoke with Walter about staffing and everything is still going very well with the new staff, everyone is performing well and the physician I spoke with is happy with the results. We spoke about the sending out of any yeast which are identifying on the mercer screen as well as sending out any carbapenem resistant positive microorganisms and any pseudoporous organicism. We have a new method that we are going to bring in the laboratory by Advit which is called "The Procession XTRA" which allows us to identify Beta hydroxybutyrate organisms. I also review the clinic status urine quality control level 1 and level 2 for urine dipsticks for August. The ALCOR group coordinated report on seditrol ESR control. The American proficiency institute (API) 2024 microbiology third event. The American proficiency institute (API) 2024 chemistry core validation third event. The September all general laboratory section chemistry and API microbiology third event. The report for glucose for September. The monthly quality control review summary for September. The competency testing for Shannon King. The QC chart for XN - 550 CBC for September. The test result for those tests which require range verification. Siemens hemostatic QAP program for September. The vetros 760 results for September. The American proficiency institute (API) 2024 chemistry misalliance second event results. And the procedure for the hardy diagnostics NG-test Carba 5 for microbiology.

I spoke with Dr. Appel in the emergency room and he indicated that he was happy with the laboratory but he had issues with one patient with lactic acid results which on repeat showed the results to be normal. The discrepancy apparently with the way the sample was drawn and the lab interacting with the nursing department to try to insure this issue with lactic acid does not occur in the future.

I spoke with Kevin Kramer, and I indicated that I thought the laboratory was running well and that the new staff was fitting in very well. They have formed a cohesive unit and are very supportive of the hospital.

  
ROBERT JAMES, MD, PhD  
CONSULTING PATHOLOGIST

11/3/24  
Date



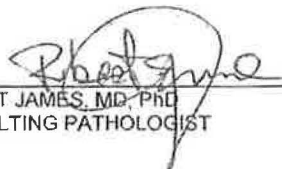
PATHOLOGIST ON-SITE VISIT REPORT  
DATE OF VISIT: 11/01/2024

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

While in medical records, I reviewed 4 blood transfusions and 2 mortality reports. There were no issues identified in any of these reports.

I spoke with Walter, and he again confirmed he is very happy with the staffing and the way everyone interacts and has come accustomed to the laboratory. I spoke with Shannon about phlebotomy, and she indicated everything was going well in the area. She had a question about the ranges on the Vitros machine and Brenda was able to explain that to her, so she understood it. She indicated that billing was better but there was still some issue, and they had to add some modifier to some of the procedures if they were performed more than one time. I reviewed the QC status report for hemoglobin A1C's, the QC chart for the XN-550 instrument for August. The QC report for glucose for April, May, June, July, and August. The official monthly quality control review summary for April, May, June, July, and August. The PVS Strecker iPad verification was done in September. The medical exception report for reporting critical values for May, June, July, and August. The American proficiency institute testing results for 2024 hematology/coagulation second event. The Semen's hemostasis QAP program showing QC monitor flags for August. The Cerner verification data for August. The semen's hemostasia QAP program for February. The semen's hemostasia QAP program for March. The unity monthly evaluation for July. The unity monthly valuation for August. The American proficiency institute proficiency test for 2024 immunology and immunohematology second event. And the UA control studies from the multi-stick dip stick for urinalysis levels 1 and 2.

I spoke with Kevin Kramer during this visit and everything is running well. Everyone seemed to be very happy with the new employees in the laboratory and they are simulating well into the hospital and community.

  
ROBERT JAMES, MD, PhD  
CONSULTING PATHOLOGIST

12/2/24  
Date



**ATTACHMENT E**  
**Code of Conduct Policy**

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## **PURPOSE**

It is the purpose of this policy to provide guidelines for personnel related to the conduct expected at Last Frontier Healthcare District dba Modoc Medical Center (LFHD).

## **POLICY**

It is LFHD's policy to comply with all applicable laws. When the application of the law is uncertain guidance is sought from legal counsel.

## **PROCEDURE**

No written policies can capture every scenario or circumstance that can arise in the workplace. LFHD expects personnel to consider not only the words written in this Code of Conduct, but the meaning and purpose of those words as well. All employees are expected to read this Code of Conduct and exercise good judgment. You are encouraged to talk to your supervisor, a Human Resources (HR) representative or the Risk Manager (RM)/Compliance Officer (CO) if you have any questions about this Code of Conduct or what are expected of you. All personnel are expected to be familiar with the contents of this Code of Conduct.

### **Our Compliance Mission**

LFHD's Board of Directors (BoD) adopted the Compliance Program, including this Code of Conduct, to provide standards by which personnel must conduct themselves in order to protect and promote LFHD integrity and to enhance LFHD's ability to achieve its objectives. LFHD believes this Code of Conduct will contribute to a positive work environment for all.

### **Open Communication**

LFHD encourages open lines of communication between personnel. If you are aware of an unlawful or unethical situation, there are several ways you can bring this to LFHD's attention. Your supervisor is the best place to start, but you can also contact HR, RM or the CO to express your concerns. All reports of unlawful or unethical conduct made will be investigated promptly. LFHD does not tolerate threats or acts of retaliation or retribution against employees for using these communication channels.

### **Your Personal Conduct**

A reputation for the highest standards of conduct is dependent upon the mutual trust and responsibility between personnel and LFHD. It is based on you, as an individual, exercising good judgment and acting in accordance with this Code of Conduct and the law.

Ethical behavior on the job essentially comes down to honesty and fairness in dealing with other personnel and with patients, vendors, competitors, the government, and the public. It is no exaggeration to say that LFHD's integrity and reputation are in your hands.

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LFHD’s basic belief in the importance of respect for the individual has led to a strict regard for the privacy and dignity of its personnel. If management determines that your personal conduct adversely affects your performance, that of other personnel, or the legitimate interests of LFHD they may be required to take action.

### **The Work Environment**

LFHD strives to provide personnel with a safe and productive work environment. All personnel must dispose of medical waste, environmentally sensitive materials and any other hazardous materials correctly. You should immediately report any situations that are likely to result in falls, shocks, burns, or other harm to patients, visitors, or personnel to your supervisor and/or Risk Management (RM).

LFHD will not tolerate sexual advances, actions, comments or any conduct in the workplace that creates an intimidating or otherwise offensive environment. The work environment also must be free from discrimination and harassment based on race, color, religion, sex, sexual orientation, age, national origin, disability, or veteran status. Similarly, the use of racial or religious slurs, or any other remarks, jokes or conduct that encourages or permits an intimidating or offensive work environment, will not be tolerated.

### **Definitions**

#### Harassment

Harassment is a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA).

Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1.) enduring the offensive conduct becomes a condition of continued employment, or 2.) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

#### Intimidating or Offensive Environment

The phrase “workplace intimidation” includes a wide variety of situations in the workplace. Generally speaking, it refers to a repeated mistreatment of someone that can cause that person some major health, emotional and/or psychological problems. Some of these intimidating behaviors include, but are not limited to, verbally abusing the person by yelling and screaming, putting them down, ridiculing them in front of others along with sabotaging them or stealing credit for your work. It can also include other offensive nonverbal actions like creating circumstances that limit the person’s ability to do their job or get their work done.

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If you believe that you are subject to such conduct, you should bring the details of this activity to the attention of LFHD, either by informing your supervisor, HR, RM or the CO. LFHD considers all complaints of such conduct to be serious matters, and all complaints will be investigated promptly.

Some other activities that are prohibited because they clearly are not appropriate are:

- Threats
- Violent behavior
- The possession of weapons of any type
- The distribution of offensive jokes or other offensive materials via e-mail or any other manner
- The use, distribution, sale or possession of illegal drugs or any other controlled substance, except to the extent permitted by law for approved medical purposes.

In addition, personnel may not be on LFHD premises or in the LFHD work environment if they are under the influence of or affected by illegal drugs, alcohol, or controlled substances used other than as prescribed.

### **Employee Privacy**

LFHD collects and maintains personal information that relates to your employment, including medical and benefit information. Access to personal information is restricted solely to people with a need to know this information. Personal information is released outside LFHD only with personnel approval, except in response to appropriate investigatory or legal requirements, or in accordance with other applicable law. Personnel who are responsible for maintaining personal information and those who are provided access to such information must ensure that the information is not disclosed in violation of personnel policies or practices.

### **Use of LFHD Property**

Since supplies of certain everyday items are readily available at various work locations, the question of making personal use of them frequently arises. The answer is clear: personnel may not use LFHD supplies for personal use. LFHD equipment, systems, facilities, corporate charge cards and supplies will be used only for conducting LFHD business or for purposes authorized by management.

Personnel should have no expectation of privacy with regard to items or information stored or maintained on LFHD equipment or premises. Personal items, messages or information that you consider private should not be placed or kept in telephone systems, computer systems, offices, workspaces, desks, or filing cabinets. Management is permitted to access these areas. Personnel should not search for or retrieve articles from another personnel's workspace without prior approval from that personnel or management.

### **Use of LFHD Computers**

The increasing reliance placed on computer systems, internal information and communications facilities in carrying out LFHD business makes it essential to ensure their integrity. Personnel should have no

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expectation of privacy with regard to items or information stored or maintained on LFHD equipment or premises. It is your responsibility to make sure that each use you make of any LFHD system is authorized and proper. Computer systems and the information they make available through a wide variety of databases should be used only for conducting LFHD business or for purposes authorized by management. Their unauthorized use, whether or not for personal gain, is a misappropriation of LFHD assets.

Personnel are not allowed to load or download software or data onto LFHD computer systems unless it is for business purposes and is approved in advance by Information Technology (IT). Personnel shall not use LFHD e-mail systems to deliver or forward inappropriate jokes, unauthorized political materials, religious messages, or any other potentially offensive materials. Personnel are strictly forbidden from using computers to access the internet for purposes of gambling, viewing pornography, or engaging in any illegal activities.

### **Proprietary Information**

Proprietary information is generally confidential information that is developed by LFHD as part of its business and operations. Such information includes, but is not limited to, the business, financial, marketing, and contract arrangements associated with LFHD services and products. It also includes computer-access passwords, procedures used in producing computer or data processing records, personnel and medical records, and payroll data. Other proprietary information includes management know-how and processes; LFHD business and product plans with outside vendors; a variety of internal databases; and copyrighted material, such as software.

Proprietary information is to be used only in conjunction with LFHD business. LFHD alone is entitled to determine who may possess its proprietary information and what use may be made of it, except for specific legal requirements such as the publication of certain reports. Personnel often have access to information that LFHD considers proprietary. Therefore, it is very important not to use or disclose proprietary information except as authorized by Administration.

### **Inadvertent Disclosure**

The unintentional disclosure of proprietary information can be just as harmful as intentional disclosure. To avoid unintentional disclosure, never discuss with any unauthorized person proprietary information that has not been made public by LFHD. This information includes unannounced products or services, prices, earnings, procurement plans, business volumes, capital requirements, confidential financial information, marketing and service strategies, business plans, and other confidential information. Furthermore, you should not discuss confidential information even with authorized LFHD personnel if you are in the presence of others who are not authorized, for example, at a conference reception or in a public area. This also applies to discussions with family members or with friends, who might innocently or inadvertently pass the information on to someone else. Besides your obligation not to disclose any LFHD proprietary information to anyone outside LFHD, you are also required to use such information only in connection with LFHD's business. These obligations apply whether or not you develop the information yourself.

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### **Direct Requests for Information**

If someone outside LFHD asks you questions about LFHD or its business activities, either directly or through another person, do not attempt to answer them unless you are certain you are authorized to do so. If you are not authorized, refer the person to the appropriate source within LFHD. Under no circumstances should you continue contact without guidance and authorization. If you receive a request for information or to conduct an interview from an attorney, investigator, or any law enforcement officer, and it concerns LFHD’s business, you should refer the request to RM/CO or the Chief Executive Officer (CEO). Similarly, unless you have been authorized to talk to reporters, or to anyone else writing about or otherwise covering LFHD or the industry, direct the person to your supervisor, RM/CO, or the CEO.

### **Recording and Reporting Information**

You should record and report all information accurately and honestly. Every employee records information of some kind and submits it to LFHD (for example, a timecard, an expense account record, or a report). To submit a document that contains false information - an expense report for meals not eaten, miles not driven, or for any other expense not incurred - is dishonest reporting and is prohibited.

Dishonest reporting of information to organizations and people outside LFHD is also strictly prohibited and could lead to civil or even criminal liability for you and LFHD. This includes not only reporting information inaccurately, but also organizing it in a way that is intended to mislead or misinform those who receive it. Personnel must ensure that they do not make false or misleading statements in oral or written communications provided to organizations or individuals outside of LFHD.

### **Exception**

Nothing contained in this Code of Conduct is to be construed as prohibiting conduct legally protected by the National Labor Relations Act or other applicable state or federal law.

### **Gifts and Entertainment**

LFHD understands that vendors and others doing business with LFHD may wish to provide gifts, promotional items, and entertainment to LFHD personnel as part of their marketing activities. LFHD also understands that there may be occasions where LFHD may wish to provide reasonable business gifts to promote their services. The giving and receipt of such items can easily be abused and may have unintended consequences. Giving and receiving gifts, particularly in the healthcare industry, can create substantial legal risks.

### **General Policy**

It is the general policy of LFHD that neither you nor any member of your family may solicit, receive, offer, or pay any money or gift that is, or could be reasonably construed to be, an inducement in exchange for influence or assistance in conducting LFHD business. It is the intent of LFHD that this policy be construed broadly such that all business transactions with vendors, contractors, and other third parties are conducted to avoid even the appearance of impropriety.

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## Marketing and Promotions in Health Care

The marketing and promotional activities of LFHD may be subject to anti-kickback and other laws that specifically apply to the healthcare industry. LFHD has adopted policies in the Compliance Program to specifically address the requirements of such laws. It is LFHD’s policy that personnel are not allowed to solicit, offer or receive any payment or remuneration of any kind (regardless of the value) in exchange for referring, or recommending the referral of patients or customers to LFHD.

### Marketing

LFHD has expended significant efforts and resources in developing its services and reputation for providing high-quality patient care. Part of those efforts involve advertising, marketing, and other promotional activities. While such activities are important to the success of LFHD, they are also potential sources of legal liability because of healthcare laws (such as the anti-kickback laws) that regulate the marketing of healthcare services. Therefore, it is important that LFHD closely monitor and regulate advertising, marketing, and other promotional activities to ensure that all such activities are performed in accordance with LFHD objectives and applicable law.

This Compliance Program contains various policies applicable to specific business activities of LFHD. In addition to those policies, it is the general policy of LFHD that no personnel engage in any advertising, marketing, or other promotional activities on behalf of LFHD unless such activities are approved in advance by the appropriate LFHD representative. You should ask your supervisor to determine the appropriate LFHD representative to contact.

### Conflict of Interest

A Conflict of Interest may arise if you engage in any activities or advance any personal interests at the expense of LFHD’s interests. An actual or potential conflict of interest occurs when an employee can influence a decision that may result in personal gain for that employee, a relative, or a friend because of LFHD’s business dealings.

An obvious conflict of interest is aiding an organization that provides services and products in competition with LFHD’s current or potential services or products. You may not, without prior consent, work for such an organization as an employee, a consultant, or a member of its governing board. Such activities are prohibited because they divide your loyalty between LFHD and that organization. Failure to obtain prior consent in advance from administration may be grounds for termination.

### Disclosure of Potential Conflict Situations

The Political Reform Act (Government Code Section 81000, et seq.) requires state and local government agencies to adopt and declare conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730) that contains the terms of a standard conflict of interest code. This requirement is referenced in LFHD’s code of conduct and compliance plan. The attached Appendix A designates positions and establishes disclosure categories that have been adopted by LFHD.



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The code designated positions are required to file [Statement of Economic Interests, Form 700](#). This form is a public document intended to alert public officials and members of the public to the types of financial interest that may create conflict of interest.

Individuals holding designated positions, as outlined below, will file their statements of economic interests with the district annually, which will make the statements available for public inspection and reproduction (Gov. Code Sec. 81008). All statements will be retained by the district. For disclosure category explanations see “attachment A”.

<b><u>Designated Position</u></b>	<b><u>Disclosure Category</u></b>
LFHD Board members	All Categories
Chief Executive Officer	All Categories
Finance Director	All Categories
Chief Human Resources Officer	All Categories
Chief Nursing Officer	All Categories
Chief Operations Officer	All Categories
Chief Medical Officer	All Categories

All employees must disclose any activity, relationship, or interest that is, or may be perceived to be a conflict of interest as outlined in the LFHD Code of Conduct. It is the employee’s responsibility to promptly report any actual or potential conflicts.

The Compliance Officer will review all disclosures and determine which disclosures require further action. The Compliance Officer will consult with the CEO or legal counsel if it is unclear whether an actual conflict of interest exists. The outcome of these consultations will result in a written determination, signed by all decision-makers involved, stating whether an actual conflict of interest exists. If a conflict of interest is determined to exist, the written determination shall set forth a plan to manage the conflict of interest which may include that:

- A conflict of interest is permitted.
- A conflict of interest is permitted with modification or oversight, including such steps as reassignment of responsibilities or establishment of protective arrangements.
- The conflict of interest will require the personnel to abstain from participating in certain governance, management or purchasing activities related to the conflict of interest; or
- The conflict of interest must be eliminated or, if it involves a proposed role in another organization or entity, must not be undertaken.

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The Compliance Officer will review any written determination with you, discuss any necessary action you are to take, and ask you to sign the written determination. The signed written determination will be kept in administration.

### **Outside Employment and Business Interests**

You are not permitted to work on any personal business venture on LFHD premises or while working on LFHD time. In addition, you are not permitted to use LFHD equipment, telephones, computers, materials, resources, or proprietary information for any outside work. You must abstain from any decision or discussion affecting LFHD when serving as a member of an outside organization or board or in public office, except when specific permission to participate has been granted by LFHD’s administration or legal counsel.

### **Contracting with LFHD**

You may not contract with LFHD to be a supplier, to represent a supplier to LFHD, or to work for a supplier to LFHD while you are an employee at LFHD. In addition, you may not accept money or benefits, of any kind, for any advice or services you may provide to a supplier in connection with its business with LFHD.

### **Required Standards**

All decisions and transactions undertaken by personnel in the conduct of LFHD’s business must be made in a manner that promotes the best interests of LFHD, free from the possible influence of any conflict of interest of such personnel or personnel’s family or friends. Personnel have an obligation to address both actual conflicts of interest and the appearance of a conflict of interest. You must always disclose and seek resolution of any actual or potential conflict of interest, whether you consider it an actual conflict, before taking a potentially improper action.

No set of principles or standards can cover every type of conflict of interest. The following standards address the conduct required of all personnel and provide some examples of potential conflict of interest situations in addition to those discussed above.

- Personnel may not make or influence business decisions, including executing purchasing agreements (including but not limited to agreements to purchase or rent equipment, materials, supplies, or space) or other types of contracts (including contracts for personal services), from which they, a family member, or a friend may benefit.
- Personnel must disclose their “significant” (defined below) financial interests in any entity that they know to have current or prospective business, directly or indirectly, with LFHD. There are two types of significant financial interests:
  - Receipt of anything of monetary value from a single source more than \$500 annually. Examples include salary, royalties, gifts, and payments for services including consulting fees and honoraria.

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- Ownership of an equity interest exceeding 5% in any single entity, excluding stocks, bonds and other securities sold on a national exchange; certificates of deposit; mutual funds; and brokerage accounts managed by third parties.
- Personnel must disclose any activity, relationship or interest that may be perceived to be a conflict of interest so that these activities, relationships, and interests can be evaluated and managed properly.
- Personnel must disclose any outside activities that interfere with or may be perceived to interfere with the individual's capacity to satisfy his or her job or responsibilities at LFHD. Such outside activities include leadership participation (such as serving as an officer or member of the board of directors) in professional, community or charitable activities; self-employment; participation in business partnerships; and employment or consulting arrangements with entities other than LFHD.
- Personnel may not solicit personal gifts or favors from vendors, contractors, or other third parties that have current or prospective business with LFHD. Personnel may not accept cash gifts and may not accept non-monetary gifts including meals, transportation or entertainment valued more than \$50 from vendors, contractors or other third parties that have current or prospective business with LFHD. Questions regarding the gift limitations should be directed to the Administration.
- Any involvement by personnel in a personal business venture shall be conducted outside the LFHD work environment and shall be kept separate and distinct from LFHD's business in every respect.
- Personnel should not accept employment or engage in a business that involves, even nominally, any activity during hours of employment with LFHD, the use of any of LFHD's equipment, supplies or property, or any direct relationship with LFHD's business or operation.
- Personnel must guard patient and LFHD information against improper access or use by unauthorized individuals.
- LFHD's materials, products, designs, plans, ideas, and data are the property of the organization and should never be given to an outside firm or individual, except through normal channels with appropriate prior authorization.
- Personnel must avoid any appearance of impropriety when dealing with clinicians and referral sources.
- All vendors and contractors who have or desire business relationships with LFHD must abide by this Code of Conduct. Personnel having knowledge of vendors or contractors who violate these standards in their relationship with LFHD must report these to their supervisor or manager.
- Personnel shall not sell any merchandise on LFHD premises and shall not sell any merchandise of a medical nature that is of a type or similar to what is sold or furnished by LFHD, whether on or off LFHD premises, unless prior approval is obtained from the Administration.

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- Personnel shall not request donations for any purpose from other personnel, patients, vendors, contractors or other third parties, unless prior approval is obtained from the Administration.
- Personnel may not endorse any product or service without explicit prior approval to do so by the Administration.

## Reporting Violations

LFHD supports and encourages each employee and contractor to maintain individual responsibility for monitoring and reporting any activity that violates or appears to violate any applicable statutes, regulations, policies, or this Code of Conduct.

LFHD has established a reporting mechanism that permits anonymous reporting, if the person making the report desires anonymity. Personnel who become aware of a violation of the LFHD Compliance Program, including this Code of Conduct, must report the improper conduct to the CO at 530-708-8800 ext: 11208 or directly at 530-708-8888. The CO, or a designee, will then investigate all reports and ensure that appropriate follow-up actions are taken.

LFHD policy prohibits retaliation against personnel who make such a report in good faith. In addition, it is the policy of LFHD that no employee will be punished on the basis that they reported what they reasonably believed to be improper activity or a violation of this program. However, personnel are subject to disciplinary action if after an investigation, it is reasonably concluded that the reporting personnel knowingly fabricated, or knowingly distorted, exaggerated, or minimized the facts to either cause harm to someone else or to protect or benefit themselves.

## REFERENCES

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Equal Employment Opportunity Commission (EEOC). EEOC Policy Guidance. 9/2014.  
<http://www.eeoc.gov/laws/types/harassment.cfm>; [http://www.eeoc.gov/laws/types/sexual\\_harassment.cfm](http://www.eeoc.gov/laws/types/sexual_harassment.cfm)

US Department of Health and Human Services (DHS). 9/2014.  
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>

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## Attachment A

### DISCLOSURE CATEGORIES

The disclosure categories listed below identify the types of investments, business entities, sources of income, including gifts, loans and travel payments, or real property which the Designated Employee must disclose for each disclosure category to which he or she is assigned.

Category 1: All investments and business positions in business entities, and sources of income, that are located in, that do business in or own real property within the jurisdiction of the district.

Category 2: All interests in real property which is located in whole or in part within, or not more than two (2) miles outside the jurisdiction of the district.

Category 3: All investments and business positions in, and sources of income from, business entities that are engaged in land development, construction or the acquisition or sale of real property within the jurisdiction of the district.

Category 4: All investments and business positions in, and sources of income from, business entities that are banking, savings and loan, or other financial institutions.

Category 5: All investments and business positions in, and sources or income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the district.

Category 6: All investments and business positions in, and sources of income from, business entities that provide services, supplies, materials, machinery, vehicles or equipment of a type purchased or leased by the Designated Employee.

# **ATTACHMENT F**

## **LFHD Financial Statement**

**December 2024**

**(unaudited)**

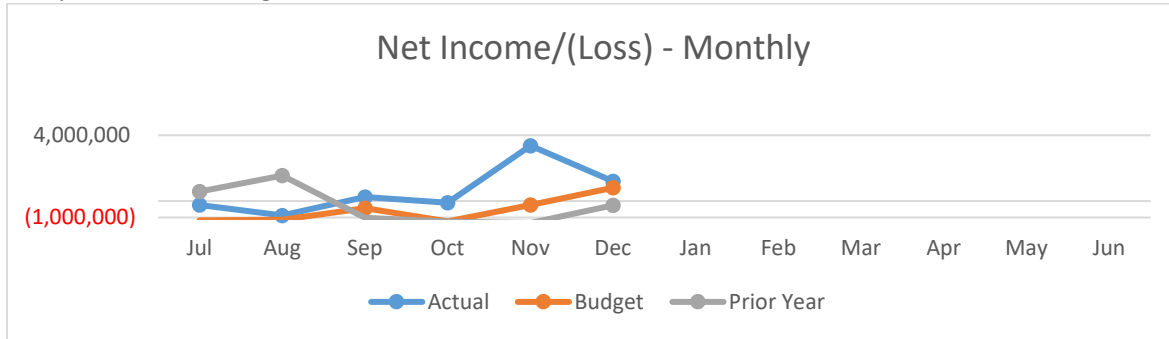


Modoc Medical Center  
Financial Narrative  
For the Month of December 2024

Prepared by Jin Lin, Finance Director

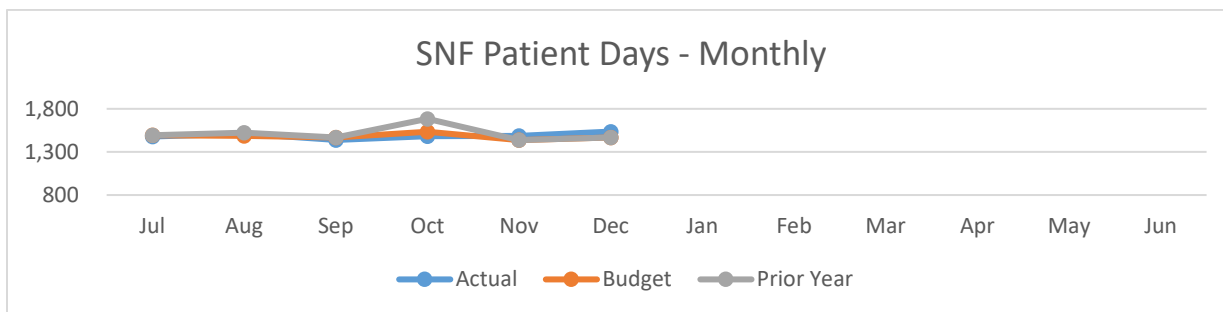
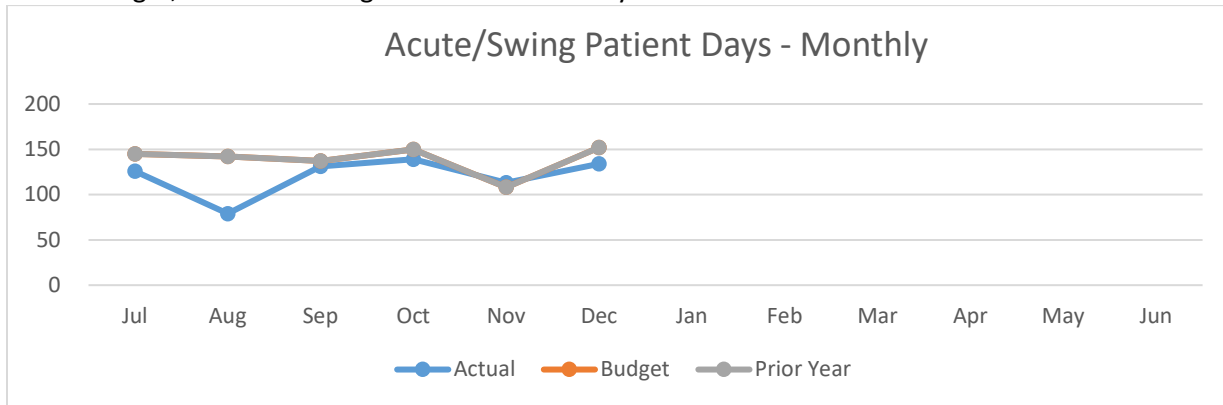
**Summary**

During the month of December, Modoc Medical Center reported a net loss from operations of \$83K that was above budget by \$619K. Inpatient revenue was up by \$19K and outpatient revenue was down by \$168K compared to the budget. Total patient revenue was \$4.60 million, showing a decrease of \$149K compared to the budget. Net income, including Non-Operating Activity, showed a profit of \$1.19 million compared to the budget of \$811K.



**Patient Volumes**

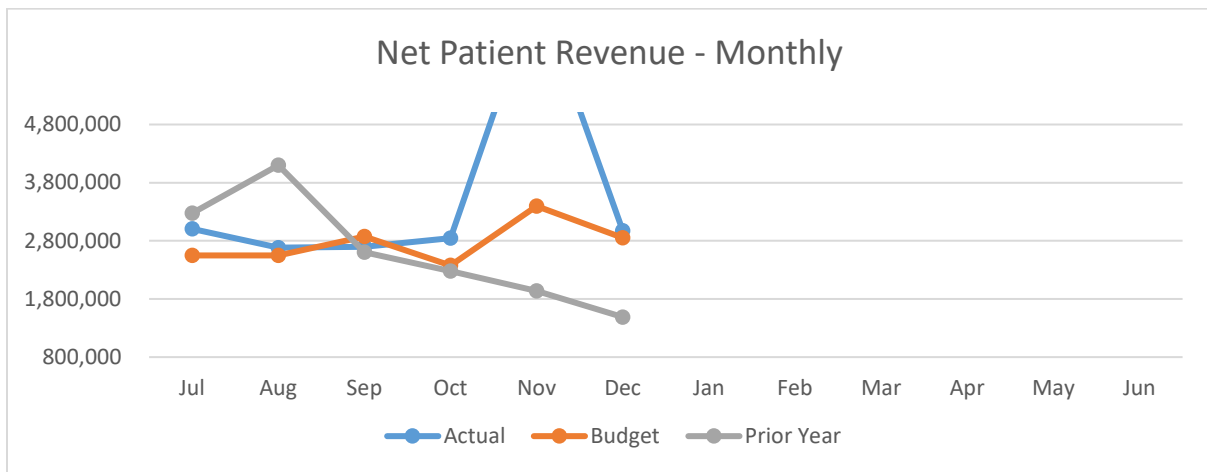
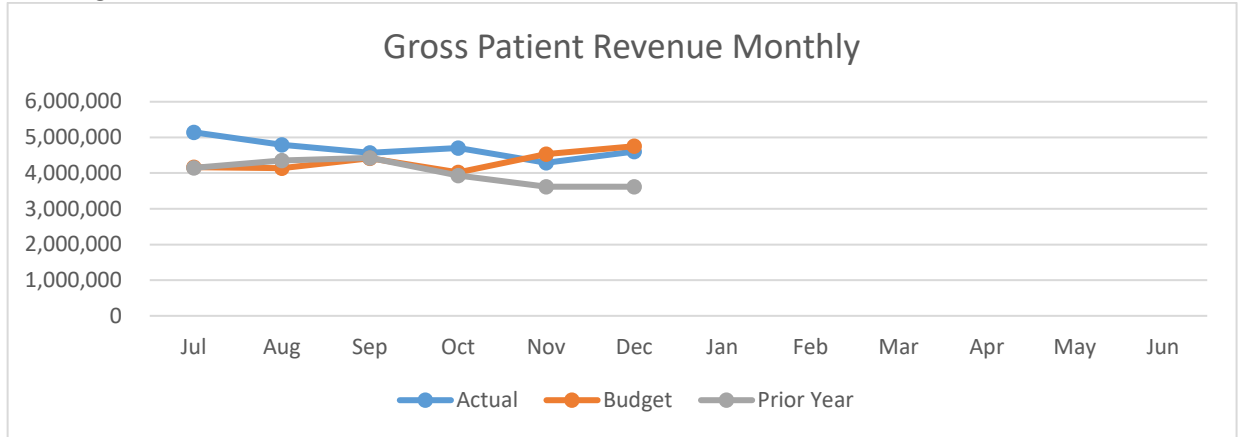
Combined Acute Days were above budget for the month by 18 days. The SNF Patient Days were up to 1,536 above budget by 67 days. Overall Inpatient Days were above budget by 49 days (1,670 actual vs. 1,621 budget). Outpatient visits in ER, Ambulance, Canby Clinic, Surgery, and Retail Pharmacy were above budget, and under budget in Clinic and Canby Dental.





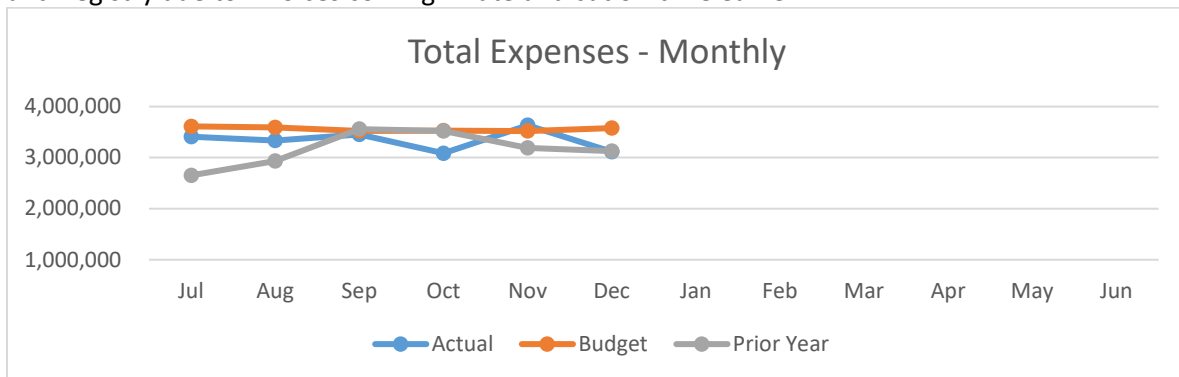
**Revenues**

Gross Patient Revenues were \$4.604 million, compared to the budget of \$4.753 million. Inpatient Revenue was \$1.447 million compared to the budget of \$1.428 million; and Outpatient Revenue was \$3.158 million compared to the budget of \$3.325 million. Net Revenue was \$2.974 million, compared to the budget of \$2.854 million.



**Expenses**

Total Operating Expenses were \$3.117 million this month, compared to a budget of \$3.579 million. Operating expenses were down \$517K from the prior month, and the decrease was mainly in Supplies and Registry due to invoices coming in late and cut off time earlier.



### **Non-Operating Activity**

Non-Operating expenses for the month: \$218K from accrued interest from USDA Lan and the new SNF Interim Loan. District Vouchers totaled \$8K. Interest income of \$91K from CDs and the new SNF interim loan, and Retail pharmacy showed a profit of \$73K. Total non-operating income for the month showed a net income of \$1.194 million due to property tax revenue of \$1.339 million we received from the County.

### **Balance Sheet**

Cash decreased for December by \$8.708 million to \$31.454 million due to the new SNF App payments of \$7.9 million. The total liabilities increase by \$39K. Days in Cash totaled 286. Days in AP totaled 14. Days in AR totaled 76. The current ratio was 1.81. Net AR as a percentage of gross AR was 41.57%.

Modoc Medical Center  
Income Statement  
For the month of December 2024

	Month	Dec-24 Budget	Variance	Prior Year Month	2025 YTD	2025 YTD Budget	Variance	Prior Year YTD
<b>Revenues</b>								
Room & Board - Acute	613,961	341,729	272,232	664,737	3,819,043	1,833,995	1,985,048	2,345,403
Room & Board - SNF	832,648	808,728	23,920	488,064	4,751,659	4,800,192	(48,533)	4,305,327
Ancillary	0	277,459	(277,459)	0	0	1,434,006	(1,434,006)	720,857
<b>Total Inpatient Revenue</b>	<b>1,446,608</b>	<b>1,427,916</b>	<b>18,692</b>	<b>1,152,801</b>	<b>8,570,702</b>	<b>8,068,193</b>	<b>502,509</b>	<b>7,371,587</b>
Outpatient Revenue	3,157,692	3,325,352	(167,660)	2,469,484	19,525,679	17,955,177	1,570,502	16,734,445
<b>Total Patient Revenue</b>	<b>4,604,300</b>	<b>4,753,268</b>	<b>(148,968)</b>	<b>3,622,285</b>	<b>28,096,381</b>	<b>26,023,370</b>	<b>2,073,012</b>	<b>24,106,032</b>
Bad Debts (580000,580011,58010)	(123,520)	157,154	(280,674)	2,133,435	1,303,358	860,619	442,739	7,314,861
Contractuals Adjs	1,722,745	1,686,982	35,763	0	3,934,127	8,512,581	(4,578,454)	1,109,224
Admin Adjs (5930002-593001,598)	31,098	55,215	(24,117)	0	1,535,404	299,609	1,235,795	0
<b>Total Revenue Deductions</b>	<b>1,630,322</b>	<b>1,899,350</b>	<b>(269,028)</b>	<b>2,133,435</b>	<b>6,772,890</b>	<b>9,672,809</b>	<b>(2,899,919)</b>	<b>8,424,085</b>
<b>Net Patient Revenue</b>	<b>2,973,978</b>	<b>2,853,918</b>	<b>120,060</b>	<b>1,488,850</b>	<b>21,323,492</b>	<b>16,350,560</b>	<b>4,972,931</b>	<b>15,681,947</b>
<i>% of Charges</i>	64.6%	60.0%	4.6%	41.1%	75.9%	62.8%	13.1%	65.1%
Other Revenue	60,074	23,625	36,449	29,432	178,655	315,350	(136,695)	369,285
<b>Total Net Revenue</b>	<b>3,034,052</b>	<b>2,877,543</b>	<b>156,509</b>	<b>1,518,282</b>	<b>21,502,147</b>	<b>16,665,910</b>	<b>4,836,236</b>	<b>16,051,232</b>
<b>Expenses</b>								
Salaries	1,491,878	1,655,637	(163,759)	1,373,596	8,932,663	9,777,453	(844,790)	8,062,579
Benefits and Taxes	266,388	353,403	(87,015)	273,225	1,901,163	2,103,091	(201,928)	1,730,202
Registry	239,350	318,534	(79,184)	293,475	1,601,143	1,911,205	(310,062)	1,546,226
Professional Fees	276,643	373,947	(97,304)	410,893	2,161,579	2,253,966	(92,387)	2,890,241
Purchased Services	160,710	192,953	(32,244)	149,184	978,052	1,115,520	(137,468)	901,509
Supplies	230,342	312,672	(82,330)	267,874	2,011,467	1,818,028	193,439	1,639,840
Repairs and Maint	27,599	30,784	(3,185)	13,553	228,417	193,414	35,003	153,659
Lease and Rental	556	3,836	(3,280)	3,238	25,710	23,016	2,694	21,762
Utilities	99,571	42,092	57,479	31,404	425,784	296,790	128,994	279,645
Insurance	60,507	42,779	17,728	40,135	277,348	256,674	20,674	242,333
Depreciation	183,856	172,980	10,876	178,607	1,067,571	1,037,882	29,688	1,047,414
Other	79,633	79,452	181	90,835	468,315	570,966	(102,651)	484,737
<b>Total Operating Expenses</b>	<b>3,117,034</b>	<b>3,579,070</b>	<b>(462,037)</b>	<b>3,126,019</b>	<b>20,079,212</b>	<b>21,358,006</b>	<b>(1,278,794)</b>	<b>19,000,147</b>
<b>Income from Operations</b>	<b>(82,982)</b>	<b>(701,528)</b>	<b>618,546</b>	<b>(1,607,737)</b>	<b>1,422,935</b>	<b>(4,692,095)</b>	<b>6,115,030</b>	<b>(2,948,915)</b>
Property Tax Revenue	1,339,079	1,391,589	(52,510)	1,393,396	1,339,079	1,374,359	(35,280)	1,384,845
Interest Income	91,387	195,181	(103,794)	7,060	634,336	522,313	112,023	392,294
Interest Expense	(218,322)	(79,555)	(138,767)	(82,298)	(754,660)	(472,198)	(282,462)	(498,922)
Gain/Loss on Asset Disposal/Forte	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	72,772	5,611	67,162	25,754	202,010	(115,409)	317,418	(84,006)
DISTRICT VOUCHERS AND OTHER	(7,911)	0	(7,911)	0	(44,905)	0	(44,905)	(1,444)
<b>Total Non-Operating Revenue</b>	<b>1,277,006</b>	<b>1,512,826</b>	<b>(235,820)</b>	<b>1,343,912</b>	<b>1,375,861</b>	<b>1,309,065</b>	<b>66,795</b>	<b>1,192,767</b>
<b>Net Income/(Loss)</b>	<b>1,194,024</b>	<b>811,298</b>	<b>382,726</b>	<b>(263,825)</b>	<b>2,798,795</b>	<b>(3,383,030)</b>	<b>6,181,826</b>	<b>(1,756,148)</b>
<b>EBIDA</b>	<b>1,596,202</b>	<b>1,063,833</b>	<b>532,369</b>	<b>(2,920)</b>	<b>4,621,026</b>	<b>(1,872,950)</b>	<b>6,493,976</b>	<b>(209,812)</b>
Operating Margin %	-2.7%	-24.4%	21.6%	-105.9%	6.6%	-28.2%	34.8%	-18.4%
Net Margin %	39.4%	28.2%	11.2%	-17.4%	13.0%	-20.3%	33.3%	-10.9%
EBIDA Margin %	52.6%	37.0%	15.6%	-0.2%	21.5%	-11.2%	32.7%	-1.3%

Modoc Medical Center  
Balance Sheet  
For the month of December 2024

	Unaudited 12/31/2024	Unaudited 11/30/2024	Unaudited 10/31/2024	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	1,767,074	766,701	1,349,083	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	10,497,990	12,393,660	20,648,864	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	19,189,416	27,001,756	3,004,313	3,003,877	1,222,699	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>31,454,480</b>	<b>40,162,118</b>	<b>25,002,260</b>	<b>31,454,315</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	12,014,386	11,877,656	12,834,528	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	(7,019,794)	(7,664,513)	(7,717,620)	(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>4,994,592</b>	<b>4,213,143</b>	<b>5,116,908</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	41.6%	35.5%	39.9%	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	11,085,689	11,085,689	429,549	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	1,883,830	575,125	607,392	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	619,503	646,217	606,175	644,092	501,991	476,338	414,897	464,974	480,896	456,600	425,161	405,115	406,575	413,036	253,513
Prepays	575,318	553,767	630,453	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>50,613,412</b>	<b>57,236,058</b>	<b>32,392,737</b>	<b>39,852,889</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 (120000-120900)	713,540	713,540	713,540	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 (121100-122500)	47,413,856	47,413,856	47,413,856	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 (124100-124203)	13,025,231	13,025,231	13,025,231	13,025,231	12,927,245	12,927,245	12,927,245	12,927,245	12,927,245	12,814,345	12,814,345	12,814,345	12,814,345	12,814,345	12,618,550
Construction In Progress (125000-125665)	38,654,999	30,615,089	27,064,039	20,631,295	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
<b>Fixed Assets</b>	<b>99,807,625</b>	<b>91,767,715</b>	<b>88,216,663</b>	<b>81,783,921</b>	<b>81,535,855</b>	<b>81,382,041</b>	<b>81,306,691</b>	<b>73,798,836</b>	<b>71,079,597</b>	<b>70,161,750</b>	<b>70,082,233</b>	<b>69,314,194</b>	<b>69,294,220</b>	<b>68,786,887</b>	<b>67,784,471</b>
Accum Depreciation	(19,907,979)	(19,723,925)	(19,549,863)	(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>79,899,647</b>	<b>72,043,791</b>	<b>68,666,802</b>	<b>62,414,072</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	0	0	0
<b>Total Assets</b>	<b>130,513,058</b>	<b>129,279,849</b>	<b>101,059,539</b>	<b>102,266,962</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	1,560,490	1,886,044	1,389,844	2,027,903	1,762,121	6,896,917	7,066,391	4,301,989	1,783,216	1,554,387	1,591,413	1,485,577	1,416,767	1,540,663	1,110,854
Accrued Payroll	1,191,206	1,047,141	905,405	1,439,060	1,329,161	1,252,679	1,114,355	1,435,404	1,278,546	1,073,671	1,232,410	1,031,976	905,124	1,090,317	1,090,317
Patient Trust Accounts	16,247	14,932	13,722	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	480,000	480,000	480,000
Accrued Interest															
Current SNF Interim Loan	24,000,000	24,000,000				90,794	487,290	406,605	321,122	245,228	165,429	89,790	485,158	405,474	84,157
Other Current Liabilities/Accrued Interest	761,666	542,307	325,575	247,049	170,349										
<b>Total Current Liabilities</b>	<b>28,009,608</b>	<b>27,970,425</b>	<b>3,114,546</b>	<b>4,206,524</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	32,101,000	32,101,000	32,101,000	32,101,000	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>60,110,608</b>	<b>60,071,425</b>	<b>35,215,546</b>	<b>36,307,524</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	67,603,652	67,603,652	67,603,652	67,603,652	67,603,652	67,603,652	59,602,128	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)	2,798,795	1,604,771	(1,759,659)	(1,644,217)	(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>70,402,447</b>	<b>69,208,423</b>	<b>65,843,993</b>	<b>65,959,435</b>	<b>66,487,191</b>	<b>67,358,493</b>	<b>67,603,654</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>130,513,056</b>	<b>129,279,848</b>	<b>101,059,539</b>	<b>102,266,959</b>	<b>102,341,124</b>	<b>108,189,949</b>	<b>109,329,360</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	286	365	227	286	298	346	350	412	244	239	223	303	322	333	347
Days in AR (Gross)	76	75	81	96	91	101	107	108	114	133	148	137	122	109	93
Days in AP	14	17	13	18	16	63	64	40	17	14	15	14	13	14	10
Current Ratio	1.81	2.05	10.40	9.47	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**

**December-24**

	<b>CURRENT MONTH</b>	<b>December</b>	<b>November</b>	<b>FISCAL YEAR YTD</b>	<b>December</b>	<b>Jun-24</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
NET INCOME	1,194,024			2,798,795		
<b>ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES</b>						
DEPRECIATION EXPENSE	184,054	19,907,979	19,723,925	1,068,239	19,907,979	18,839,740
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-781,449	4,994,592	4,213,143	1,123,813	4,994,592	6,118,405
CHANGE IN OTHER RECEIVABLES	-1,308,705	12,969,519	11,660,814	-11,836,075	12,969,519	1,133,444
CHANGE IN INVENTORIES	26,715	619,503	646,217	-204,606	619,503	414,897
CHANGE IN PREPAID EXPENSES	-21,552	575,318	553,767	153,869	575,318	729,187
CHANGE IN ACCOUNTS PAYABLE	-325,554	1,560,490	1,886,044	-5,505,901	1,560,490	7,066,391
CHANGE IN ACCRUED EXPENSES PAYABLE	219,359	761,666	542,307	274,376	761,666	487,290
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	144,065	1,191,206	1,047,141	147,803	1,191,206	1,043,403
CHANGE IN OTHER PAYABLES	0	480,000	480,000	0	480,000	480,000
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-1,863,068			-14,778,483		
<b>CASH FLOWS FROM INVESTMENT ACTIVITIES</b>						
PURCHASE OF EQUIPMENT/CIP	-8,039,910	99,807,625	91,767,715	-18,500,934	99,807,625	81,306,691
CUSTODIAL HOLDINGS	1,315	16,247	14,932	7,625	16,247	8,622
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-8,038,595			-18,493,310		
<b>CASH FROM FINANCING ACTIVITIES</b>						
Current SNF Interim Loan	0	24,000,000	24,000,000	24,000,000	24,000,000	0
Long Term Liability	0	32,101,000	32,101,000	-539,000	32,101,000	32,640,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	0			23,461,000		
CASH AT BEGINNING OF PERIOD	40,162,118			38,466,476		
NET INCREASE (DECREASE) IN CASH	-8,707,639			-7,011,997		
CASH AT END OF PERIOD	31,454,478			31,454,478		



**MODOC MEDICAL CENTER**  
**"FULL TIME EQUIVALENT REPORT"**  
 Twelve Months Ending: December 31st, 2024

Department	Dec-24	Nov-24	Oct-24	Sep-24	Aug-24	Jul-24	Jun-24	May-24	Apr-24	Mar-24	Feb-24	Jan-24	12 Mo Ave
Med / Surg	15.50	15.13	15.01	13.82	15.30	15.20	16.11	16.35	16.08	15.04	14.57	11.56	14.97
Comm Disease Care								-					0.00
Swing Beds													#DIV/0!
Long Term - SNF	54.93	57.77	54.72	54.02	55.09	51.19	56.39	54.00	54.30	56.28	51.60	49.47	54.15
Emergency Dept	10.36	12.71	11.10	12.09	12.19	10.73	11.94	12.36	9.94	10.87	9.98	9.87	11.18
Ambulance - Alturas	11.03	10.90	9.94	10.78	11.60	10.12	10.24	10.74	10.69	11.34	10.56	12.07	10.83
Clinic	16.87	17.84	18.33	18.26	18.57	18.61	16.40	17.04	16.62	19.67	22.04	19.76	18.33
Canby Clinic	9.23	9.84	9.93	8.21	8.03	7.46	6.27	7.38	7.45	6.95	7.58	7.95	8.02
Canby Dental	3.28	3.71	3.53	3.33	5.24	3.53	3.84	3.05	4.18	3.68	2.99	2.87	3.60
Surgery	3.79	3.26	3.35	3.60	3.92	4.25	4.01	4.15	4.05	4.13	4.65	3.65	3.90
IRR								-					0.00
Lab	7.97	8.21	8.33	8.60	8.76	9.05	10.10	10.77	9.36	9.38	8.56	7.25	8.86
Radiology	4.30	3.72	3.67	3.82	4.96	3.91	3.47	3.48	3.12	3.96	4.28	4.2	3.91
MRI								-					0.00
Ultrasound	1.29	1.36	1.27	1.34	1.33	1.32	1.31	1.31	1.32	1.39	1.50	1.28	1.34
CT	1.62	1.66	1.49	1.71	1.69	1.76	1.86	1.66	1.08	1.61	0.87	1.4	1.53
Pharmacy	1.85	2.07	2.15	2.16	1.77	1.93	1.84	2.16	2.12	2.05	1.91	1.38	1.95
Physical Therapy	4.60	5.78	6.27	5.71	6.99	6.51	8.22	6.24	6.29	7.65	4.88	3.72	6.07
Other PT								-					0.00
Dietary	11.85	12.83	12.77	12.33	12.01	11.76	11.02	11.22	11.16	11.83	11.74	11.63	11.85
Dietary Acute	8.06	8.43	7.59	7.67	8.26	7.81	7.24	7.74	7.91	7.23	7.61	7.82	7.78
Laundry	0.99	0.88	1.00	1.00	1.01	0.93	0.96	0.99	1.00	0.95	1.07	1.01	0.98
Activities	3.75	3.77	3.60	3.74	3.68	3.85	4.23	3.72	3.54	3.47	3.56	3.54	3.70
Social Services	1.88	1.92	1.79	1.93	1.97	1.97	2.04	2.05	1.98	1.75	2.06	2.04	1.95
Purchasing	2.95	3.02	3.06	3.05	3.07	3.26	2.96	3.19	3.15	3.11	3.06	2.99	3.07
Housekeeping	13.72	13.93	13.59	13.54	13.54	13.45	13.24	13.42	13.71	11.78	11.77	12.93	13.22
Maintenance	5.38	5.31	5.32	5.10	6.05	6.02	5.95	5.95	6.01	6.02	6.03	5.9	5.75
Data Processing	4.07	4.56	4.66	4.65	4.32	3.65	4.20	4.65	4.69	4.45	3.94	3.94	4.32
General Accounting	3.80	3.73	2.65	3.01	3.51	3.84	3.85	3.37	3.14	3.62	4.07	4.1	3.56
Patient Accounting	6.97	8.03	7.58	7.21	6.13	6.88	6.78	6.26	6.22	6.2	6.87	5.96	6.76
Administration	3.40	3.36	3.54	3.11	2.73	2.46	2.69	3.10	3.41	3.12	2.75	3.12	3.07
Human Resources	2.01	2.02	1.99	1.98	2.01	2.00	2.01	1.99	1.99	2.01	2.00	2	2.00
Medical Records	8.05	8.10	7.83	7.84	7.97	7.70	7.70	7.77	7.92	7.64	7.67	7.6	7.82
Nurse Administration	2.19	2.55	2.87	3.07	3.05	3.13	2.91	3.06	3.21	3.01	2.76	3.1	2.91
In-Service	1.00	1.00	1.00	1.01	1.00	1.00	1.00	1.00	1.00	1	1.03	1.00	1.00
Utilization Review	1.49	1.45	1.46	1.36	1.48	1.44	1.48	1.50	1.49	1.48	1.50	1.44	1.46
Quality Assurance	0.51	0.50	0.51	0.50	0.51	0.51	0.50	0.50	0.51	0.5	0.51	0.51	0.51
Infection Control	0.61	0.59	0.61	0.60	0.65	0.62	0.60	0.66	0.66	0.64	0.60	0.63	0.62
Retail Pharmacy	3.86	4.06	4.10	3.96	3.58	3.47	3.20	2.86	2.89	3.01	3.43	4.04	3.54
<b>TOTAL</b>	<b>233.16</b>	<b>244.00</b>	<b>236.61</b>	<b>234.11</b>	<b>241.97</b>	<b>231.32</b>	<b>236.56</b>	<b>235.69</b>	<b>232.19</b>	<b>236.82</b>	<b>230.00</b>	<b>221.73</b>	<b>234.51</b>

0.37	0.02
0.00	#DIV/0!
0.00	#DIV/0!
-2.84	(0.05)
-2.35	(0.23)
0.13	0.01
-0.97	(0.06)
-0.61	(0.07)
-0.43	(0.13)
0.53	0.14
0.00	#DIV/0!
-0.24	(0.03)
0.58	0.13
0.00	#DIV/0!
-0.07	(0.05)
-0.04	(0.02)
-0.22	(0.12)
-1.18	(0.26)
0.00	#DIV/0!
-0.98	(0.08)
-0.37	(0.05)
0.11	0.11
-0.02	(0.01)
-0.04	(0.02)
-0.07	(0.02)
-0.21	(0.02)
0.07	0.01
-0.49	(0.12)
0.07	0.02
-1.06	(0.15)
0.04	0.01
-0.01	(0.00)
-0.05	(0.01)
-0.36	(0.16)
0.00	-
0.04	0.03
0.01	0.02
0.02	0.03
-0.20	(0.05)
-10.84	(0.05)

2,814.16 December through January

# **ATTACHMENT G**

## **FY 24 Financial Audit Statement**



# **ATTACHMENT H**

## **Resolution #25-02**

### **Authorize Signers on LAIF Money Market Account**



Resolution #25-02

January 30, 2025

**LAST FRONTIER HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
CONSIDERATION / ACTION**

**RESOLUTION REQUESTING THE BOARD OF DIRECTORS TO AUTHORIZE SIGNERS  
ON LAIF MONET MARKET ACCOUNT**

**WHEREAS** there have been several changes in personnel at Modoc Medical Center; and

**WHEREAS** it is important for smooth operations to have an adequate number of authorized signers on all District accounts at Plumas Bank in Alturas, California.

**THEREFORE:** Effective January 30, 2025, the **LAST FRONTIER HEALTHCARE DISTRICT** hereby authorizes the following, and only the following, as authorized signers on District accounts at Plumas Bank in Alturas, California as follows:

- **LAIF Account- #20-25-002**

**Jin Lin – Finance Director  
Kevin Kramer – CEO  
Carol Madison – Board Chair  
Mike Mason – Board Treasurer**

**PASSED, APPROVED AND ADOPTED** by the **LAST FRONTIER HEALTHCARE DISTRICT** Board of Directors in the City of Alturas, County of Modoc, California at the regular meeting held on the 30th day of January 2025 by the following vote:

<u>LFHD Board Members</u>	<u>Aye</u>	<u>Nay</u>	<u>Absent</u>	<u>Abstain</u>
<b>Carol Madsion, Chair</b>				
<b>Rose Boulade, Vice Chair</b>				
<b>Paul Dolby, Secretary</b>				
<b>Mike Mason, Treasurer</b>				
<b>Keith Weber, Member</b>				

**THE MOTION CARRIES / FAILS.**

**Carol Madison, Chair  
LAST FRONTIER HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**LAST FRONTIER HEALTHCARE DISTRICT**

I, **Denise King**, Clerk of the Board of Directors in and for the **LAST FRONTIER HEALTHCARE DISTRICT**, do hereby certify and attest that the above and foregoing is a full, true and correct copy of an **ORDER** as it appears in the Minutes of said Regular Meetings of the Board of Directors this 30th day of January 2025 on file in my office.

**WITNESS** my hand and the seal of the Board of Directors this 30th day of January 2025.

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**Denise R. King, Clerk of the Board**  
**LAST FRONTIER HEALTHCARE DISTRICT**

# **ATTACHMENT H**

## **Resolution #25-03**

### **Authorize Signers on EAC Bank Account**



Resolution #25-03

January 30, 2025

**LAST FRONTIER HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
CONSIDERATION / ACTION**

**RESOLUTION REQUESTING THE BOARD OF DIRECTORS TO AUTHORIZE SIGNERS  
ON DISTRICT ACCOUNTS AT PLUMAS BANK**

**WHEREAS** there have been several changes in personnel at Modoc Medical Center; and

**WHEREAS** it is important for smooth operations to have an adequate number of authorized signers on all District accounts at Plumas Bank in Alturas, California.

**THEREFORE:** Effective January 30, 2025, the **LAST FRONTIER HEALTHCARE DISTRICT** hereby authorizes the following, and only the following, as authorized signers on District accounts at Plumas Bank in Alturas, California as follows:

- **Employee Appreciation Committee Account. - Account #171014591**  
Carol Madison, Chair  
Kevin Kramer, CEO  
Jin Lin, Finance Director  
Mike Mason, Treasurer

**PASSED, APPROVED AND ADOPTED** by the **LAST FRONTIER HEALTHCARE DISTRICT** Board of Directors in the City of Alturas, County of Modoc, California at the regular meeting held on the 30th day of January 2025 by the following vote:

<u>LFHD Board Members</u>	<u>Aye</u>	<u>Nay</u>	<u>Absent</u>	<u>Abstain</u>
Carol Madison, Chair				
Rose Boulade, Vice Chair				
Paul Dolby, Secretary				
Mike Mason, Treasurer				
Keith Weber, Member				

**THE MOTION CARRIES / FAILS.**

\_\_\_\_\_  
Carol Madison, Chair  
**LAST FRONTIER HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**LAST FRONTIER HEALTHCARE DISTRICT**

I, **Denise King**, Clerk of the Board of Directors in and for the **LAST FRONTIER HEALTHCARE DISTRICT**, do hereby certify and attest that the above and foregoing is a full, true and correct copy of an **ORDER** as it appears in the Minutes of said Regular Meetings of the Board of Directors this 30th day of January 2025 on file in my office.

**WITNESS** my hand and the seal of the Board of Directors this 30th day of January 2025.

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**Denise R. King, Clerk of the Board**  
**LAST FRONTIER HEALTHCARE DISTRICT**