



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday April 24, 2025, at 3:30 pm
City Council Chambers; Alturas City Hall; Alturas, California

Directors present: Carol Madison, Rose Boulade, Mike Mason, Paul Dolby, Keith Weber
Directors absent:
Staff in attendance: Kevin Kramer, CEO; Edward Johnson, CNO; Adam Willoughby, COO; Amber Vucina, CHRO; Jin Lin, Finance Director; Denise King, LFHD Clerk; Alicia Doss, Quality/Risk Manager

Staff absent:

CALL TO ORDER

Carol Madison, Chair, called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 3:30 p.m. The meeting was held at the City Council Chambers, 200 W North St, in Alturas, California.

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

2. AGENDA – Additions/Deletions to the Agenda

Rose Boulade moved that the agenda be approved as amended, with 5B removed. Paul Dolby seconded, and the motion carried with all present voting “aye.”

3. PUBLIC COMMENT

Doreen Smith-Powers advised the Board of being dismissed from Modoc Medical Center and her other Concerns. She spoke for her allotted 3-minute time and was asked to conclude her comments and was dismissed.

4. VERBAL REPORTS

A) K. Kramer – CEO Report to the Board

SNF Project

- Plan right now is to reject all current Potential Change Orders as untimely and then hopefully enter into negotiations with Swinerton on the work they have already completed without formal approval from us.
- USDA draft bond/take out financing documents have been produced and are in review currently. Likely won't close until August with the USDA.
- We have not received a current update on our full geothermal grant application. They have not posted any award notifications for this grant opportunity yet.
- An initial inspection will be conducted on AL1 on June 11 to determine the well's integrity. That will then determine if that well is scheduled to be tested to see if it could be a viable reinjection well.
- No word back from CMS on being able to keep old SNF open. I did have a positive phone call with Benton Williams regarding our circumstance a couple of weeks ago. I anticipate an answer from them by the end of next week on this issue.

340B Compliance

- Have not received any claims since last month. Total outlay to date on claims regarding this issue has been around \$13,500.
- Drug manufacturers have until May 31, 2025 to lodge a claim related to this mistake.

MRI Services

- Heritage mobile unit is in Fall River right now, waiting to be licensed so we can use it. Unit did not pass initial fire inspection, needed updated fire extinguishers and a fire alarm system that was properly connected to fire safety features in the trailer.
- BBK has produced a draft agreement that is being finalized. Plan is for us to get this to our Boards for approval in May, so we are hoping we can get this to you next month.

Ambulance Data Reporting

- This has been completed and was submitted prior to our deadline.

Quality Program Revamp

- This is still in process. We will have our final leadership team meeting to choose projects we will implement as part of the QA program this next week. We are excited about having a different structure to implement to get more engagement out of our leadership team and department heads in the QA process.

Other Items

- Federal Medicaid cuts are still a large concern and is the most discussed legislative matter on every call I am on with the various associations we belong to.
- ERC Funding-COVID-19
 - We submitted an application/claim for Employee Retention Credit funding related to COVID-19.
 - That claim is for a little over \$1.3 million and is related to federal income tax, social security tax, and other employment taxes we paid during COVID that we can get back.
 - It can take a while for these claims to be processed. We will keep the Board informed as we hear anything from the IRS on this claim.

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

Warnerview

- 4-star CMS rating
- Census is currently at 45
- Admissions - Zero
- Discharges - Zero
- We currently have a respiratory illness going around in the SNF. We currently have 8 positive COVID residents and 8 positive COVID employees. We are still isolating residents in place. Staff and Visitors are required to wear a mask while in the building. This current outbreak started on April 18, 2025.
- The Easter egg hunt was done at the doctor's house next to Warnerview.
- We had our Annual Recertification Survey and State Relicensing Survey. The following preliminary results:
 - Annual Recertification Survey Preliminary Results:
 - Storage of drugs and biologicals that was not met when the drug cart was left unlocked.
 - Regulation regarding food storage there was one expired product on the shelf. It was a can of whip.
 - Regulation regarding cleaning of items that go in and out of a resident's room and between resident care. And in one instance, a blood cuff was not cleansed between residents. Another instance was a box of medication (inhaler) was taken into a resident room; the resident handled it and returned it. It was returned to the medication cart with community medication without sanitizing first.
 - State Relicensing Survey Preliminary Results:
 - Pain Assessment being performed in a consistent manner that is appropriate to the patient. This requirement was not met with 2 patients where no consistent plan was assessed or monitored.
 - Staff orientation to the facility and emergency plan being completed at the beginning of their employment. This requirement was not met when five of the employees did not receive orientation to the facility and emergency plan at the beginning of their employment within 30 days of hired according to facility policy.
 - All employees of the SNF must have an annual physical exam. This requirement was not met by the administrator nor did the CNO have not had an annual physical exam.

Acute

- We just finished our regulatory survey which started on Monday April 21 with the following finding:
 - Policies and Procedures
 - Outdated test strips and undated test strip vials and control solution vials.
 - Missing policy for testing the reverse air flow in the isolation room was not found and staff could not confirm that the electronically air flow system was functioning.
 - Patient Notification

- No pre-admission notice provided regarding the absence of 24/7 MD or DO at the facility.
- Pharmaceutical
- Failure to comply with manufacturer storage requirements (e.g., 23 injectable vials of methylprednisolone not protected from light) in the hospital pharmacy.
- A crash cart supplied with emergency drugs in the OR care unit was missing a posted supply list on the outside of the cart with shows expiration dates of medications.
- Issues in insulin management: mixed storage outside the automated dispensing machine and non-standardized process for administration.
- Quality Assurance & Food Services
- Lack of evidence showing ongoing quality improvement efforts in food and nutrition services for over two years.
- Food & Nutrition Discrepancies – Mismatches between prescribed diets in the diet manual, electronic medical records, and the meals served.
- Infection Control and Clean sanitary environment – Registered Dietitian did not provide oversight of food service and equipment in the kitchen was not cleaned. The process used to clean equipment did not meet the professional standard of practice. Staff did not consistently perform the cleaning procedures to avoid cross-contamination.
- Competency-Based Training
- This regulation was not met when job-specific orientation, training, and competency documentation was not completed for one food and nutrition service staff and there were gaps in performance regarding therapeutic diets and some food safety standards of practice.

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

Accounting

- We are starting to prepare the budget for FYE 2026, hopefully it will be finished by the end of May. We are still looking for a controller position.

Office Workers

- We just hired two office workers. They are getting trained in different departments.

Purchasing

- The purchasing department has started getting very busy with orders for the New SNF.

D.) A. Vucina – CHRO Report to the Board

Permanent/Travel Staff

- We currently have 279 total staff
- We have a total of 19 travelers, both Acute and SNF.

Compliance

- Performance Evaluations 85% compliant
- TB 96% compliant
- Physicals 96% compliant

Mountain View Orientation

- Coordinating orientation for all staff to be oriented to the new SNF building.
- Coordinating updates to departmental orientations for SNF departments.

Union MOU Negotiations

- Negotiations are in process to new our MOU with the Union. Changes will be presented to Board once approved by Union and Administration.

E.) A. Willoughby – COO Report to the Board

Revenue Cycle

- March was another great month with just about all of our high-level metrics moving in the right direction. Highlights include \$2.57 million in payments with a reduction in AR of \$119k, which brought our overall AR down to \$11.47 million. Quick update to the DNFB from March – I dug in and did some research on the DNFB increase and found that there was one day where the claim file didn't successfully make it to SSI (the clearinghouse) from Cerner, which increased our DNFB by about 3.1 days as those claims were in a "Ready to Submit" status in Cerner – meaning that those were all not final billed. I just wanted to clarify that as the DNFB increase was not due to HIM/coding.

- The patient price estimator tool I discussed last month is live on our website now and it is amazing. It is mainly geared towards our Medicare patients as this is a CMS mandate, but it can be used by patients with any insurance.
- As a follow-up to the ECM billing process I outlined last meeting, we are going to be able to take the path of least resistance and bill for ECM services via the spreadsheet template rather than setting everything up to be billed electronically.

Clinics

- In Canby, as of 4/1 Dr. Licauco has started practicing as our full-time Dentist and we are grateful she is here providing dental services.
- We're looking at implementing some retinal eye cameras via a grant through Partnership, but that grant would only help us stand up the service, so we're currently evaluating the value this service brings to determine whether or not to proceed further. This would allow us to provide diabetic eye exams within the clinic.

Maintenance

- With everything going on administratively with the SNF/HA project, Marty is going to save us about \$130k by installing some security cameras and card readers with him and his team rather than having Berg/Swinerton do it. On cameras, this saves us about \$24k, and on card readers, this saves us about \$106k. Big kudos to Marty and his team for stepping up to the plate on this stuff. The plan is to install this stuff after we get Staff & Stock from HCAI but before we actually open.

IT

- IT has some work to do on the new SNF/HA project as well. Our phone system which we purchased from Gaynor back during the new facility project needs to be fully updated, which comes with a \$150k price tag, so that is being vetted out currently, as this was unexpected. IT is also procuring the internal cameras for the HA along with the Wireless Access Points (WAPs)

New SNF and HA

- We have been working to finalize the keying matrix, which determines the level of key that is needed at each door, and is a huge lift to be honest. We are now determining the quantity needed for each level of key, and then lastly, we'll need to review every employee to determine what updated card reader access they will need, along with any additional keys they will need.
- We have also been working to finalize the signage package with CG Signage as that needs to get into production ASAP. Production time is slated as 4 – 8 weeks. Final review is ongoing as we're just backchecking to ensure that CG captured all of our edits/comments from the last revision. Hopefully, this will be finalized and signed off on today by Ed, Richard, and I.
- Schedule update: per yesterday's OAC meeting, Swinerton is targeting May 7th for Substantial Completion (SC)/Staff & Stock. They didn't provide an updated target for Construction Final (CF) in OAC, but they stated it would be 2 weeks after Substantial Completion last time they provided an update, which would put CF on May 21st. We will see how it plays out in actuality.
- We also had our third round of Transition Planning meetings – the second onsite round of meetings that went really well and included department walkthroughs in the new SNF and HA in the afternoons. I must say, the new SNF looks absolutely amazing. The design and finish work look better than what I had even imagined, so our residents and staff are really going to love their new space.

G.) Board Member Reports

- **Carol Madison** – Approaching the TEACH Board to have staff volunteer and get out into the community.
- **Paul Dolby** – Nothing to report.
- **Mike Mason** – Nothing to report.
- **Rose Boulade** – Audit season at the Bank.
- **Keith Weber** – Attended the QA Meeting on the 9th – faces similar situations in the education world.

5. DISCUSSION

Alicia Doss, Rick and Quality Manager attended the Board meeting to give a Quality Report to the Board and answered any questions that they may have had.

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 – March 27, 2025

B.) T. Ryan - Medical Staff Committee Meeting Minutes – February 29, 2025

- Medical Staff Committee Meeting Minutes – January 07, 2025
- Pathology Report – No Report.

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

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals

Ed Johnson, CNO presented the Accounting Policy and Procedure Manual. Jin Lin also answered questions the Board may have had.

Rose Boulade moved to approve the **Departmental Manuals**, **Paul Dolby** seconded, and the motion carried with all voting “aye.”

B.) J. Lin – March 2025 LFHD Financial Statement (*unaudited*)

Jin Lin, Finance Director, presented the March 2025 LFHD Financial Statement provided in the Board meeting packet and answered the questions the Board had.

Paul Dolby moved to accept the March 2025 LFHD Financial Statement as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:41

EXECUTIVE SESSION

Executive Session was called to order by **Carol Madison, Chair**, at 4:41 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –February 26, 2025– (*Per Evidence Code 1157*).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – January 29, 2025.**
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:

- **Camille Young, LCSW** – Recommending appointment of Allied Health status/privileges in the Behavioral Health category.

Mike Mason 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 4:55 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Carol Madison, Chair**, at 4:55 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – February 26, 2025
(*Per Evidence Code 1157*)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –January 29, 2025**

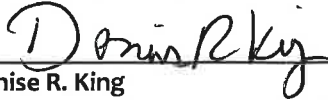
Rose Boulade moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above, **Keith Weber** seconded, and the motion carried with all members voting “aye.”

11.) MOTION TO ADJOURN

Rose Boulade moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:56 pm, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

The next meeting of the Last Frontier Healthcare District’s Board of Directors will be held on May 29, 2025 at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:



Denise R. King
Last Frontier Healthcare District Clerk



4/24/25

Date