



AGENDA

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, August 28, 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 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

- A.) A. Doss – Quality/Risk Management Report to the Board
- B.) K. Kramer – Mountain View and Warnerview Transition Update

Attachment A

REGULAR SESSION

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

- A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – July 31, 2025,
- B.) T. Ryan - Medical Staff Committee Meeting Minutes – July 30, 2025
 - Medical Staff Committee Meeting Minutes – June 25, 2025
 - Committee Reports
 - OP Infusion Committee Minutes – July 8, 2025
 - Surgery Committee Minutes – July 8, 2025

Attachment B

Attachment C

- Pathology Report – June 8, 2025

C.) E. Johnson – Policy and Procedures

Attachment D

DIETARY-SNF

- 8340.25 Equipment Safety
- 8340.25 Emergency Eye Wash
- 8340.25 Equipment Malfunction
- 8340.25 Four-Day Disaster Meal Plan
- 8340.25 Lifting Techniques
- 8340.25 Obtaining Accurate Heights
- 8240.25 Safety Guidelines

NURSING/MED SURG

- 6170.25 Foley Catheter Insertions: Site Care and Removal

EMERGENCY DEPARTMENT

- 7010.25 Neptune Policy and Procedure

FACILITIES/EOC

- 8460.25 Areas Containing Asbestos
- 8460.25 Equipment Management Program
- 8460.25 Safety Policy

INFECTION CONTROL-SNF

- 8753-SNF-A.25 Vaccination of Residents

INFECTION CONTROL-ACUTE

- 8753-A.25 Admission of Patient with Communicable Disease

PHARMACY-HOSPITAL

- 7710.25 Cat Scan Crash Kit
- 7710.25 Medication Errors
- 7710.25 Repacking Records

PHYSICAL THERAPY

- 7770.25 Patient Treatment
- 7770.25 Documentation Guidelines
- 7770.25 Mountain View PT Orientation
- 7770.25 Rehabilitation Services for Skilled Nursing Policy

BUSINESS OFFICE

- 8350.25 Bad Debt Write Off
- 8350.25 Fair Pricing Policy

7. CONSIDERATION / ACTION

A.) E. Johnson – Departmental Manuals

Attachment E

- Central Supply
- Dietary-SNF

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

Attachment F

C.) K. Kramer – Dirt Disposal

Attachment G

D.) E. Johnson – Acute Ventilator

Attachment H

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – July 30, 2025

Attachment I

(Per Evidence Code 1157)

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – June 25, 2025

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – July 30, 2025

(Per Evidence Code 1157)

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – June 25, 2025

8. MOTION TO ADJOURN – C. Madison – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE -
(www.modocmedicalcenter.org) ON August 21, 2025.

ATTACHMENT A

Quality/Risk Management Report



**Last Frontier Healthcare
District**

Chief Executive Officer
Kevin Kramer

Board Members

Carol Madison
Chair

Rose Boulade
Vice Chair

Paul Dolby
Secretary

Mike Mason
Treasurer

Keith Weber
Member

Mailing Address
P.O. Box 190
Alturas, CA 96101

District
1111 N. Nagle Street
Alturas, CA 96101
(530) 708-8801

Hospital
1111 N. Nagle Street
Alturas, CA 96101
(530) 708-8800

Clinic
1111 N. Nagle Street
Alturas, CA 96101
(530) 708-8820

Canby Family Practice Clinic
670 County Road 83
Canby, CA 96015
(530) 708-8830

Warnerview SNF
225 W. McDowell Avenue
Alturas CA 96101
(530) 708-8840

Physical Therapy
120 S. Main Street, Suite A
Alturas, CA 96101
(530) 708-8860

Medical Staff
1111 N. Nagle Street
Alturas, CA 96101
(530) 708-8810

Last Frontier Pharmacy
1111 N. Nagle Street
Alturas, CA 96101
(530) 708-8850

Support Services
229 W. McDowell Avenue
Alturas, CA 96101
(530) 708-8800

**Risk Management Board Report
Facility By Type Summary
For Period 4/1/2025 through 7/31/2025**

AMA / LWBS / Elopement Incidents: 7
EMTALA Incidents: 1
Equipment / Device Malfunction Incidents: 2
Fall Incidents: 12
Grievance Incidents: 3
HIPAA / Privacy Incidents: 2
Hostile Visitor / Patient Incidents: 2
Incomplete or Missing Orders Incidents: 1
Incomplete Progress Notes Incidents: 1
Infection Prevention Incidents: 2
Information Technology Incidents: 1
Medical Records Information Change Request Incidents: 1
Medication Error Incidents: 9
Medication Security Incidents: 3
Missing Content Incidents: 1
Near Miss / General Patient Care Concern Incidents: 13
Other Regulatory Violation Incidents: 1
Other Unsafe Work Condition Incidents: 6
Patient Abuse / Neglect Incidents: 2
Patient Care Management Incidents: 8
Patient Injury Incidents: 2
Policy Violation Incidents: 1
Skin Integrity / Pressure Ulcer Incidents: 5

ATTACHMENT B

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES

(draft)

July 31, 2025



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, July 31, 2025, at 3:30 pm
City Council Chambers; Alturas City Hall; Alturas, California

Directors present: **Rose Boulade, Mike Mason, Paul Dolby, Keith Weber**
Directors absent: **Carol Madison**
Staff in attendance: **Kevin Kramer, CEO; Edward Johnson, CNO; Adam Willoughby, COO; Amber Vucina, CHRO; Jin Lin, Finance Director; Denise King, LFHD Clerk; Dr. Edmonds, CMO**

Staff absent:

CALL TO ORDER

Rose Boulade, Vice 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, located at 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

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

3. PUBLIC COMMENT

There was no public comment.

4. VERBAL REPORTS

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

SNF Project

- Negotiations with Swinerton still ongoing. Our legal counsel is now involved after receiving a letter from them today.
- USDA has completed their review of close out documents for the USDA loan. Current plan is for that to close in October 2025.
- Heard plumbing has not been able to try to kill the geothermal well to facilitate further testing of the well at the high school. This has been delayed since last month.
- No word back from CMS on being able to keep old SNF open.

MRI Services

- Licensing application has been submitted for the unit from Heritage imaging. Awaiting processing of that application and then we can commence MRI services here again.

Federal Budget Cuts

- We are in the process of assessing what impact this will have to us. At the summary level, conservative projections are that our Medicaid reimbursement from the federal government on our supplemental reimbursement programs will likely decline by around 30% and will be implemented over the next three years.
- Once we have better projections for our organization based on specific cuts made to each supplemental reimbursement program, we will begin to develop a plan for how we intend to manage expenses, grow, or structurally change so that we remain financially viable after the cuts are fully implemented.

- In the meantime we have asked Managers to run as efficiently as possible, share ideas on how to cut operational expenses, continue to emphasize patient experience and customer service, and to not fill any positions that are not needed and to place new positions on hold

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

Warnerview

- 5-star CMS rating.
- Census is currently at 50.
- Admissions – three.
- Discharges – four.
- We had one fall with major injury – Fx. Hip – Resident was going to the bathroom without assistance and fell in the bathroom. The resident is back at Warnerview.
- We are scheduled to take 16 residents to the Modoc County Fair on Friday, August 22nd, and scheduled to tour the new SNF on August 25th. This will be our mock patient move to see how the residents respond to the new facility, so we know what to expect on moving day. We will also be having lunch over at the hospital for them before returning to Warnerview.
- We are waiting until we move to the new SNF before we submit our application to become a CNA Clinical Testing Site. We currently have to go to Redding for our CNA students to test. This would keep everything under our roof. And others would be able to come here for testing.

Acute

- Census 6 today – we have been running a daily census of 4 patients.
 - Inpatient – Census 1.57
 - ALOS – 3.36
 - Swing – Census 2.90
 - ALOS – 10.88
- Admissions
 - 14 Acute
 - 8 Swing
- Surgeries
 - 30 Surgeries

ER

- 460 patients
- Census Average 15 per day.

Ambulance

- 75 Runs for the month
- Looking at becoming an American Heart Association Training Center. Currently we are under Sierra Medical Services Alliance (SEMSA). We believe we have all the instructors and offer enough classes to become a training center.

Pharmacy

- 3,248 Scripts filled.
- We have redone the retail pharmacy area with adding 2 additional workstations. We added a full-time pharmacy technician. We are about to offer a position as a full-time pharmacist for Retail and Hospital pharmacy. This will allow us to retail pharmacy coverage on weekends.

Physical Therapy

- 817 Sessions
- We are still looking to find PT that would like to be part of our MMC team. We are heavy with travelers in this department.

Lab

- 4816 Test

Radiology

- 266 X-rays
- 82 Ultrasounds
- 150 CT scans
- The MRI machine was here last week for the inspection, and it passed.

Wound Care Nurse Program

- Our wound care program is operating out of the clinic. The wound care room in the clinic has been set up by Dr. Hagge.

- The infusion area in the hospital addition, would be used if we need to do a procedure that cannot billed out of the clinic.
- Our Wound Care Nurse has remained out on leave. We have been looking for a traveler with experience with not luck yet.

Infusion

- Waiting for the new facility to be completed before we increase our marketing campaign for infusions, wound care and swing bed admissions.
- The Omnicell machine has arrived.
- The infusion chair looks great and is comfortable.

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

Accounting

- We started monitoring the new Fiscal Year budget and plan to send out the P&L monthly report to the managers by the middle of every month.
- We are still working on the Audit Items due by 9/2. As of today, we have 27 items left, out of 111.

Purchasing

- Purchasing does not have any new substantial changes; they have finished the New SNF stocks now.

Floater

- We are looking for two new extra floaters. We interviewed three applicants so far, and we will schedule two more.

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

Permanent/Travel Staff

- We currently have 276 total staff
- We have a total of 21 travelers, both Acute and SNF.

Compliance

- Performance Evaluations 81% compliant
- TB 94% compliant
- Physicals 96% compliant

Recruiter Hired

- Handling all applications and prior to job offer-related tasks
- Will be connecting with colleges to get MMC in front of new graduates at career fairs as well as updating our online presence on Indeed.com, LinkedIn and other job source resources.
- Will be prioritizing recruiting for our heavily used traveler positions: PT, Radiology, and RNs. In addition, she will be taking over the provider recruitment in the near future as well.

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

Revenue Cycle

- Things are going well on the revenue cycle front, with another strong month in June. We had over \$2.35 million in payments, our AR was still in the \$9 million range and our AR days were still in the 60's. With today being the last day of the month, we'll see what July's month end numbers look like tomorrow morning. So far, we're at \$2.5 million in payments with our AR around \$9.5 million and AR days around 63. Krishna and the team are doing a stellar job.
- I have finished implementing all of the recommended changes to our chargemaster that came out of the third-party chargemaster analysis so our chargemaster is as accurate as it can be right now, which is reassuring.

Clinics

- Alturas clinic is rolling along nicely. In Canby, we've had some turnover so we're backfilling some positions and are running shorthanded. Our manager, Julie Carrillo, has been stepping in to pick up some of that slack in the meantime so big kudos to her.

New SNF and HA

- We have the signage package installation set to begin this coming Monday 8/4. It should be completed by Friday 8/8. This is the final piece that needed to be in place in order for the HCAI FLSO, Greg Paul, and local Fire Marshal, Eric Hunter, to do their sign off. We need Greg Paul to sign off so that HCAI ACO, Masoud Abolhassani, can grant us Construction Final (CF). Masoud is scheduled for his CF inspection on Monday 8/11. We also need Eric Hunter to sign off so that Kevin can submit our applications for the new SNF and HA to CDPH. Based upon these timeframes, we have pushed back

the move date of 9/9 since CDPH has up to 3 months to process our licensing applications and the earliest we can submit the applications is Monday 8/11.

- The transition planning is going really well and we have our ducks in a row on that front so we will be ready to move once CDPH approves our licensing applications. Rylee is still working on all of the events we have planned (VIP/Ribbon Cutting, Staff & Family Night, and Public Tour event) although the dates are shifting.

Maintenance

- Marty and his crew deserve major credit as they are in the middle of multiple important projects. They're working on installing 8 card readers in the new SNF and HA, which Berg was going to charge us \$106k for if they were to perform the work, and with Marty doing it, the total cost is going to be less than \$15k. They're also installing 9 security cameras that we pulled out of Berg's scope, which will, again, save us a lot of money. He and his team are also running some wiring for the repeaters for the cordless phones at the nurse stations. They are assembling and placing the outdoor furniture as well. The list keeps going on but Marty and his team deserve some major credit for taking on these projects and saving MMC a substantial amount of money.

IT

- IT has a lot of work going on for the new SNF and HA as well. They are currently working on the configuration of all the TV's, which is a bigger lift than one may think. They're getting computers and phones put in place. There is network infrastructure now in place in the new SNF/HA now that Apex has completed a bulk of the work in their scope. We have a big testing event scheduled for this Monday 8/4 for the nurse call system, Wander Guard system, phones, and overhead paging. The training on those systems will be on Wednesday 8/6.

F.) Board Member Reports

- **Carol Madison** – Absent
- **Paul Dolby** – Toured the New SNF and it is a beautiful building.
- **Mike Mason** – Agreed with Paul that the New SNF is a beautiful building and something to be proud of.
- **Rose Boulade** – Attended the Finance Meeting and Joint Conference. Ask Dr. Edmonds what is new and what he has going on with his departments. Dr. Edmonds shared;
 - Dr. Burkholder taking over as Chief Medical Officer at the end of the year. This is an unexpected but totally welcome development.
 - We are working with a Cardiology group in Reno to establish a presence here in Alturas. Initial plans are to host a Cardiology clinic at MMC, and perform cardiac testing with stress echo to identify and treat advanced cardiac issues.
 - Provider recruitment proceeds apace, and we have strong candidates for a new FNP at MMC. We are also recruiting a new physician to take over Canby for me at the end of the year. Dr. Richert plans to transition to the new SNF to be primary attending for all the patients that are long term patients; this is a huge responsibility, and another welcome development in helping ensure the ongoing high-quality care our patients deserve.
 - Chronic disease management is an exciting new development, as well. Working through the Modoc Clinic, Dr. Burkholder has volunteered to lead the effort to identify and assist in the treatment of complex illnesses which affect our community. This initiative has tremendous potential to improve the overall health and wellness of our community
- **Keith Weber** – Nothing to report.

5. DISCUSSION

There were no discussion items on the agenda.

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 – June 26, 2025

B.) T. Ryan - Medical Staff Committee Meeting Minutes – July 31, 2025

- **Medical Staff Committee Meeting Minutes – May 28, 2025**
- **Committee Reports**
 - **Infection Control Committee Minutes – May 29, 2025**
 - **OP Infusion Committee Meeting Minutes – June 10, 2025**

- Surgery Committee Meeting Minutes – June 10, 2025
- Pathology Report – May 1, 2025
- New Business
 - Cerner Order Dates – Barbare Howe, RDN
 - Nominations for Chief of Staff and Vice Chief of Staff

C.) E. Johnson – Policy and Procedures

DIETARY-SNF

- 8340.25 Accident/Incident Report
- 8340.25 Cleaning Instructions: Cloths, Pads, Mops, Buckets
- 8340.25 Cleaning Instructions: Ice Machines and Equipment
- 8340.25 Cleaning Instructions: Coffee Machines and Urns
- 8340.25 Cleaning Instructions: Counter Space
- 8340.25 Cleaning Instructions: Cutting Boards
- 8340.25 Cleaning Instructions: Floors, Tables, and Chairs
- 8340.25 Cleaning Instructions: Food Carts
- 8340.25 Cleaning Instructions: Freezers
- 8340.25 Cleaning Instructions: Hood and Filters
- 8340.25 Cleaning Instructions: Microwave Ovens
- 8340.25 Cleaning Instructions: Range/Griddles
- 8340.25 Cleaning Instructions: Refrigerators
- 8340.25 Cleaning Instructions: Toasters
- 8340.25 Dishware and Glassware Safety
- 8340.25 Equipment Malfunctions and Repairs
- 8340.25 Equipment Safety
- 8340.25 Floor Safety
- 8340.25 Four-Day Disaster/Emergency Plan for Water
- 8340.25 Knife Safety
- 8340.25 Receiving and Storage
- 8340.25 Cleaning Instructions: Ovens
- 8340.25 Cleaning Instructions: Steam Tables.

PHYSICAL THERAPY

- 7770.25 Rehabilitation Services for Skilled Nursing
- 7770.25 Scope of Practice and Plan for the Provision of Care
- 7770.25 Billing Procedures

PURCHASING

- 8400.25 General Store Inventory
- 8400.25 Non-Stock Purchase Orders
- 8400.25 Storeroom Temperature

NURSING - MED/SURG

- 6170.25 Nurse Staffing Guidelines
- 6170.25 Pedialyte Storage After Opening

EMERGENCY DEPARTMENT

- 7010.25 Medications Requiring Double Verification
- 7010.25 Ventilator Use in the Emergency Department

LABORATORY

- 7500.25 Critical Values Reporting
- 7500.25 Hardy Diagnostics NG-Test CARBA 5

FACILITIES/EOC

- 8460.25 Charging Electric Wheelchairs
- 8460.25 Fire Alarm Pull Station Test
- 8460.25 Fire Door Inspections
- 8460.25 Fire Extinguisher Inspection Sheet
- 8460.25 Fire Safety Fire Alarm System
- 8460.25 Fire Safety Management Plan
- 8460.25 Grounds Safety
- 8460.25 Kitchen Hood Fire Extinguishing System

PHARMACY HOSPITAL

- 7710.25 Pharmacy Records Retention Guidelines

- 7710.25 MMC Antimicrobial Stewardship Program Policy and Procedures

INFORMATION TECHNOLOGY

- 8480.25 Acceptable Computer Usage

RADIOLOGY-MRI

- 7660.25 Screening for MRI Procedure
- 7660.25 MRA Body
- 7660.25 MRA Cervicocerebral
- 7660.25 MRI of the Abdomen (excluding the liver)
- 7660.25 MRI of the Adult Spine
- 7660.25 MRI of the Brain
- 7660.25 MRI of the Elbow
- 7660.25 MRI of the Fingers and Toes
- 7660.25 MRI of the Hip and Pelvis for Musculoskeletal Disorders
- 7660.25 MRI of the Knee
- 7660.25 MRI of the Liver
- 7660.25 MRI of the Pediatric Spine
- 7660.25 MRI of the Shoulder
- 7660.25 MRI of the Soft Tissue Components of the Pelvis
- 7660.25 MRI of the Wrist
- 7660.25 MRI Patient Instructions
- 7660.25 MRI Patient and Personnel Screening
- 7660.25 MRI Safety Guidelines
- 7660.25 Response to a Respiratory or Cardiac Arrest in the Magnet Room
- 7660.25 Screening Orbital X-Rays Prior to MRI

Keith Weber 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.) E. Johnson – Departmental Manuals

Ed Johnson, CNO presented the Departmental Manuals and answered any questions the Board had on the manuals and review processes.

Keith Weber moved to approve the **Departmental Manuals**, **Mike Mason** seconded, and the motion carried with all voting “aye.”

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

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

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

C.) D. King – #25-04 Resolution Requesting Collection of Charges on Tax Roll LFHD FY 25.26

Denise King, District Clerk, presented #25-04 Resolution to the Board and answered any questions they had on the resolution.

Paul Dolby moved to approve **#25-04 Resolution Requesting Collection of Charges on Tax Roll LFHD FY 25.26**, and **Keith Weber** seconded.

Rose Boulade, Vice Chair, called for a roll call vote:

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

The motion to approve **#25-04 Resolution Requesting Collection of Charges on Tax Roll LFHD FY 25.26** as presented carried with all present voting “aye” as shown in the roll call vote above.

D.) K. Kramer – Certification of Assessment

Kevin Kramer, CEO, presented the Certification of Assessment and answered any questions the Board had.

Mike Mason moved to accept the Certification of Assessment as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

E.) K. Kramer – Kathleen Chesney Contract

Kevin Kramer, CEO, presented Kathleen Chesney, PA Contract and answered any questions the Board had.

Keith Weber moved to accept the Kathleen Chesney Contract as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

F.) K. Kramer – Lianne Burkholder Contract Amendment

Kevin Kramer, CEO, presented Lianne Burkholder Contract Amendment and answered any questions the Board had.

Paul Dolby moved to accept the Lianne Burkholder Contract Amendment as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

G.) K. Kramer – Updated Tax Appeal Policy

Kevin Kramer, CEO, presented the Update Tax Appeal Policy and answered any questions the Board had.

Keith Weber moved to accept the **Updated Tax Appeal Policy** as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

H.) K. Kramer – Swinerton Change Order 11

Kevin Kramer, CEO, presented the Swinerton Change Order 11 and answered any questions the Board had.

Mike Mason moved to accept the **Swinerton Change Order 11** as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:22 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Rose Boulade, Vice Chair**, at 4:24 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –June 25, 2025– (Per Evidence Code 1157).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – May 28, 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:
- **Temoor Anwar, MD** – Recommending appointment of Telemedicine privileges in the Radiology category.

The Executive Session of the Board of Directors was adjourned at 4:35 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Rose Boulade, Vice Chair**, at 4:35 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – June 25, 2025 (Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –May 28, 2025**

Paul Dolby 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

Keith Weber moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:37 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 August 28, 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

Date

ATTACHMENT C

Medical Staff Committee Meeting Minutes July 30, 2025



DATE: AUGUST 28, 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 July 30, 2025, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee Meeting Minutes – June 25, 2025

B. COMMITTEE REPORTS

1. OP Infusion Committee Meeting Minutes – 07/08/2025
2. Surgery Committee Meeting Minutes – 07/08/2025

C. PATHOLOGY REPORT – 06/08/2025



MEDICAL STAFF COMMITTEE MEETING

June 25, 2025 – Education Building

MINUTES

In Attendance

Edward Richert, MD Vice Chief Medical Officer
 Lianne Burkholder, MD
 Landin Hagge, DO
 Barbara Howe, RDN
 Kevin Kramer- CEO

Vahe Hovasapyan- Pharmacist
 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 1210 by Dr. Richert, MD Vice Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of May 28, 2025.	Minutes approved by motion, second, and vote. Forward to Governing Board.
	1. The following Committee Reports were reviewed with no corrections or additions noted: A. Infection Control Committee Meeting Minutes, 05/29/2025 B. OP Infusion Committee Meeting Minutes, 06/10/2025 C. Surgery Committee Meeting Minutes, 06/10/2025	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 05/01/2025	Report at next meeting
IV. VICE CHIEF MEDICAL OFFICER REPORT	Currently, Clinic continues to be taking new patients. With Ryan here and our same days, it seems to be improving in that regard. We are getting a retinal camera from Partnership. The Radio Ads are going to now be published in the newspaper at least once so that will be good to see.	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	We are currently TB screening for the new California Law about screening periodically, we decided yearly and while the Cerner form for this is not working, we are using paper to track this.	
V. EMERGENCY ROOM REPORT	Nothing to Report.	
VI. CEO REPORT	<p>Currently, I have a mobile MRI update. Heritage, the company we contracted with to start doing this service at some point, they do now have the California Insignia which they were waiting for and are now coordinating fire marshal inspections so that the unit can be passed and certified in each county the unit will be in. Previously, they failed those inspections, so we are hoping they pass so we can get it up and running. On the other side of that long-term, the agreement to purchase and share a mobile MRI unit amongst the five facilities has been approved by the Board. So, after the contract with Heritage is up at two years, the plan is to transition to our own unit shared between the five of us and it will be us, Fall River, Plumas, Eastern Plumas, and Seneca. On the recruitment front, we have received some resumes for Dr. Edmonds and Dr. Richert's backfill, but nothing that we are too excited about. I have a phone call coming up with a potential candidate, so I will let you guys know how that goes. Once we fill those positions, the plan is still to transition Dr. Richert to a Skilled Nursing Facility Provider. SNF project wise, we are still in negotiations with Swinerton. The tone of that has changed a bit. I think we are going to be able to reach an agreement and find some middle ground. I have a call with them tomorrow so I will let you guys know how that goes. In the meantime, I am reviewing finance documents to close the loan with the USDA. That is supposed to happen in September, so there is just a lot of reading going on right now. There is still no word from CMS on whether we can keep the old Skilled Nursing Facility open. This week they told me by next week, but I have been told two weeks for the past couple of months so maybe that answer will come soon. However, we are actively planning to move and how we are going to operate, so we hired a company that is going to help with that. Right now,</p>	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>the date we are planning to move is the second week in September. We are planning on having a ribbon cutting ceremony and it will be more of a VIP event involving politicians, and all that. The following week we will likely have a staff night for all MMC staff to be able to come in and walk through the building. We will serve some food and just make an evening out of it. We will also have an evening where we do public tours around the building as well. Also, I have some proposed strategic plans we are focusing on for this year just to keep you guys in the loop so please review that and let me know if you guys have any questions, concerns, or other ideas. Lastly, DHCS QIP, Alicia and I would like to provide you guys with training, and we need to try to capture most of the Clinic Providers. There is one metric which is the tobacco screening that we missed by three percent and that is all based on just no documentation of interventions on tobacco sensations. So, we want to speak to you guys a little bit about that and make sure the whole group is aware of what the valid interventions are and how to document those.</p>	
VII. CNO/SNF REPORT	Absent.	
VIII. PHARMACY REPORT	<p>Currently, for the Retail Pharmacy, we are looking to expand the Pharmacy and are well on our way. We are going to add two new stations due to having a great increase in our prescription load, so we are going to need this. The landing date is mid-July for the new terminals and after that hopefully we will be able to get a second clerk and a second Pharmacist there to help Darryl out with things. On the Inpatient side, I have finished programming this pediatric syringe pump for all the emergency medications and antibiotics, so it is waiting for final review. I am going to finish configuring Omni Cells this month so that we can kind of get started on getting the new Omni Cells into the Hospital before the end of the year hopefully because they are reaching a new life. We are also still looking for another Pharmacist for the Hospital side.</p>	Report at next meeting
NEW BUSINESS I. CERNER ORDERED DIETS	<p>The following New Business was presented for review/approval:</p> <ol style="list-style-type: none"> 1. Cerner Ordered Diets presented by Barbara Howe, RDN 	After review and discussion, a recommendation was made to implement the Cerner Ordered Diets and Updated

SUBJECT	DISCUSSION	ACTION
POLICY REVIEW & APPROVAL	2. Updated Policies, June 2025 (50)	Policies (50) presented June 2025. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.
NEW BUSINESS II. MEDICAL STAFF OFFICER NOMINATIONS	<p>The nominations for Chief of Staff were opened by re-nominating Dr. Matthew Edmonds, MD.</p> <p>The nominations for Vice Chief of Staff were opened by re-nominating Dr. Edward Richert, MD.</p> <p>Both physicians have:</p> <ul style="list-style-type: none"> • Demonstrated understanding of the functions and purposes of the Medical Staff. • Demonstrated the willingness to assure that patient welfare always takes precedence over other concerns. • Demonstrated an understanding and willingness to work towards attaining reasonable policies and requirements. • Demonstrated the administrative ability applicable to the respective office. • Demonstrated the ability to motivate and work with others to achieve the objectives of the Medical Staff and Hospital. • Demonstrated clinical competence in their field of practice. • Are of Active or Limited Active members of the Medical Staff (and remain in good standing as an active Medical Staff member while in office). • Not having any significant conflict of interest. <p>These qualifications have been determined through close observation by members of the Medical Staff, peer evaluation, and participation in Medical Staff functions.</p>	<p>After review and discussion, based upon meeting the established criteria/qualifications for Chief of Staff and Vice Chief of Staff, as well know character, current competence, training, experience and judgment, participation in other Medical Staff functions, the nominations were ratified by motion, second, and vote. Results will be forwarded to the Governing Board for final approval.</p>
IX. ADJOURNMENT	The meeting was adjourned at 1300.	

El Ruz mo

07/30/2025

Edward Richert, MD Vice Chief Medical Officer

Date



MINUTES

OP INFUSION COMMITTEE MEETING

Tuesday, 7/8/2025 at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Surgery Department Alturas, California

Present:

- Susan Sauerheber, Committee Chair
- Shirley Hughes, Infusion
- Vahe Hovasapyan, Hospital Pharmacy Manager
- Matthew Edmonds, M.D. COS
- Linda Sawyer, Infusion Nurse
- Delinda Gover-Perez, Surgery Manager
- Sandra Brown

Absent:

- Ed Johnson

Subject	Discussion	Attachment
1. Call to Order	The meeting was called to order by Delinda Gover-Perez at 8:30 am in the Surgery Room.	
2. Agenda Approval	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. Minutes	Reviewed and discussed	Attached hereto
4. Old Business	See Attached Note: Linda did talk to Lassen/Banner and is setting up a date to go there and view their Infusion Department	
5. New Business		
	<ul style="list-style-type: none"> • We still need to put together a list of providers that are referring. 	
	<ul style="list-style-type: none"> • Advertising deadlines about the same 	
	<ul style="list-style-type: none"> • New Infusion are beautiful 	
	<ul style="list-style-type: none"> • Missing second dose procedure 	
	<ul style="list-style-type: none"> • New Infusion Order Form (attached) 	Approved/in Revver

Subject	Discussion	Attachment
6. Roundtable Do we want to start having roundtable after we do old and new business???		
7. Adjournment	The next OP Infusion Meeting will be Tuesday, 8/12/2025 @ 8:30 a.m. in the Surgery Room.	



MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 7/8/2025, at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Surgery Department Alturas, California

Present:

- Sandra Brown
- Delinda Gover Perez, Committee Chair
- Matthew Edmonds, M.D. COS
- Susan Sauerheber, Nursing Manager

Absent:

- Sidney Barnes, Surgery Tech
- Ed Johnson, CNO
- Linda Sawyer, RN
- Edward Richert, M.D.
- Dale Syverson, M.D.
- Kevin Kramer, CEO
- Marty Shaffer, Plant Op Director
- Katrina Murray

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order by Delinda Gover-Perez at 8:30 am in the Surgery Room.		
2. Agenda Approval	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. Minutes	See Attached from 6/10/2025	
4. Old Business	See attached Minutes	
5. New Business		
A.	<ul style="list-style-type: none"> • What is the limit for weight on surgical procedures (gall bladder) at MMC? • A: BMI of 35 	
B.	<ul style="list-style-type: none"> • Torman probably didn't sign in under a different encounter in Cerner when she struggled with the referral 	
C.	<ul style="list-style-type: none"> • VOLUME-doing good, pretty booked on surgery days (ENDOSCOPY, HERNIAS, CANCER REMOVAL) 	

Subject	Discussion	Attachment
D.	<ul style="list-style-type: none"> • STRIKER CO2 problem, says empty and is not, Delinda has found a work around for the moment. 	
6. Roundtable Discussions between Infusion Department and Surgery about the upcoming move and how nice the new Infusion area looks with the chairs all faced looking out the window!!		
7. Adjournment	The next Surgery Meeting will be Tuesday, 8/12/2025 @ 8:30 a.m. in the Surgery Room.	



PATHOLOGIST ON-SITE VISIT REPORT


DATE OF VISIT: 6/8/2025

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

While in medical records, I reviewed 23 surgical path reports and compared them with their clinical histories. In addition, I reviewed 1 blood transfusion report and 2 mortality reports. There were no issues identified with any of this report.

While in the laboratory, I spoke with Walter, and he indicated everything was going well with staffing and equipment. There is a slight issue with the fact that some of the tests done on Nova will be slightly higher than those done on Vistra. The Nova is our back up machine so when it needs to be used the clinicians will be informed of the issue with why some of the values may be higher. Levi has been offered part-time with benefits this will be a great help to the laboratory and assured stability with the staffing for many years in the future. Walter is going away to the Philippines for vacation for a few weeks however Brenda and Levi will be preparing the data which I will review while he is gone, and he will be back by the time I return in August. I also examined the siemens hemostasis QAP program for May, the Sysmex C-620 maintenance log, the competency testing for Brenda Lewis and for Walter Dimarucut. The XN-550 QC chart for May, the UA Cantrell clinic Teck test results for April level 1 and level 2, the ALOCLR scientific group report for April. The exceptions report for chemistry for April. The Exceptions report for February the American Proficiency Institute (API) proficiency testing for immunology immunohematology first event 2025, the letter from nova biomedical concerning BUN results, the paternal safety data sheets, the siemens hemostatic QAP program for April. The nova bio medical data exceptions report May, the QC report for glucose monitoring for May, the QC results for glucose monitoring for April, the results for monitoring glucose for February, the Modoc Medical Center monthly quality control review summary for February, March, April, and May, the American Proficiency Institute (API) testing results for chemistry chore event 2 for 2025, the QC data for the vitros 7600 hemoglobin for February March and April, the American Proficiency Institute (API) corrective action check list for hematology coagulation first event 2025, the XN-L control QC charts for April, the XN-550 QC data for March. The QC for the vitros 760 for the hemoglobin A1C for January.

I spoke to Dr. Self in the Emergency Room, and he indicated he had no issues with the laboratory and was happy with the performance of the staff and the results generated by the laboratory.


ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

7/7/25
Date

ATTACHMENT D

Policies and Procedures



MEMORANDUM

DATE: 8/28/2025
TO: Last Frontier Healthcare District Board of Directors
FROM: Policy Committee
SUBJECT: **Review of Departmental Policies and
Review of Departmental Manual (Yearly)**

The following information regarding Departmental Policies is submitted for your review:

Review of Departmental Policies (see attached):

DIETARY-SNF

8340.25 Equipment Safety
8340.25 Emergency Eye Wash
8340.25 Equipment Malfunction
8340.25 Four-Day Disaster Meal Plan
8340.25 Lifting Techniques
8340.25 Obtaining Accurate Heights
8240.25 Safety Guidelines

NURSING/MED SURG

6170.25 Foley Catheter Insertions: Site Care and Removal

EMERGENCY DEPARTMENT

7010.25 Neptune Policy and Procedure

FACILITIES/EOC

8460.25 Areas Containing Asbestos
8460.25 Equipment Management Program
8460.25 Safety Policy

Review of Departmental Policies (see attached):

INFECTION CONTROL-SNF

8753-SNF-A.25 Vaccination of Residents

INFECTION CONTROL-ACUTE

8753-A.25 Admission of Patient with Communicable Disease

PHARMACY-HOSPITAL

7710.25 Cat Scan Crash Kit

7710.25 Medication Errors

7710.25 Repacking Records

PHYSICAL THERAPY

7770.25 Patient Treatment

7770.25 Documentation Guidelines

7770.25 Mountain View PT Orientation

7770.25 Rehabilitation Services for Skilled Nursing Policy

BUSINESS OFFICE

8350.25 Bad Debt Write Off

8350.25 Fair Pricing Policy

Review of Departmental Manuals and Department Manager's Memo and Annual Review Signature Page (see attached):

CENTRAL SUPPLY

Memorandum

Annual Review Signature Page

To complete approval of the above-listed Policies and Procedures, please sign and date the Spreadsheet at the bottom where indicated.

To complete approval of the above-listed Manuals, please sign and date where indicated on the Annual Review Signature Page.

Thank you for your time and attention to the above.

Respectfully submitted,



Sandra A. Brown

Administrative Assistant to CNO

1111 N. Nagle Street

Alturas, CA 96101

(530) 708-8808

Enc.

DIETARY-SNF

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 EQUIPMENT SAFETY	
DEPARTMENT:	DIETARY-SNF	REVISED 5/2025

PURPOSE:

~~It is the~~The purpose of this policy is to ensure that staff understand safety precautions when using electronic equipment in the kitchen.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

NONE

POLICY:

It is the policy of Modoc Medical Center that safety precautions will be followed when using electrical equipment.

PROCEDURE:

Employees will be trained in the use of the equipment they will use on the job, as follows:

1. Hands will be dry prior to touching any electrical appliance, plug or electrical outlet.
2. Safety devices (guards, attachments, etc.) will be firmly attached and in place prior to using equipment.
3. Fingers, hands, spoons, knives, etc. should be kept away from moving parts. Food should not be removed until moving parts have stopped.
4. Equipment will be in the “off” position prior to plugging the machines into the electrical outlet.
5. Electrical equipment will be turned off and unplugged prior to cleaning or adjusting.
6. All equipment will be cleaned properly, following the instructions in the equipment manual.
7. Mixers will not be started until the bowl is properly placed and the “beater” is securely fastened.
8. A spatula or other appropriate tool should be used to push food into a mixer, grinder, blender, or food processor.
9. Equipment will not be left on when unattended.
10. Extension cords will not be used.
11. All electrical plugs manufactured with 3 prongs must be maintained as such.
12. The safety guard and food holder on the slicer, rather ~~that~~than hands, will always be used to push the food down to the blade. The slicer should be turned off and the slicer blade returned to zero (0) when finished slicing or walking away from the machine.
13. Cut-resistant gloves will be used to protect hands when using slicers.

REFERENCES:

NONE

ATTACHMENTS:

NONE

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 EMERGENCY EYE WASH	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED5/2025

PURPOSE:

~~The purpose of this policy is to ensure that all dietary staff are trained in the use of the emergency eye washing station.~~
The purpose of this policy is to ensure that all dietary staff are trained in the emergency eye washing station.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center that all dietary ~~staff will~~staff know the location of the emergency eye wash station. Staff will know how to operate the emergency eye washing station and when to use it at appropriate times.

PROCEDURE:

1. If an eye washing station ~~is~~ available, all staff will ~~be in~~be ~~inserviced~~ during initial employee orientation, ~~and~~dy yearly thereafter on the following.
 - a. Location of the eye washing station
 - b. Operations of the eye washing station
 - c. Appropriate use of the eye washing station.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE # 8340.25	EFFECTIVE
SUBJECT: 8350.25 EQUIPMENT MALFUNCTION	
DEPARTMENT: DIETARY -SKILLED NURSING FACILITY	REVISED 7/2025

PURPOSE:

It is the purpose of this policy is to ensure that all malfunctions and repairs will be reported.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center (MMC) that all equipment malfunctions and repairs will be reported to the Dietary Manager and/or Maintenance.

PROCEDURE:

1. When a piece of equipment malfunctions, the dietary manager must~~will~~ be notified.
2. The dietary manager will notify the maintenance department by phone or in writing if needed, informing them how quickly that piece of equipment is needed.
3. The administrator must approve services or purchase of parts or outside repair according to MMC policy.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 FOUR-DAY DISASTER MEAL PLAN	REVISED 02/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE

The purpose of this policy is to provide a menu that supplies an adequate amount of food and water in the event of a disaster.

TERMS/DEFINITIONS

- Perishable supplies: Foods that have a limited shelf life, spoil easily and become unsafe for consumption.
- Potable water: Water that is safe to drink or use for food preparation.

POLICY

It is the policy of Modoc Medical Center (MMC)'s Acute Skilled Nursing Dietary Facility (SNF) Dietary Department that in the event of a disaster where there is (loss of electricity, gas, and/or water), there will be at least four days of meals available for 50+100 residents/patients and 50 staff at the SNF/Acute facility located at 1111 North Nagle Street.

PROCEDURE

- All perishable supplies will be used before non-perishable supplies. Perishable foods include, but are not limited to, fresh fruits and vegetables, all refrigerated food and the frozen/frozen food if the freezer is not functioning.
- Based on licensing and staffing for the SNF/Acute facility, there will be an adequate supply of disaster foods/food for 50 residents and 50 staff/100 people for four for four days.
- The disaster supply will include enough food for breakfast, lunch, dinner and snacks along with enough dry milk to reconstitute and serve with meals. It will also include puree canned food for all meals and snacks.
- The disaster supplies are in the e-Ae Disaster Supply Room #NS126 in the Acute-ASNF storage room 1(SNF1) located in the SNF Administration Hall.
- The key to that room is in the SNF/Acute Dietary KKitchen in the office in the top office drawer
- There is are 352 6 can cases of canned water/2 in the # SNF1 storage 000-gallons of potable water- available from the tank in the mechanical yard at the Acute facility that can be used for drinking, cooking and reconstructing dry foods. It may also be used for patient care and flushing toilets.
- An additional 150 of 16.9-ounce water bottles 17 cases containing 24 bottles each will be in the #SNF1/Acute (NS126).

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 FOUR-DAY DISASTER MEAL PLAN	REVISED 02/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

- A variety of canned juices, canned foods, dry foods and ready-to-use foods are available in the ~~Aeute~~ SNF Dry Storage Room located in the ~~Aeute~~ SNF Kitchen.
- Peanut butter, tuna fish, pudding, cottage cheese and yogurt (if available) may be used for protein sources.
- Boost and Ensure drinks are available to use as nourishments and supplements in the ~~Aeute~~ SNF Kitchen dry storage.
- A four-day disaster meal plan is provided along with enough disposable products to serve the meals to the patients and staff.
- Special diets may need to be temporarily modified except for the puree, grinder and mechanical soft diets.
- Puree diets may have cold cereal, bread, or toast that has been soaked with milk, all other foods must be the consistency of pudding.
- Dry cereal, individual applesauce cups and a variety of pudding cups are available in the ~~Aeute~~ SNF Kitchen dry storage for use with puree diets.
- Mechanical soft diets must have all foods soft enough to chew and not cause choking, but not pureed.
- Food thickener is always available in the ~~Aeute~~ SNF Kitchen dry storage.
- The following is a list of food and supplies available in the Disaster Supply Storage:
 - Sixteen (16) cases of freeze-dried meals that serve 25 complete meals for the day per case. Four (4) cases per day serves 100 servings per day x four days = 16 cases. Cooking instructions and nutritional content are shown on the label of the product.
 - Two (2) cases of puree chicken and one (2) case of puree green beans.
 - One (1) case of six (6) five-pound bags or equivalent of dry milk.
 - Twelve hundred (1,200) disposable food containers
 - Four hundred (400) disposable bowls and lids.
 - Twenty-four hundred (2,400) disposable cups and lids.
 - One (1) case of 3,000 disposable napkins.

REFERENCE #	8340.25	EFFECTIVE
SUBJECT:	8340.25 FOUR-DAY DISASTER MEAL PLAN	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 02/2025

- Two (2) cases each containing 1,000 knives, [forks](#), and spoons.

REFERENCES

1. Dorner, Becky, Diet and Nutrition Care Manual: A Comprehensive Nutrition Care Guide, Becky Dorner & Associates, Inc., Dunedin, FL 2019.
2. Modoc County Office of Emergency Services.

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 LIFITING TECHNIQUES	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 5/2025

PURPOSE:

It is the purpose of this policy to provide guidelines regarding proper lifting techniques to be used in the dietary department.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center to use correct and safe technique when lifting objects.

PROCEDURE:

Staff will be trained to properly lift items and will be able to demonstrate proper lifting at the end of departmental training, as follows.

1. Determine the load size and details
 - a. If the item is large, bulky, awkward or heavy, assistance will be requested, or a hand truck will be used.
 - b. Employees should check for any exposed hazardous surfaces such as nails, wood splinters, etc. and use gloves if needed to lift the object.
 - c. Employees should be sure there is a clear path to where the object is to be moved.
2. Lift the object
 - a. If lifting by hand, the object should be held as close to the body as possible before lifting.
 - b. Employee should squat or bend at the knees, keeping back straight.
 - c. A firm grip is required, and the weight should be divided between both hands.
 - d. Firm footing is required before lifting the object.
 - e. Leg and thigh muscles should be used for lifting rather than the back.
 - f. Keep the back straight when lifting and keep the object close to the body.
3. Moving the object
 - a. The object should be held close to the body with the weight evenly distributed between both hands.
4. Lowering the Object
 - a. A clear spot for the object to be set down should be determined.
 - b. Lower the object by bending at the knees and keeping the back straight.
 - c. Fingers and toes should be clear before putting the object down.

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 LIFITING TECHNIQUES	
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	REVISED 5/2025

Note: Heavy articles should not be lifted overhead. Employees should request help lifting heavy objects.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 OBTAINING ACCURATE HEIGHTS	REVISED 6/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE:

The purpose of this policy is to ensure that all residents' heights be recorded upon admission.

AUDIENCE:

All Staff

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center that all residents' heights will be documented upon admission. Height will be remeasured each year or upon significant change, such as, double amputation.

PROCEDURE:

- Nursing will be responsible for the initial ~~determination~~measurement and documentation of each residents' height. This will be included in the initial nursing assessment and/medical nutrition therapy assessment (MNT), and in a designated location ~~within~~ the electronic medical record.
- Nursing will re-measure each resident individual height annually or with significant changes, such as double amputation.
- Staff will follow acceptable procedures to obtain accurate height.

REFERENCE:

None

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ATTACHMENTS:

None

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 SAFETY GUIDELINES	REVISED 5/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

PURPOSE:

The purpose of this policy is to establish that the dietary department is equipped with safety equipment, and safe procedures are to be followed in daily work routines and equipment operations.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center that safety is an important aspect of food service. The food and nutrition services department will be supplied with safety equipment, including appropriate signage and protective work gear. Staff will be trained on safety precautions to maintain a safe working environment. Safe procedures will be followed in daily work routines and equipment operations to help prevent accidents.

PROCEDURE:

1. Staff will be trained in general safety guidelines and precautions.
2. The dietary manager will stress safe techniques during the orientation of new employees, and daily with all employees. For example:
 - a. Instructions for safe equipment operation should be readily available. Staff will be trained to ask for help if they are not sure how to use a piece of equipment. Equipment will meet standards set by the National Sanitation Foundation (NSF).
 - b. Hot equipment should be handled carefully to guard against burns. Potholders should be used to handle hot pots and pans. The handles of pans should be turned away from the edge of the stove to prevent accidental spilling. Appliances should be turned off immediately after using.
 - c. Chipped or cracked glassware and dishes should be discarded.
 - d. Spills on the floor should be wiped up immediately to help prevent falls. All personnel should observe warning signs, such as "wet floor" signs.
 - e. Heavy boxes should be lifted properly to prevent injury but squatting rather than bending over. Two or more employees should lift heavy articles when necessary, or lift equipment used as needed.
 - f. Gloves will be required when using bleach, oven cleaner, abrasive cleaner, or other harsh chemicals. Safety glasses will be required as recommended by chemical safety data sheet (SDS) or equipment manufacturer's instructions.
 - g. Steady, sturdy stepladders, not boxes or chairs, should be used to reach for items. Swinging doors should be approached with caution.
 - h. Appropriate cleaners should be used to avoid slippery areas on the floor. Use "wet floor" signs in appropriate areas to avoid falls.
 - i. Employees should walk, not run, in the kitchen, dining, and storage areas. Flat shoes with skid guard (rubber) soles and closed toes are required.
 - j. Traffic areas will be free from debris and clutter.

REFERENCE #	8340.25	EFFECTIVE 2005
SUBJECT:	8340.25 SAFETY GUIDELINES	REVISED 5/2025
DEPARTMENT:	DIETARY -SKILLED NURSING FACILITY	

3. Equipment will be kept in proper working order. Malfunctions should be reported to the dietary manager immediately.
 - a. Employees will be familiar with work procedures and safe practices to be followed.
 - b. Employees should immediately report any unsafe conditions to the dietary manager.
 - Broken lights, broken chairs, frayed electrical cords, damaged plugs, defective equipment, leaky faucets, broken china or glass, or other unsafe items should be reported to the dietary manager.
 - Accidents, injuries, burns, cuts, sores, respiratory or gastrointestinal infections should be reported to the dietary manager and an incident form completed. Injured employees or visitors will receive immediate medical attention.
4. Staff should be trained in the safety (SDS) for the chemical products in use in the facility.
5. Fire safety procedures will be followed if a kitchen or facility fire occurs.

REFERENCES:

NONE

ATTACHMENTS:

NONE

NURSING/MED SURG

REFERENCE#	6170.25	EFFECTIVE: 4/2025
SUBJECT REMOVAL	6170.25 FOLEY CATHETER INSERTION; SITE CARE AND	REVISED
DEPARTMENT:	NURING -MED SURG	

PURPOSE:

The purpose of this policy is to provide guidance to licensed nursing staff for insertion, care, and removal of an indwelling urinary catheter.

AUDIENCE:

Department Wide

POLICY:

- Indwelling catheter insertion and removal will be performed by a licensed nurse.
- Indwelling catheters will only be inserted when medically necessary:
 1. Acute urinary retention or obstruction
 2. Monitoring of urine output in critically ill patients.
 3. Post-operative requirements of specific procedures.
 4. To assist in healing of open sacral or perinea! wounds in incontinent patients.
 5. Patients that require prolonged immobilization.
 6. End-of-life care.
 7. Physician judgment.
- The need for the catheter will be assessed daily.
- The smallest appropriately sized catheter will be used when inserting an indwelling urinary catheter.
- Alternatives to an indwelling urinary catheter may include intermittent catheterization, a toileting program, and use of a condom or suprapubic catheter.
- Indwelling foley will be removed as soon as its use is no longer indicated.
- Foley catheter care is performed twice daily, after a bowel movement (ensuring catheter is also cleaned), and as needed.

PROCEDURE FOR INDWELLING CATHETER PLACEMENT:

1. Assemble equipment needed for procedure.
2. Perform hand hygiene.
3. Explain procedure to patient and/or caregiver as appropriate emphasizing the need to maintain a sterile field.
4. Verify patient allergies.
5. Provide privacy.
6. Don non-sterile gloves.
7. Raise bed to a comfortable working height. Lower side rails. Position the patient.
8. Place ~~disposable~~ disposable blue pad under ~~patient's~~the patient's buttocks.
9. Provide light to ~~allow~~allow for better visualization.
10. Wash perinea! area with approved cleansing product:

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- For a female patient, open labia and cleanse entrance to urinary meatus with approved cleanser and washcloth wiping from front to back on each side with a downward stroke. using a new washcloth with each stroke. In a side lying position, pull upward on upper labia ~~majorammina~~.
- For a male patient, cleanse the suprapubic and pubic area with approved cleanser and washcloth. Grasp the shaft of the penis firmly. Cleanse urinary meatus and glands with approved cleanser and washcloth beginning at the urethral opening. Retract foreskin on uncircumcised male patients. Cleanse in a circular motion moving from the meatus outward towards the shaft of the penis. For uncircumcised male patients, push foreskin back into place after cleansing.

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11. Discard washcloths.
12. Remove and discard gloves. Perform hand hygiene. Don clean non-sterile gloves.
13. Drape patient so only perineum is exposed.
14. Set up a sterile field:
 - Remove catheter kit from outer plastic package.
 - Place catheter kit between patient's knees (preferred). Carefully open outer ~~edgesedges~~, opening first flap away from the nurse. If using a side lying position, place ~~kitthe kit~~ about one (1) foot from perineal area near thighs.
 - Remove full drape from the kit with fingertips and place the plastic side down just under buttocks by having the patient lift their hips. Keep the other side sterile as this will be the sterile work field.
15. Don sterile gloves.
16. Prepare items in the kit for use during catheter insertion:
 - Pour the antiseptic solution over applicators (i.e., cotton balls/swabs).
 - Lubricate catheter tip with gel (three to four inches for females; seven to eight inches for males). Place it back into tray so the catheter tip is secure in tray.
 - If drainage tubing is already attached to the catheter, place tubing and bag securely on sterile field, close to other equipment. Attach the catheter to the drainage bag if not already done.
 - Check clamp on the collection bag to be sure it is closed.
 - Attach prefilled syringe to balloon port, but DO NOT test the balloon.
17. With sterile hand, move the cleaning tray to the end of the sterile field. Move the catheter and collection bag closer to the patient.
 - Female:
 1. ~~RemoveRemove~~ fenestrated drape from kit and drape perineum so the labia are exposed.
 2. ~~11. SeparateSeparate~~ labia minora with non-dominant hand.
 3. ~~m. WithWith~~ the dominant hand, cleanse meatus with the appropriate applicators. For patients with sensitivity or allergy to the antiseptic solution provided in the urinary catheter kit, sterile saline or sterile water can be applied to applicators for meatal cleansing.
 4. ~~1v. Wipe~~ downward once with each applicator and discard.
 5. ~~v. Begin~~ at labium on the side farther from you and move toward labium closer to

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you.

6. ~~v4~~. Wipe once down the center of the meatus.

- Male:

1. Remove fenestrated drape from kit and place penis through hole in drape with non-dominant hand. Keep dominant hand sterile.

2. ??? penis up to a 90-degree angle to the patient's body. With the non-dominant hand, gently grasp the glans tip of the penis and retract foreskin, if necessary.

- iii. With the dominant hand, cleanse the meatus and glans with antiseptic solution, beginning at urethral opening and moving toward the shaft of the penis. Make one complete circle around the penis with each applicator, discarding after each wipe. For patients with sensitivity or allergy to the antiseptic solution provided in the urinary catheter kit, sterile saline or sterile water can be applied to the applicator for meatal cleansing.

18. Using the sterile dominant hand, pick up the catheter about 1.5 to 2 inches from the tip with the thumb and first finger.
19. Carefully gather additional tubing into the dominant hand.
20. Ask the patient to bear down and take slow, deep breaths. Encourage slow deep breathing until the catheter is placed.
21. Insert the tip of the catheter slowly through the urethral opening.
 - Female: to approximately 3-4 inches or until there is urine noted in the tubing.
 - Male: to approximately 7-9 inches or until there is urine noted in the tubing. Lower penis to about a 45-degree angle after the catheter is inserted about halfway.
22. If resistance is met, verify position. DO NOT FORCE the catheter. If unable to advance the catheter, remove the catheter and notify the physician.
23. After the catheter has been advanced successfully, advance another 1 to 1.5 inches.
24. Inflate the balloon with the appropriate amount of sterile water (an amount will be printed on the catheter) and gently pull back on the catheter until it stops.
25. Secure the catheter loosely to the thigh with an approved securement device on the side where the drainage bag will be hanging. In male patients, the catheter can be secured to the thigh or abdomen with an approved securement device. To prevent skin breakdowns, securement devices must be removed and changed every seven days according to the manufacturer's instructions.
26. If there is an order for urinalysis and/or urine culture, remove gloves and perform hand hygiene and don new gloves prior to the specimen collection.
 - Specimens should be collected aseptically from the sampling port. Specimens for urinalysis or culture should never be obtained from the urine in the collection bag.
27. Make certain tubing is not kinked, twisted, obstructed or caught on bed railing.
28. The drainage bag should always be below the level of the bladder to prevent reflux of urine.
29. Clear the bed of all equipment.
30. Position the patient for comfort and replace the linens for privacy.
31. Raise the top side rails and put the bed in the lowest position.
32. Measure the amount of urine in the drainage bag.
33. Remove and discard gloves. Perform hand hygiene.
34. Document the following in the patient's electronic medical record (EMR):
 - Bladder scan results (if bladder scan is performed).
 - Date and time of catheterization.
 - Type and size of the catheter.
 - The amount of sterile water inserted into the balloon.

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- Amount, color, consistency and/or odor of urine returned upon catheter insertion.
- Any difficulties encountered during the insertion of urinary catheter.
- Urine specimen collection if obtained.

PROCEDURE FOR CATHETER SITE CARE:

1. Assemble equipment.
2. Catheter care and perineal cleansing can be delegated to a certified nursing assistant after proper instruction and observation.
3. Perform hand hygiene.
4. Explain procedure to the patient/caregiver as appropriate, emphasizing the need to clean around the catheter and manipulate tubing.
5. Determine if the patient is allergic to antiseptics or soaps.
6. Provide privacy.
7. Don non-sterile gloves.
8. Raise the bed to a comfortable working height and lower the side rails.
9. Drain the foley tubing.
10. Place a blue pad under the patient's buttocks.
11. Remove the tubing from the securement device.
12. Position the patient in a supine, dorsal recumbent or side-lying position.
 - For male patients, cleanse suprapubic and pubic area with approved cleanser and washcloth. Grasp the shaft of the penis firmly. Cleanse urinary meatus and glans with approved cleanser and washcloth beginning at the urethral opening. Retract the foreskin on uncircumcised male patients. Cleanse in a circular motion moving from the meatus downward and outward towards the shaft of the penis. For uncircumcised male patients, push the foreskin back into place.
 - For female patients, open the labia and cleanse entrance to urinary meatus with approved cleanser and washcloth wiping from front to back on each side with a downward stroke, using a new washcloth with each stroke, cleaning the innermost surface outward.
13. Remove gloves, perform hand hygiene and don a new pair of non-sterile gloves.
14. Assess catheter insertion site for redness or unusual drainage. Notify the provider if irritation is noted or ~~patient~~the patient has discomfort.
15. Clean the catheter from the insertion site to approximately six inches distally with hospital approved cleanser and washcloths.
16. Remove any dried secretions ~~on~~from the tube. Be sure not to pull on the catheter.
17. Discard washcloths.
18. Re-anchor the catheter tubing with an approved securement device.
 - For male patients, place on the abdomen or thigh.
 - For female patients, place on the thigh.
19. Remove all supplies/equipment from the bed.
20. Position the patient for comfort.
21. Raise the top two side rails and put the bed in the lowest position.
22. Remove and discard gloves.

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23. Perform hand hygiene.
24. Document the procedure in the patient's EMR.

PROCEDURE FOR REMOVAL OF INDWELLING FOLEY CATHETER:

1. Verify provider orders to remove indwelling urinary catheter.
2. Review the medical records to check the amount of sterile water inserted into the balloon.
3. Explain the procedure to patient/caregiver as appropriate.
4. Provide privacy.
5. Perform hand hygiene.
6. Don non-sterile gloves.
7. Raise the bed to a comfortable working height and lower the side rails.
8. Position the patient in supine or side-lying position.
9. Place ~~disposable~~ disposable blue pad under the patient's buttocks.
10. Insert syringe into the balloon port valve.
11. Aspirate the total amount of sterile water that was used to inflate the balloon. Once started, the syringe should fill passively.
12. Instruct the patient to relax and take slow deep breaths.
13. Slowly pull the catheter out onto the disposable blue pad.
14. Hold catheter up until all the urine in tubing has drained into the drainage bag.
15. Measure the amount of urine in the drainage bag, noting the color and odor.
16. Empty urine from drainage bag into graduated container.
17. Discard catheter and drainage bag by wrapping them in a disposable blue pad.
18. Cleanse perineal area with ~~approved~~ approved cleanser.
 - For male patients, cleanse suprapubic and pubic area with approved cleanser and washcloth. Grasp the shaft of the penis firmly. Cleanse urinary meatus and glans with approved cleanser and washcloth beginning at the urethral opening. Retract foreskin on uncircumcised male patients. Cleanse in a circular motion moving from the meatus outward toward the shaft of the penis. For uncircumcised male patients, push foreskin back into place.
 - For female patients, open labia and cleanse entrance to urinary meatus with approved cleanser and washcloth wiping from front to back on each side with a downward stroke. Use a new washcloth with each stroke. In the side lying position, pull upward on upper labia mmora.
19. Position patient for comfort.
20. Raise the side rails and put ~~bed~~ the bed in ~~lowest~~ the lowest position.
21. Remove gloves and perform hand hygiene.
22. Instruct the patient to notify the nurse of ~~need~~ the need to void. If it is necessary for the patient to save urine, place a specimen urine collection device in the toilet for ~~patient~~ the patient. For the male patients, place a urinal within reach.
23. Document the following in the patient's EMR:
 - Reason for removal.
 - Date and time of ~~the catheter~~ catheter removal.
 - The amount of urine, color, and odor of urine in ~~collection~~ the collection bag.

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- Any difficulty with removal of catheter.
- The patient's tolerance to procedure.

REFERENCE:

Center for Disease Control and Prevention (2009). Guideline for Prevention of Catheter-Associated Urinary Tract Infections. Retrieved from <http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf>

Smith-Temple, J., & Young Johnson, J. (2009). Nurses' guide to clinical procedures (6th Ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Wald, H. L., Fink, R. M., Flynn-Makic, M. B., & Oman, K. (2012). Catheter associated urinary tract infection prevention. In Boltz, M., Capezuti, E., Fulmer, T., Zwicker, D. Evidence-based geriatric nursing protocols for best practice (4th Ed.) (pp. 388-408). New York, NY: Springer Publishing Company, LLC.

EMERGENCY DEPARTMENT

REFERENCE #	Click or tap here to enter text.	EFFECTIVE: 4/2025
SUBJECT:	NEPTUNE HUDSON RCI HUMIDIFIER DEVICE	REVISED
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:

The purpose of this policy is to provide guidance to the nursing staff on the assembly and use of the Neptune Hudson RCI Humidifier device.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

High flow nasal cannula oxygen: enables delivery of heated and humidified air/oxygen blend at flow rates which are higher than a patient's inspiratory flow. It has been shown that oxygen can be delivered more effectively than low-flow oxygen therapy or face mask high-flow oxygen. High flow oxygen washes out end-expiratory oxygen-depleted gas, resulting in more oxygen inhalation in the next breath and less carbon dioxide rebreathing. The heating and humidification of inspired gases during nasal cannula high flow therapy improves patient comfort by reducing the sensation of respiratory distress and mouth dryness.

POLICY:

It is the policy of Modoc Medical Center to provide safe, effective, and evidence-based care of the patient receiving high flow oxygen.

PROCEDURE:

1. Install the Concha Smart or Comfort Flow column and Concha water reservoir:
 - Insert the column into the humidifier. Be sure that the tubing clamp(s) is closed.
 - Place the water reservoir into the reservoir holder.
2. Connect the ventilator circuit to the column:
 - Remove the cap from the top of the column.
 - Connect the humidifier line from the ventilator to one of the ports on the column.
 - Connect the inspiratory tubing elbow to the remaining port on the column.
 - Connect the expiratory tubing elbow to the expiratory port on the ventilator.
3. Connect the dual temperature probe:
 - Insert the temperature probe plug into the jack at the lower front of the humidifier.
 - Place the short-cabled probe at the column outlet and the long-cabled probe into the inspiratory side of the patient's wye.
 - **Warning:** The temperature probes must be properly placed in the breathing circuit before operating the humidifier. Failure to properly connect the temperature probes may cause the unit to alarm and shut down.
4. Connect the heated-wire pigtail (not applicable when using conventional circuits):
 - Connect the inspiratory limb heated-wire (blue) pigtail to the blue heated-wire connector on the humidifier cable. Connect the expiratory limb heated-wire (yellow) pigtail to the yellow heated-wire connector on the humidifier cable.

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- Verify heated wires are connected to the humidifier before turning the unit on.
- 5. Connect the water reservoir to the column:
 - Remove the cap from the column's bottom puncture pin. Push and twist the pin through the puncture site at the bottom of the reservoir. Insert the pin all the way. Repeat this procedure for the top puncture pin and puncture site.
 - Open the tubing clamp(s) and gently squeeze the reservoir bottle.
 - Verify that water is visible in the bottom column tubing.
- 6. Turn on the ventilator or gas source.
- 7. Turn the humidifier's power ON.
 - Press and hold the power button for three seconds until you hear startup tones.
- 8. Confirm or change the setting:
 - Verify that current settings are acceptable and if so, press the checkmark button to accept or after thirty second, setting will automatically be accepted. The heater will begin warm up and then normal operation. Wait approximately twenty minutes for the system to equilibrate.
- 9. Warm-Up Mode:
 - During warm-up mode, the "C" will flash, and the LED (Light Emitting Diode) display will show the actual proximal patient airway temperature. Warm-up mode ends when the patient airway temperature reaches within 0.5 degrees Celsius of the set airway temperature. Once warm-up mode is complete the "C" will stop flashing.
- 10. Normal Operation:
 - After warm-up mode, the humidifier will convert to normal operation.
- 11. Pause:
 - To facilitate activities such as circuit changes and nebulizer treatments, the Hudson RCI Neptune features a pause time period. During this period, humidifier settings are maintained and automatically re-activated when the designated pause time ends.
 - To active the pause mode, press and hold the pause button. The timer icon will illuminate, and the LED display will count down the remaining time in pause. The factory default pause time is 30 minutes.
 - During pause, the power to the humidifier is reduced and the power to heated-wires is turned off. The humidifier will not allow adjustment of the mode, airway temperature, temperature gradient or pause interval.
 - To exit pause mode, press the flashing pause button or allow the pause time to expire. Both exit methods will return the humidifier to warm-up and normal operation.
 - Do not exit the pause mode until there is regulated gas flow through the system.
- 12. Adjusting temperature and gradient:
 - Press and hold the checkmark button for three seconds to enter adjustable mode.
- 13. Temperature control:
 - Always verify airway temperature and that there is regulated gas flow through the system before connecting the humidifier to the patient. Failure to do so may result in heat buildup, causing a bolus of hot air to be delivered to the patient.
 - To increase the airway temperature, press the increase button once for each degree desired.
 - To decrease the airway temperature, press the decrease button once for each degree desired.

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- To accept the new temperature, press the accept button. The unit will return to Warm-Up and normal operations.
14. Humidity gradient control:
- It is recommended that you move one gradient at a time. Wait twenty minutes for the system to equilibrate.
 - Additionally, the goal is to see small beads of condensation in the patient's Y-piece to ensure the patient is receiving optimal humidification.
15. Accept new settings:
- Once the desired settings are entered, press the checkmark button to accept changes. Observe inspiratory tubing and patient Y-piece for appropriate humidification (moisture beading).
16. Cleaning:
- To clean the device after each use, use a 3% hydrogen peroxide solution or sodium hypochlorite to disinfect the outer surfaces. DO NOT use alcohol or solvent on the unit.
 - Caution: never autoclave, gas sterilize, irradiate, pasteurize, or submerge the unit in solution.
17. Routine Checks:
- Observe the condensation levels in the breathing circuit with every ventilator check. Drain, as necessary.
 - Replace the Concha-Column with each ventilator circuit change. Avoid contact with HOT metal surfaces. NEVER reprocess the Concha-Column. Columns are designed for single-patient use.
 - Warning Burn Hazard: The metal surfaces of the column and heater may be HOT (as high as 140 degrees Celsius). Allow the column and heater to cool before handling.
 - Check the water reservoir for adequate sterile water. Water level at or below the replacement line may cause erratic temperature fluctuations.
 - To change the water reservoir: close all clamps leading to the column and remove the upper puncture pin from the reservoir; carefully remove the reservoir from the holder and lower the reservoir to a level below the column. Orient the reservoir so that the holes are on top. Remove the lower puncture pin from the reservoir; Discard the used reservoir and place a new Concha sterile water reservoir in the reservoir bracket; Press the lower pin through the puncture site at the bottom of the reservoir. TWIST and PUSH the pin all the way in. Repeat this procedure for the top puncture pin and puncture site; Open all clamps on the column and squeeze the reservoir to initiate flow into the column.
 - Caution: proper operation of the humidifier requires proper installation of the water reservoir. Follow the reservoir installation instructions exactly.
 - Check the digital temperature display on the humidifier whenever making any adjustments to the setup.
 - Check the LED icons whenever an alarm condition occurs and note the digital temperature display.

REFERENCE:

(Concha Therm Neptune Heated Humidifier REF 425-00 User's Manual 88924-07 03/07.)

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FACILITIES/EOC

REFERENCE # 8460.25	EFFECTIVE 2/2019
SUBJECT: 8460.25 AREAS CONTAINING ASBESTOS	
DEPARTMENT: FACILITIES/EOC	REVISED 6/2025

PURPOSE:

The purpose of this policy is to provide a safe working environment for all employees and other people who could potentially be exposed to areas containing asbestos while working at Modoc Medical Center (MMC).

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

NONE

POLICY:

It is the policy of MMC to protect employees and other people from potential exposure to asbestos, while working at MMC.

PROCEDURE:

1. LIMITING EXPOSURE/RECORD KEEPING.

- a. Entry to areas containing asbestos at MMC will be restricted to employees or other professionals only, who have a legitimate need to be in that area. Other people shall not be permitted into these areas at MMC.
- b. Entry to a potentially hazardous area, containing asbestos should only take place when absolutely necessary, and the time that an employee is in an area containing asbestos or exposed to these areas should be recorded.
- c. Staff or other professionals permitted to be in an area containing asbestos, should move slowly and cautiously to minimize air disturbance so as to control the amount of dust/fiber entering the air.

2. MEDICAL EXAMS.

- a. An exam will be performed on each staff member accessing areas containing asbestos upon hire and annually thereafter.
- b. The exams performed on staff should include the following:
 1. Chest x-ray (initial and every three years)
 2. Spirometry with forced vital capacity (FVC) and forced expiratory volume per second (FEV1).
 3. Physical exam directed at the pulmonary and gastrointestinal system.

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SUBJECT:	8460.25 AREAS CONTAINING ASBESTOS	
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4. A complete standardized questionnaire.
5. Health teaching regarding limiting exposure to tobacco smoking and other environmental pollutants.

3. PROTECTIVE APPAREL AND PRACTICES.

- a. High efficiency respirators are provided to staff members and professionals accessing areas with asbestos. Educational programs/training is provided for staff to instruct the user on use, fit, storage and cleaning of respirators and other personal protective equipment (PPE).
- b. Protective clothing (full body) is provided for all staff and professionals with instructions on disposal, transport and/or laundering of protective clothing.
- c. Access to showering and/or other decontamination procedures are available for staff and professionals to utilize as needed after access to areas containing asbestos has occurred.
- d. MMC prohibits eating, drinking, or smoking while in areas containing asbestos.

4. COMMUNICATION OF HAZARDS.

- a. Warning signs shall be present that clearly demarcate areas containing asbestos, unless it is embedded in flooring and contained by the mastic glue used to hold flooring down. Signs should be clearly visible prior to entry.
- b. Appropriate signs may include the following
 1. DANGER
 2. POTENTIAL RESPIRATORY AND LUNG DISEASE HAZARD
 3. AUTHORIZED PERSONNEL ONLY
 4. RESPIRATORS AND PROTECTIVE CLOTHING ARE REQUIRED IN THIS AREA

5. TRAINING REQUIREMENTS

- a. Training is required prior to exposure for new personnel and annually thereafter for all staff accessing areas containing asbestos.
- b. Training is to include but is not limited to the following:

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SUBJECT: 8460.25 AREAS CONTAINING ASBESTOS	REVISED 6/2025
DEPARTMENT: FACILITIES/EOC	

- Education regarding limiting exposure to environmental pollutants.
 - Use of protective clothing and respirators.
 - Housekeeping procedures.
 - Decontamination procedures and hygiene.
 - Medical surveillance.
 - Emergency procedures and waste disposal
- c. Training material is available to all employees, accessing areas containing asbestos.

REFERENCES:

NONE

ATTACHMENTS:

NONE

REFERENCE # 8460.25	EFFECTIVE 3/2018
SUBJECT: 8460.25 EQUIPMENT MANAGEMENT PROGRAM	REVISED 2/2025
DEPARTMENT: FACILITIES/EOC	

PURPOSE:

The purpose of this policy is to identify the frequency and requirements for equipment included in Modoc Medical Center's (MMC) equipment management program.

POLICY:

It is the policy of MMC to conduct regular maintenance and inspections of equipment that is used for the diagnosis, treatment, monitoring, and care of patients and other pieces of equipment as outlined in this policy.

PROCEDURE:

All electrically operated equipment which is used for the diagnosis, treatment, monitoring and care of patients, including electrically operated patient beds, are included in the equipment management program for MMC. All equipment that falls within the equipment management program of MMC will meet the maintenance requirements as outlined below.

Maintenance Requirements:

Semiannual preventative maintenance, safety inspections, and bio-med electrical safety inspections will be completed on all equipment in the equipment management program at MMC. The results of inspections and maintenance will be kept by the facilities department.

Incident history is documented and maintained in the facilities department. Equipment displaying unusual repair history or unusual incidence of injury to staff or patients will be evaluated for necessary changes/replacement.

All other non-clinical, electrically powered equipment will receive preventative maintenance semiannually and will be reviewed annually for incidents. This equipment will include, but is not limited to lamps, televisions, calculators, radios, and computers. This equipment will also be safety inspected annually by the facilities department staff, and a tag or sticker will be affixed to the piece of equipment after it is inspected.

The maintenance director will audit at least 20% of the Bio-Medical Safety inspections to ensure adequate testing is completed.

REFERENCE # 8460.25	EFFECTIVE 3/2018
SUBJECT: 8460.25 EQUIPMENT MANAGEMENT PROGRAM	
DEPARTMENT: FACILITIES/EOC	REVISED 2/2025

ATTACHMENTS:

EQUIPMENT MANAGEMENT FORMULA AND LIST

The following formula is used to identify equipment that will fall within the equipment management program at MMC:

Each piece of equipment at MMC is assigned an equipment management (EM) number based on the following formula:

$$EM = \text{Function} + \text{Risks} + \text{Required Maintenance}$$

Only those devices that have an EM number greater than or equal to 12 will be included in the Equipment Management Program. The scoring for each of these categories (Function, Risk, and Required Maintenance) are outlined below:

1. Equipment Function: Each category in the four groups is assigned a value from 1 - 10.

Therapeutic

Life Support	10
Surgical and Intensive Care	9
Physical Therapy and Treatment	8

Diagnostic

Surgical and Intensive Care Monitoring	7
Additional Physiological Monitoring and Diagnostic	6

Analytical

Analytical Laboratory	5
Laboratory Accessories	4
Computer and Related	3

Miscellaneous

Patient Related and Other	2
Non-Patient Related	1

REFERENCE # 8460.25	EFFECTIVE 3/2018
SUBJECT: 8460.25 EQUIPMENT MANAGEMENT PROGRAM	REVISED 2/2025
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2. Physical Risk is evaluated and assigned a value of 1 - 5 according to the following:

Patient Death	5
Patient or Operator Injury	4
Inappropriate Therapy or Misdiagnosis	3
No Significant Risks	1

3. Inherent Risks

Very High Inherent Risks	5
High Inherent Risks	4
Average Inherent Risks	3
Minimal Risks	2
No Significant Risks	1

4. Maintenance Requirements are evaluated and assigned a value of 1 - 5 according to the following:

Extensive	5
Above Average	4
Average	3
Below Average	2
Minimal	1

REFERENCE #	8460.25	EFFECTIVE 3/2015
SUBJECT:	8460.25 SAFETY POLICY	REVISED 2/2025
DEPARTMENT:	FACILITIES/EOC	

PURPOSE:

The purpose of this policy is to establish guidelines and procedures for the [EngineeringFacilities](#) Department/Service within a healthcare facility.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center (MMC) to establish a comprehensive framework for ensuring the safety of personnel, protecting equipment, and maintaining the proper functioning of facilities and systems within the healthcare facility.

PROCEDURE:

RESPONSIBILITY:

The [EngineeringFacilities](#) Department will maintain all facilities as needed. The safety activities will extend throughout the total physical plant. The personnel in the [EngineeringFacilities](#) Department will be familiar with equipment, devices, controls, machines, and work procedures. It is a constant responsibility of all concerned to maintain the hospital in a clean and safe environment. Each individual will be on a constant vigil for hazards involving fire, personnel, electrical, mechanical, and plumbing situations which will directly affect the operation of the hospital to meet its mission. Each individual will be qualified in his/her assigned duties or responsibilities. The primary [functionobjective](#) is to [be one-of-perform](#) preventative rather than corrective maintenance.

FORMALIZED MAINTENANCE PROGRAMS:

The formalized maintenance program consists of specific preventative maintenance, inspections, tests, and requirements in the form of schedules, specifically prepared for the hospital equipment.

MAINTENANCE, TESTS AND INSPECTION SCHEDULES:

All maintenance, tests and inspection schedules are prepared for the hospital by the Director of [EngineeringFacilities](#). These schedules and procedures are listed in detail. These are kept in the office of the Director of [EngineeringFacilities](#).

SIX CARDINAL PRINCIPLES:

- Have the right tool for the job – do not use a substitute.
- Use it correctly.
- Maintain tools in good operating condition.

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- Put it away properly.
- Safety goggles, shields and respirators will be worn, as well as protective clothing, as required.
- The [EngineeringFacilities](#) Department/Service personnel will thoroughly familiarize themselves with the proper methods of lifting and carrying materials.

HAND TOOLS AND EQUIPMENT:

In conjunction with the hospital Safety Officer and the Inservice Coordinator, all [EngineeringFacilities](#) Department/Service personnel will be instructed in the proper and safe use of hand tools and equipment by the Director of [EngineeringFacilities](#).

POWER TOOL SAFETY:

- Power tools will be operated by authorized personnel only. Such tools will be inspected before each use.
- Any defect, such as a frayed cord or a broken plug, will be reported immediately and repaired as soon as possible. In the interim, the equipment will be posted "DO NOT USE".
- Never use an ungrounded tool, especially in a wet location or when in contact with metal. (Ungrounded are only permitted if double-insulated under the standards of Occupational Safety and Health Administration (OSHA)).
- Never use ordinary hand tools in explosive or extremely dusty atmospheres; use only non-sparking tools, including explosion proof flashlights.
- Extension cords will be used in a safe manner (in accordance with OSHA).
- Cords will be suspended overhead if there is traffic that might cause a hazard, will be yellow/orange in color, and of proper amperage for [the](#) tool being used.
- Guards will be kept in place on portable equipment, such as grinders and saws.
- Safety glasses will be worn when using portable power equipment as well as when using shop equipment.
- Power tools will be cleaned with high-flash solvents. When using compressed air, the line will have less than 30 PSI pressure. Wear facial protection.
- Disconnect the plug from the receptacle when changing guards or accessories on a tool being used.
- Power tools will be used and maintained in strict accordance with the manufacturer's instructions. The instructions will be maintained on file in the office of the Director of [EngineeringFacilities](#) and

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will be referred to as needed. Repairs of equipment will be made only by qualified persons or by the manufacturer.

- Extra caution will be used when tools of any kind are being used on a ladder or a scaffold. Only wooden UL approved ladders will be used when doing electrical repairs or revamping.
- When working on electrical switches or systems, the valves or switches will be deenergized at the source and tagged to prevent reenergizing.
- Electrical wiring will be accomplished by qualified engineering electricians who follow recommended codes and use material and techniques approved by Underwriters Laboratory.

LADDER SAFETY:

- Portable ladders will be equipped with nonslip bases. The bottom should be held, tied or otherwise secured to prevent slipping. If a stepladder is used on a polished floor, a nonslip material will be applied to the front feet.
- Straight ladders will be placed so that the horizontal distance from the base of the plane of the support is about one-fourth the ladder length between the ground and the top support. A minimum of three feet of ladder should extend above the support, in accordance with the OSHA requirements.
- Ladders will never be used as runways or scaffolds.
- Ladders will not be placed in front of a door that opens towards the ladder unless the door is locked, blocked, or guarded.
- Never lean ladders against glass or plastic.
- Ladders will have solid footing and should be equalized on both sides so that they cannot sink or overturn.
- Ladders will be climbed with both hands on the rails or rungs. If materials must be handled, they will be hauled up by rope and bucket. Paint buckets will be held to the ladder rung by "S" hooks rather than by one hand.
- The ladder will always be faced by the user. The worker will not lean too far out to the side of the ladder or too far overhead; he/she will never stand higher than the third highest rung of a single or extension ladder.
- Routines for ladder inspection will be maintained, and ladders will be inspected before each use. Defective ladders will be tagged for immediate repair or destruction.
- Short ladders will never be spliced to provide additional length.

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- Loose tools and materials will not be placed on the top step of folding ladders, but on a folding shelf. Screw drivers and small tools can be set in holes drilled into the top of folding ladders, where they are handy but will not roll off.
- Metal ladders will never be used around electrical circuits or in places where they might come into contact with electricity.
- Public areas where ladders are being used will have warning signs or be roped off.

MACHINE EQUIPMENT:

The [Engineering Facilities](#) personnel will use caution and intellect when operating machine equipment. The following guidelines will help it do this:

- Proper guarding will be provided for all machines. Equipment will never be operated after guards have been removed.
- Any rotating part of the machine must be guarded against contact. Even smooth, slowly rotating shafts may grip clothing or hair. The danger is increased if collars, keys, or belts are exposed. Rotating mechanisms usually need complete enclosure.
- Exposed shaft ends will present smooth surfaces. They will not project more than one-half the shaft diameter beyond the bearing or hub unless they are guarded by caps or sleeves.
- Gears will be enclosed on all sides and have no opening that exceeds one-half inch if the guard is within four inches of the gear. Gear guards will be made of metal.
- A conventional air-circulating fan on the floor or suspended below seven feet from the floor will have a mesh guard, with a mesh of not more than one-half inch, completely covering the blades. Fans set above floor level will have the bases securely fastened.
- Circular saws will be guarded by a hood that will cover the teeth at all times. The hood will adjust itself automatically to the thickness of material being cut and remain in contact with the material.
- Table saws will be equipped with a spreader, splitter, or riving knife to keep material from the back edge of the saw. Material kicked back from the table saws is a frequent cause of serious injury. Also, many injuries occur in the cutting of short lengths of stock.
- A guard that adjusts itself as the stock strikes against it will cover the table opening on the working side of the cage.
- Unused parts of sanders will be enclosed. Discs will be enclosed under the table. Plane drums will be fenced behind and partially covered by an exhaust hood. The ends of belt sanding machines will be enclosed with metal guards that should also serve as part of the exhaust system.

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- Grinding and buffing wheels will be provided with exhaust hoods; hood guards will be standard equipment. A transparent shield will be fixed to the grinder to help protect the eyes, and eye protection should be worn. Wheels will be inspected daily for cracks and scaling.
- All saws, planers, lathes, and grinders will have excellent lighting at the point of contact and will conform to ANSI Standards, "Practice for Industrial Lighting", and "Practice for Protective Lighting".
- The Director of [EngineeringFacilities](#) will see that power machines are not abused and are used only by trained, authorized personnel.

MACHINE GUARDS:

Too frequently, the purpose of guarding is misunderstood in that it is thought to concern only the point of operation or a power transmission part. However, guarding is also necessary to prevent injuries from other causes on and around machines. Specifically, machine guarding protects against or prevents injury from these sources:

- Direct contact with the moving parts of a machine.
- Work in process (kickbacks on a circular rip saw, metal chips from a machine tool, splashing of hot metals or chemicals, and so forth).
- Mechanical failure
- Electrical failure
- Structural failure
- Human failure, prompted by such things as curiosity, zeal, distraction, fatigue, indolence, worry, anger, illness, and deliberate chance taking.

Any guard must:

- Conform to the standards of OSHA or the state inspection department that has jurisdiction.
- Be considered a permanent part of the machine or equipment.
- Afford maximum positive protection.
- Prevent access to the danger zone during operation.
- Not weaken the structure of the machine.
- Be convenient, not interfere with efficient operation of the machine, and cause no discomfort to the operator.

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- Be designed for the specific job and specific machine, with provision for oiling, inspections, adjustment, and repair of the machine parts.
- Be durable, resistant to fire and corrosion, and easily repaired.
- Be constructed strongly enough to resist normal wear and shock and withstand long use with a minimum [amount](#) of maintenance. The guard will not itself prevent hazards, such as splinters, pinch points, shear points, sharp corners, or rough edges.

FLAME-CUTTING, WELDING AND SOLDERING:

The following standards will prevail in the use of acetylene torches for flame-cutting and welding:

- Acetylene gas tanks will [always](#) be [always](#) capped when not in use. They will be stored upright and secured with a chain or other form of holding device. They will be kept from heat and flame, in a space designed for flammable gas storage. Never store with oxidizing gas.
- Flame-cutting and welding will be accomplished in maintenance areas. If it is vital that such work be done elsewhere in the hospital, adjacent areas and their equipment (pipelines, combustible structural materials, and so forth) must be properly inspected beforehand. Smoking will be prohibited in areas where acetylene gas tanks or flammable liquids are located. A fire watch with a portable fire extinguisher will be on scene as needed.
- Personnel will wear proper protective equipment, including gloves, hoods, goggles, and aprons. Also, they will wear ankle-high shoes, with trousers secured outside them to prevent molten material from falling into the shoes.
- Adequate screening and warning devices will be set up to prevent eye injuries to workers nearby.
- Before welding is done on containers of flammable liquids or on empty containers that previously contained flammable liquids, the containers will be thoroughly decontaminated. Such procedures are described in Safe Practices for Welding and Cutting Containers that have held combustibles, published by the American Welding Society.
- It is hazardous to flame-out sanitary risers used for flammable liquids. If cutting is required, personnel will flush the risers with water, restrict their use during the cutting period, and make an explosive meter test prior to the cutting operation. If doubt exists, work will be delayed, or the system will be purged with nitrogen.

In addition, personnel will:

- Wear gloves and either goggles or a face shield while welding and soldering; keep their sleeves rolled down, shirt collars buttoned, and trouser legs over the shoe tops.
- Melt solder only in a thoroughly dry pot or a ladle secured against upsets.
- Never put chilled solder or a moist object into a hot solder pot or ladle.

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- Make sure that all explosive vapors have been removed from containers before working on them.
- Place hot irons on racks or holders away from all combustible materials.
- Disconnect electrical soldering irons immediately after use. Keep the cord and connections in good condition.
- Never test the temperature of an iron by holding it near your hands or face.
- Never snap or throw solder to get it off a hot iron.

PAINTING AND SPRAYING:

- Proper and adequate fire extinguishers must be available in the paint shop.
- All lacquers and thinners will be kept only in safety cans approved by Underwriters' Laboratories. They will be stored in accordance with state and local fire codes.
- Adequate protective equipment, face masks, goggles, gloves, and so forth will be worn by [Engineering Facilities](#) Department/Service personnel when they spray paint. Tools will be nonferrous and non-sparking.

ELECTRICAL SAFETY:

Before machinery is worked on, the electrical controls will be deenergized, tagged, and locked. Tags and one-key locks will be removed only by the person who originated their use. Tagout/lockout equipment is located in the Maintenance Office.

- Electricians will not repair, service, or perform any operations on energized electrical lines or equipment except for these purposes or under these conditions:
 - Line voltage and current tests with suitable instruments.
 - Cutting off power lines when they present an immediate hazard to life.
 - Replacement of fuses in circuits of 150 volts or less. Only journeymen electricians should replace higher-rated fuses.
 - After a determination that power cannot be interrupted, work on circuits of more than 440 volts will be performed by a public utility contractor; work on circuits of 440 volts or less may be performed by a qualified installation electrician or helper.
 - If the voltage adjacent to equipment being worked on exceeds 250 volts, two or more electricians will be present.

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- If it is necessary to switch off high-voltage circuit breakers or disconnect switches or other equipment to clear a supply feeder or apparatus, two qualified electricians will be present while switching is in progress.
- All electrical workers will be trained in artificial respiration techniques.
- Electrically operated vending machines will be provided with a grounding cord and cap.
- Panel board circuit identification directories will be kept current.
- The wattage rating for lamps will be limited to the design value. Bulbs extending past the rim of the reflector present hazards of burns, fire and shattering glass.
- Safe electrical equipment must be provided. Where permanent operations are to be performed, an outlet will be installed directly at the site. Extension cords used in operating rooms must comply with the National Fire Protection Association Standard. Cord caps (plugs) will be purchased with hand plugs to eliminate strain on the wiring connections. Wiring and all other electrical equipment will bear the Underwriters' Laboratories label.
- In nonfixed electrical equipment furnished with power cords, any exposed metal parts not carrying current will be grounded through a special cord and plug. Adapters will be provided until all outlets can be converted to the grounding type. Equipment that is especially critical includes the following:
 - Equipment used around moisture. This includes water baths, physiotherapy equipment, drinking fountains, stirrers, and water pick-up machines.
 - Readily movable equipment used with or around moisture. This includes centrifuges, ovens, and hot plates.
 - An electrical supply of more than 150 volts.
 - Hand-held, motor-operated equipment.
- Television installations will be approved by the [Engineering/Facilities](#) Department/Service, who will determine the need for grounding and for lighting of protective devices.
- Emergency electrical power will be provided ~~for~~ as detailed in the Utilities Management section of this manual.

BOILER AND HEATER ROOMS:

The greatest single safety need in a boiler room is a qualified individual in charge, with competent helpers on ~~the~~ off shifts. Boilers can be operated efficiently and safely for many years, but only if the boiler and piping system ~~is~~[are](#) kept in proper operating condition through regularly scheduled inspections, proper

Commented [AV1]: Applicable?

REFERENCE #	8460.25	EFFECTIVE 3/2015
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maintenance, and repair. A boiler will not be placed in service until an operating certificate has been obtained from the governing authority.

Definite characteristics mark a good boiler installation:

- There will be ample room for proper maintenance and for any expansion required by additions to the healthcare facility.
- Lighting will be ample for reading of the water solum, pressure gauges, valves, and so forth.
- Two or more exits shall be provided, one at either end of the boiler. Exit doors will always open outward.
- Stacks, whether brick, concrete or steel, shall be equipped with grounded lightning arresters. Never will a stack be mounted directly on the boiler.
- Boiler safety valves must be set in accordance with the code specifications of the American Society of Mechanical Engineers. Only a qualified boiler inspector or a person specifically trained shall change the setting of a safety valve.
- Steam safety valves of hot water-heating boilers shall be set at 15 pounds above the water working pressure of boilers in which such pressure is not greater than 50 PSI.
- Glass on water gauges shall have guards if not made from safety glass.
- Boiler blowdown Inservice shall be accomplished in accordance with chemical water treatment service. On small installations, the blowdowns shall be done at least once during each shift or every eight-hour period.

INSPECTION AND MAINTENANCE SCHEDULES:

A well-kept schedule of periodic inspection and testing, together with appropriate criteria and a system for recording, will be based on these standards:

- **Unfired Pressure Vessels** -Every unfired pressure vessel operating at a pressure above 60 PSI and having a capacity of 15 gallons will be inspected annually by a person qualified by NBBPVI and in accordance with the ASME Boiler Construction Codes. The inspectors will make an external observation of safety devices and other appurtenances; if the vessel has a manhole, they will also make an internal inspection. A certificate will be posted at the vessel.
- **Hot Water Tanks and Heaters** -Temperature and pressure-relief devices on hot water tanks and heaters will be inspected monthly.
- **Steam-Heated Boilers Equipment** -Urns, kettles, vegetable steamers, autoclaves, and the like will be inspected quarterly for operation of thermostats, steam traps, safety valves, control, or pressure-reducing valves and vacuum breakers.

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- **Lightning Protection** -Lightning protection equipment will be inspected annually for condition of air terminals, conductor, bonding, grounding connections and system resistance to ground, in accordance with NFPA Standards, "Lightning Protection Code".
- **Safety Showers** -A monthly inspection will be made to determine that the water supply is on, that actuation by the chain and lever is proper, and that silt accumulation does not interfere with effective operation. Unless silt has accumulated or unless it is impossible to determine whether the water is shut off, flow tests need not be made. However, each installation will bear an inspection tag certifying that the actuating device is in operating order (that the chain is not tangled and so forth, and that the water supply valves are open).
- **Autoclaves** -Autoclaves will be inspected quarterly to ascertain any faults, such as inaccurate recording pressure and temperature gauges. A sterility indicator will be used as a cross check. Safety valves will be blown off at least once a month to ascertain that they are in working order. Gaskets will be replaced regularly to prevent leakage or sticking to the door; they will be lubricated only with graphite, never with oil. A stuck door will not be opened with pressure, and a pressure lock will not be forced open.

MISCELLANEOUS PRECAUTIONS:

- Equipment that is potentially contaminated (infectious, toxic or radioactive) will be certified as safe by the appropriate branch, laboratory, or department chief before it is repaired or cleaned. The certification will be in writing on a tag attached to the equipment. This precaution extends to fixed building equipment, such as plenums and vacuum pumps.
- When batteries are being charged, open flames or other possible ignition sources will be kept away from them, and smoking will be prohibited in the area. Hydrogen given off during the charging operation is highly flammable and may flash or explode, so a well-ventilated space is required.
- Valves and switches always will always be shut off when work is done on steam and hot water pipelines or electrical switches and systems. Warning tags will be put on valves as well as switches to keep other personnel from operating them.
- Hot water thermostats will be regulated so that the temperature does not exceed 110 degrees Fahrenheit at taps in patient areas.
- Periodic checks will be made to determine that all automatic doors closed on inside fire stairs are in proper working condition and that no fire doors are blocked open.
- Requests from any personnel to repair unsafe conditions will get as prompt a response as possible.
- The Director of EngineeringFacilities and hospital Safety Officer will make semiannual rounds of the EngineeringFacilities Department/Service and grounds using the attached check list as a guideline. All unsafe conditions or employee practices will be recorded, and corrective action takenwill be taken immediately.

REFERENCE #	8460.25	EFFECTIVE 3/2015
SUBJECT:	8460.25 SAFETY POLICY	REVISED 2/2025
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REFERENCES:

[None.](#)

ATTACHMENTS:

[None.](#)

INFECTION CONTROL-SNF

REFERENCE #	8753-SNF-254-03	EFFECTIVE	
SUBJECT:	VACCINATION OF RESIDENTS: PNEUMOCOCCAL, INFLUENZA, RSV, COVID AND OTHERS 8753-A 25 VACCINATION OF RESIDENTS: PNEUMOCOCCAL, INFLUENZA, RSV, COVID AND OTHERS	REVISED	2024
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY		

Commented [SFT]: ~~8753-A 25~~ Is this a new policy? If not, can you add the effective dates and any revisions dates?

PURPOSE:

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

AUDIENCE:

Department Wide

TERMS/DEFINITION:

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

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

POLICY:

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

PROCEDURE:

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

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

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

REFERENCE #	8753-SNF-254.03	EFFECTIVE	
SUBJECT:	VACCINATION OF RESIDENTS: PNEUMOCOCCAL, INFLUENZA, RSV, COVID AND OTHERS 8753-A.25 VACCINATION OF RESIDENTS: PNEUMOCOCCAL, INFLUENZA, RSV, COVID AND OTHERS	REVISED	2024
DEPARTMENT:	INFECTION CONTROL -SKILLED NURSING FACILITY		

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

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

REFERENCES:

<https://www.ahcancal.org/Quality/Documents/GetVaccinated/Summary%20of%20CMS%20Vaccine%20Regulations.pdf> CMS

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.80>

<https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>

ATTACHMENTS:

None

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INFECTION CONTROL- ACUTE

REFERENCE # 8753.A.25	EFFECTIVE: JUNE 2025
SUBJECT: ADMISSION OF A PATIENT WITH COMMUNICABLE DISEASE	
DEPARTMENT: INFECTION CONTROL- ACUTE	REVISED

POLICY:

Regulations for “Communicable Disease admissions are extracted from” ~~Communicable~~the Communicable Disease Control Procedure of the County of Modoc” and are consistent with state regulations.

Patients with ~~following~~the following diagnosed or suspected diseases shall be placed in isolation and treated at ~~Modoc~~ Medical Center (MMC) as deemed appropriate or transferred to the Communicable Disease Unit in the nearest facility equipped to handle them.

- Chicken Pox
- Cholera
- Diphtheria
- Ebola Virus, Lassa Fever and all other hemorrhagic illnesses
- Plague
- Relapsing Fever (Louse-borne)
- Typhus Fever (Louse-borne)
- Yellow Fever

PURPOSE:

In the event that any of the above diagnoses are made after admission, the patient will be discharged/transferred by the attending nearest Physician ~~physician~~,physician as soon as possible.

In addition, hospitalization in the Communicable Disease Unit is urged for patients with the following diseases:

- Botulism
- Mumps (with complications)
- Pertussis (if severe and under three years of age)
- Poliomyelitis
- Rabies
- Rubella (measles, with complications)
- Tetanus
- Typhoid Fever

AUDIENCE:

Any patient with communicable disease listed as ~~a-Reportable~~Reportable-Disease (see policy) may remain in the facility.

- Exception: Designated as stated above
- State regulations are met at this facility for adequate isolation.

REFERENCE # 8753.A.25	EFFECTIVE: JUNE 2025 REVISED
SUBJECT: ADMISSION OF A PATIENT WITH COMMUNICABLE DISEASE	
DEPARTMENT: INFECTION CONTROL- ACUTE	

PROCEDURE:

Patients who are asymptomatic carriers of salmonella, typhoid or shigella MAY NOT be discharged to a skilled nursing or intermediate care facility, unless prior written approval has been obtained from the Chief of Acute Communicable Disease Control.

TERMS/DEFINITION:

LIST OF QUARANTINABLE COMMUNICABLE DISEASES

- Cholera
- Diphtheria
- Infectious Tuberculosis
- Plague
- Smallpox
- Yellow Fever
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named)
- SARS

Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic

~~*Most current federal revision of this list by executive order 13295 April, 1, 2005.~~

REFERENCES: NONE

ATTACHMENTS:NONE

PHARMACY- HOSPITAL

SUBJECT: 7710.25 CAT SCAN CRASH KIT	EFFECTIVE 2014
DEPARTMENT: PHARMACY - HOSPITAL	REVISED 6/2025

PURPOSE: To provide policies and procedures regarding the Cat Scan Crash Kit and its contents to ensure that the medications are available for use in an emergency.

POLICY: All acute nursing, emergency staff, and radiology staff will be knowledgeable about the Cat Scan Crash Kit use and the procedure for replacing an opened kit.

PROCEDURE:

- ~~1. The~~ Cat Scan Crash Kit is kept in a locked cabinet in the Cat Scan building. It is sealed with a plastic numbered ~~j~~lock for content control. Radiology staff document the check of intact seals daily.
- If the ~~j~~lock is broken, the kit should be returned to the Pharmacy. A replacement Cat Scan Crash Kit (that has been previously checked and sealed by the pharmacist) is available in the Pharmacy to replace the opened kit.
- All radiology and nursing staff should be oriented to the location and contents of the kit and procedure for replacement in orientation. Staff should be re-oriented on a regular basis.
- The contents of the Cat Scan Crash Kit will be reviewed and revised as needed and on an annual basis by the P&T ~~Committee~~. ~~Any~~Committee. ~~Any~~ changes ~~into~~ the kit contents will be approved by the P&T Committee.
A supply list and nearest expiration date is posted on the outside of the kit.
- The Pharmacist inspects the kit every 30 days for content and expired items and records the inspection on the pharmacy audit form.

CONTENTS LIST:

1 Atropine 1 mg/10mL
injection 1 Benadryl 50 mg
injection
1 10% Dextrose 250 mL injection
1 Epinephrine 1:10,000 injection
1 Epinephrine 1:1 000 injection
1 bottle Nitroglycerin 0.4 mg tabs
1 Normal Saline 1000 mL IV fluid
3 Normal Saline Flush 10 mL

Cat Scan Crash Kit

SUBJECT: 7710.25 CAT SCAN CRASH KIT		EFFECTIVE 2014
DEPARTMENT: PHARMACY - HOSPITAL		REVISED 6/2025

1 Solu-Medrol 125 mg injection

REFERENCE #	7710.25	EFFECTIVE 1993
SUBJECT:	7710.25 MEDICATION ERRORS	REVISED 6/2025
DEPARTMENT:	PHARMACY - HOSPITAL	

PURPOSE

The purpose of this policy is to outline the nursing management of medication errors.

POLICY

It is the policy of Modoc Medical Center (MMC) that all licensed staff will be knowledgeable regarding the facility protocol on medication errors and shall abide by the protocol.

DEFINITIONS

Medication error

"A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging, and nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use." (National Coordinating Council for Medication Error Reporting and Prevention, 2017)

PROCEDURE:

1. Medication errors shall be reported as soon as possible to the physician who ordered the drug. Types of reportable errors include incorrect medication, incorrect dose, incorrect route, incorrect patient, or the incorrect time.
2. When a medication error has occurred (drug was administered to or by the patient or resulted in a clinically significant delay in therapy), the pharmacist or administering nurse communicates with the patient or patient's agent that a medication error has occurred, and the steps required to avoid injury or mitigate the error.
3. An entry of the medication given shall be recorded in the patient's medical record. Omissions will be indicated by a circle around the time the medication was to ~~have been~~be administered.
4. A Safety-First Report is to be completed by the staff member and Risk Management and/or by the licensed staff member discovering the error, ~~and then~~ sent to Nursing Administration for review and follow-up. All Risk Event reports are also reviewed by administration and the pharmacist. Incidents involving patient injury or extended stays are reported to risk management.
5. All medication errors are compiled for the Pharmacy and Therapeutics Committee, noting ~~any~~ problematic areas or trends.
6. Follow-up of medication errors will be done by nursing administration and/or pharmacy. In-service education will be provided as necessary.

REFERENCE #	7710.25	EFFECTIVE 1993
SUBJECT:	7710.25 MEDICATION ERRORS	
DEPARTMENT:	PHARMACY - HOSPITAL	REVISED 6/2025

7. Medication errors are to be reported to ISMP's Medication Errors Reporting Program (MERP) and/or the FDA's MedWatch Reporting Program as appropriate.

REFERENCES

1. National Coordinating Council for Medication Error Reporting and Prevention. (2017). *About Medication Errors*. Retrieved 07 23, 2017, from National Coordinating Council for Medication Error Reporting and Prevention: <http://www.nccmerp.org/about-medication-errors>

REFERENCE # 7710.25	EFFECTIVE 2016
SUBJECT: 7710.25 REPACKAGING RECORDS	
DEPARTMENT: PHARMACY - HOSPITAL	REVISED 6/2025

PURPOSE

The purpose of this policy is to provide a standardized method of accurately completing the repackaging record for the Pharmacy Department.

POLICY

It is the policy of Modoc Medical Center (MMC) that all pharmacy staff will be oriented to and knowledgeable regarding the accurate completion of the repackaging record and shall abide by all policy and procedures regarding the use of the repackaging record.

PROCEDURE

- Controlled Substances purchased in stock containers will be repackaged by pharmacist or technician into oral unit dose syringes for solutions or bubble packs for tablets and capsules to improve ease and control of administration.
- Medications that are repackaged will be logged onto the repackaging record and include the following information:
 - Medication name and strength
 - Quantity repackaged
 - Manufacturer and lot number from stock bottle
 - Expiration date
 - Repackaging staff member name or initials

PHYSICAL THERAPY

REFERENCE # 7770.25	EFFECTIVE 06/2006
SUBJECT: 7770.25 PATIENT TREATMENT	REVISED 3/2025
DEPARTMENT: PHYSICAL THERAPY	

PURPOSE: It is the purpose of this policy to ensure that safe treatment procedures are provided to Physical Therapy patients.

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center (MMC) to ensure that all care and services ~~will~~ are provided according to the principles of rehabilitation services medicine.

All patient visits will be documented in Cerner and scanned into the patient's record. Proper documentation of communication with the referring physician should be maintained in the medical record and will include the physician's signature. ~~when possible. Each patient should be assessed within the capabilities and knowledge of the treating therapist, with those observations recorded. The patient's assigned therapist has the responsibility for determining the overall effectiveness of the established treatment plan.~~

~~Each patient should be assessed within the capabilities and knowledge of the treating therapist, with those observations recorded. The patient's assigned therapist has the responsibility for determining the overall effectiveness of the established treatment plan.~~

PROCEDURE:

Documentation Requirements are as follows:

- Any cancellations of missed appointments will be documented and will include the reason for the missed treatment, if provided.
- When call bells or remote stop switches are given to the patient, documentation should state such and address that instructions were given to the patient regarding the correct usage of the device.
- Patients will be given access to their permanent medical record according to facility policy and state regulations.

~~that instructions were given to the patient regarding the correct usage of the device.~~

~~Patients will be given access to their permanent medical record according to facility policy and state regulations.~~

- If a wheelchair was utilized during treatment, it will be documented whether the device was locked and the integrity of the locks.

~~integrity of the locks.~~

- When performing gait training, therapists will document that the procedure was performed utilizing proper guarding techniques and appropriate safety belts

~~guarding techniques and appropriate safety belts.~~

- Documentation will include any testing of sensation in relation to use of modalities that would require the patient to be able to accurately tell whether their skin was being affected by temperature.

~~patient to be able to accurately tell whether their skin was being affected by temperature.~~

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REFERENCE #	7770.25	EFFECTIVE 06/2006
SUBJECT:	7770.25 PATIENT TREATMENT	REVISED 3/2025
DEPARTMENT:	PHYSICAL THERAPY	

- Documentation should also include a statement that the treated area was inspected before and after treatment for skin color, skin integrity, and any sign or rash/blistering.
- Utilization of proper draping techniques and whether a staff member of the same gender as the patient was present must be documented.

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Initial Assessment ~~And~~ Evaluation ~~Of~~ ~~the~~ Patient should be completed in the following steps:
Initial Assessment and Evaluation of

the Patient

- An initial evaluation of every patient will be performed by a licensed therapist to determine a treatment plan that is based on the prescription of the referring physician and the specific individual needs of the patient.
- The patient's current clinical condition will be noted in each assessment. The patient's current clinical condition is a summary of all presenting problems that directly relate to the patient's primary dysfunction as identified by the therapist. This will determine appropriate treatment procedures to be utilized and dictate the short-term objectives of the patient's individualized treatment program.
- The treatment plan will identify specific modalities or procedures that will be used in order to reduce or eliminate the presenting problems and facilitate achieving the long-term objectives. The patient will participate in the development of the treatment plan, and the proposed plan of care will be agreed upon

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Short-term objectives are achievable within a matter of days or weeks, depending on the patient's current clinical condition. Long-term objectives are achievable as the final functional outcome. When short-term objectives are achieved, either the list will be reduced, or new short-term objectives will be established. If the short-term objectives are not attained within the desired timeframe, the treatment plan must be reassessed by the therapist to determine if changes or modifications are necessary. Changes to or modification of objectives will be performed only by the treating therapist. Patients will participate in establishing their own objectives for treatment. If a patient has unreasonably high expectations, the evaluating therapist must explain what a reasonable expectation may be and document this conversation in the medical record.

The treatment plan will identify specific modalities or procedures that will be used in order to reduce or eliminate the presenting problems and facilitate achieving the long-term objectives. The patient will participate in the development of the treatment plan, and the proposed plan of care will be agreed upon.

REFERENCE # 7770.25	EFFECTIVE 06/2006
SUBJECT: 7770.25 PATIENT TREATMENT	REVISED 3/2025
DEPARTMENT: PHYSICAL THERAPY	

REFERENCE # 7770.25	EFFECTIVE	9/2024
SUBJECT: 7770.25 DOCUMENTATION GUIDELINES	REVISED	5/2025
DEPARTMENT: PHYSICAL THERAPY		

PURPOSE:

The purpose of this policy is to provide guidelines that will help physical therapy providers produce accurate documentation.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

None

POLICY:

The physical therapy department will provide documentation of the course of patient treatment from initial evaluation to discharge within the provider's scope of practice.

PROCEDURE:

The following items should be documented by the physical therapy provider:

- Identify actual problems that require the skills of a qualified physical therapist.
- Indicate the patient's restorative potential in specific measurable terms.
- Specify the date that the physical therapy intervention started and the current frequency and duration of treatment.
- Document measurable improvements in the patient's functional status.
- Assess the patient's status and compare it to the status of the patient at the onset of treatment.
- Specifically address the deficits found in the patient's level of function in the initial evaluation.
- Address other problems within the scope of practice that impair the patient's ability to progress.
- The discharge summary will summarize the significant findings during the course of physical therapy treatment, as well as the patient's condition at the time of discharge and any recommendations for future care.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7770.25	EFFECTIVE 2025
SUBJECT:	7770.25 MOUNTAIN VIEW PHYSICAL THERAPY ORIENTATION CHECKLIST	REVISED
DEPARTMENT:	PHYSICAL THERAPY	

PURPOSE:

The purpose of this policy is to provide directions for the orientation of new Physical Therapists (PT) or Physical Therapy Assistants (PTA) to Mountain View Skilled Nursing Facility (SNF).

AUDIENCE:

Physical Therapy Department staff

TERMS/DEFINITIONS:

none

POLICY:

It is the policy of Modoc Medical Center to provide a thorough orientation to all Physical Therapists and Physical Therapy Assistants that will be providing coverage to Warner Mountain Skilled Nursing Facility.

PROCEDURE:

All Physical Therapists and Physical Therapy Assistants new to the facility, will have a site specific orientation prior to treating patients at Mountain View SNF as outlined below.

- Provide safety orientation to the unit to include location of fire extinguishers, exits, fire alarms, phones, and resident emergency alarms for alerting to an emergent situation with a patient such as a code or elopement.
- Orient to facility layout including resident rooms, dining, and recreation areas, activity areas, departmental offices, staff only areas, and staff assignment boards.
- Orient to procedures/documentation to remove a patient from the facility for transport, outdoor mobility training, or car transfer training.
- Provide instruction for the location, and safe use of exercise equipment, and mobility devices, as well as, additional safety equipment in the facility and rehab gym. This may include, but is not limited to, gait belts, and vital sign, monitors, as well as, cleaning procedures for such items following their use.
- Review personal protective equipment (PPE) procedures including precautions and location of PPE equipment and any additional infectious disease precautions/procedures specific to the SNF.

REFERENCE #	7770.25	EFFECTIVE 2025
SUBJECT:	7770.25 MOUNTAIN VIEW PHYSICAL THERAPY ORIENTATION CHECKLIST	
DEPARTMENT:	PHYSICAL THERAPY	REVISED

- Orient to procedure to initiate or update **Restorative Nurse Aide (RNA)** orders for residents.
- Orient to the use of the **electronic medical record (EMR)** as related to Physical Therapy documentation including SNF specific order entry for PT clarification orders and Restorative nursing orders.
- Orient to the procedure for obtaining new PT orders to initiate care for current/new residents.
- Orient to PT screening procedures including notification of a precipitating event to deem a screen necessary, to include but not limited to a new admission without ourront PT orders, fall, or a change in functional status.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7770.25	EFFECTIVE 2025
SUBJECT:	7770.25 MOUNTAIN VIEW PHYSICAL THERAPY ORIENTATION CHECKLIST	
DEPARTMENT:	PHYSICAL THERAPY	REVISED

PURPOSE:

The purpose of this policy is to provide directions for the orientation of new Physical Therapists (PT) or Physical Therapy Assistants (PTA) to Mountain View Skilled Nursing Facility (SNF).

AUDIENCE:

Physical Therapy Department staff

TERMS/DEFINITIONS:

none

POLICY:

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PROCEDURE:

All Physical Therapists and Physical Therapy Assistants new to the facility, will have a site specific orientation prior to treating patients at Mountain View SNF as outlined below.

- Provide safety orientation to the unit to include location of fire extinguishers, exits, fire alarms, phones, and resident emergency alarms for alerting to an emergent situation with a patient such as a code or elopement.
- Orient to facility layout including resident rooms, dining, and recreation areas, activity areas, departmental offices, staff only areas, and staff assignment boards.
- Orient to procedures/documentation to remove a patient from the facility for transport, outdoor mobility training, or car transfer training.
- Provide instruction for the location, and safe use of exercise equipment, and mobility devices, as well as, additional safety equipment in the facility and rehab gym. This may include, but is not limited to, gait belts, and vital sign, monitors, as well as, cleaning procedures for such items following their use.
- Review personal protective equipment (PPE) procedures including precautions and location of PPE equipment and any additional infectious disease precautions/procedures specific to the SNF.

REFERENCE #	7770.25	EFFECTIVE 2025
SUBJECT:	7770.25 MOUNTAIN VIEW PHYSICAL THERAPY ORIENTATION CHECKLIST	
DEPARTMENT:	PHYSICAL THERAPY	REVISED

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- Orient to the use of the **electronic medical record (EMR)** as related to Physical Therapy documentation including SNF specific order entry for PT clarification orders and Restorative nursing orders.
- Orient to the procedure for obtaining new PT orders to initiate care for current/new residents.
- Orient to PT screening procedures including notification of a precipitating event to deem a screen necessary, to include but not limited to a new admission without current PT orders, fall, or a change in functional status.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE # 7770.24.10	EFFECTIVE 2006
SUBJECT: REHABILITATION SERVICES FOR SKILLED NURSING	REVISED 03/2024
DEPARTMENT: PHYSICAL THERAPY	REVIEWED 03/2024
	PRIOR REVISIONS: 07,08,13

PURPOSE:

The purpose of this policy is to provide guidance for the development of specialized services for the rehabilitation and functional needs for the residents of the skilled nursing facility.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

None

POLICY:

It is the policy of Modoc Medical Center to ensure that specialized services, such as physical therapy, meet the rehabilitation and functional needs of all residents and are readily available.

PROCEDURE:

Services shall be provided in accordance with accepted professional practices by licensed therapists, qualified assistants, or other supportive personnel under direct supervision. Written administrative and resident care policies and procedures will be developed for each rehabilitation service provided.

- Each resident with physician orders for rehabilitation services shall receive an evaluation. The purpose of this evaluation is to ensure that the services provided are appropriate to the residents' needs. Discharge planning will be considered during the initial assessment and in each reassessment.
- Each resident receiving rehabilitation services shall have a current plan of care. The resident plan of care will include resident rehabilitation services specific to the resident's needs and goals. The resident's plan of care should include treatment, objectives, rehabilitation potential, precautions, frequency and duration, and procedures and modalities to be applied, including a restorative nursing program when appropriate to the resident's rehabilitation plan. This restorative nursing program will be initiated by the physical therapist.
- Assessments Reassessments will include the resident's response to rehabilitation interventions, changes in the resident's condition, choices for alternative interventions, and progress toward meeting goals and objectives.

REFERENCES:

None

ATTACHMENTS:

None

BUSINESS OFFICE

REFERENCE # 8350.25 REF. 0009	EFFECTIVE 1/14/2024
SUBJECT: 8350.25 BAD DEBT WRITE OFF	REVISED 7/2025
DEPARTMENT: BUSINESS OFFICE	

POLICY

It is the policy of Modoc Medical Center (MMC) to consider patient accounts as bad debt when the Business Office has exhausted all means available to collect the receivable. These accounts are then sent to an outside collection agency.

PROCEDURE

A patient account is considered bad debt after three monthly statements and at least two patient phone calls have been made to attempt collection, with no response. Alternatively, if Business Office staff is unable to locate a patient after reasonable efforts are made to obtain a correct address for a patient, the account is then considered bad debt.

Prior to writing off an account to bad debt, the account should be completely investigated to verify accuracy of patient responsibility versus insurance responsibility, as well as to identify any billing errors that may have occurred. Prior to commencing collection activities, the hospital shall provide the following written statement to the patient:

- State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov. Nonprofit credit counseling services may be available in your area.

For any account belonging to an employee of Modoc Medical Center that is confirmed for a bad debt transfer, the Patient Financial Counselor will contact that employee to offer a final payment agreement, including the offer of establishing deductions through payroll to pay down the outstanding balance. If the employee is unwilling to agree to payment arrangements, Business Office staff will commence a small claims suit against said employee in order to obtain a withholding order against that employees pay.

The outsourced business office lead will provide the Revenue Cycle Director or Chief Operations Officer (COO) a listing of all account transfers to bad debt prior to adjustment, for approval. Any decision to obtain a judgment through small claims to secure amounts owed to Modoc Medical

Bad Debt Write Off

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REFERENCE # 8350.25 REF. 0009	EFFECTIVE 1/14/2024
SUBJECT: 8350.25 BAD DEBT WRITE OFF	REVISED 7/2025
DEPARTMENT: BUSINESS OFFICE	

Center will be approved by the COO.

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The collection agency should be sent copies of all pertinent information on the patient's financial demographics and collection attempts made by the Business Office. The originals of all documentation sent should be kept on file in the Business Office. Patient debt is advanced for collection under the authority of the Revenue Cycle Director or COO.

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Lawsuits recommended by the collection agency may be initiated only through express written authorization of the Chief Executive Officer (CEO) or COO.

Information obtained from income tax returns, paystubs, or the monetary asset documentation collected for the discount payment or charity care eligibility determinations cannot be used for collection activities.

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Bad Debt Write Off

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SUBJECT: BAD DEBT WRITE OFF	REFERENCE #0009
DEPARTMENT: BUSINESS OFFICE	PAGE: 3 OF: 2
	EFFECTIVE: 01/01/2024

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REFERENCE #	8350.25 0024	EFFECTIVE 2025
SUBJECT:	8350.25 FAIR PRICING	REVISED
DEPARTMENT:	BUSINESS OFFICE	

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NOTEPOLICY

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It is the policy of Modoc Medical Center (MMC) to offer discounted or free health services based on family size and income level, in an effort to ensure that care remains accessible to lower income individuals and families seeking health services in our area. This policy replaces the Hospital Discount Plan and Charity Care Plan (Free Care) Policy revised 1/1/07. The Fair Pricing Policy is available upon request and posted in the Emergency Department, Billing Office, Admissions Office, and other outpatient settings. The Financial Counselor can be reached at (530) 708-881900 ext. 11053 for further information.

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PURPOSE

Modoc Medical Center (MMC)MMC strives to provide quality services in a caring environment and to make a positive, measurable difference in the health of individuals we serve. Helping to meet the needs of the low-income, uninsured and underinsured persons is an important element of our commitment to the community. The Hospital's fair pricing policy provides the means for MMC to demonstrate its commitment to achieving its mission and values. The fair pricing policy has been developed in written form to effectively communicate how our commitment will be applied consistently to all patients. It is the policy of MMC to not discriminate in the provision of services based on an individual's inability to pay, payor source (Medicare, Medi-Cal, or Children Health Insurance Program, or other payor source), race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

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ELIGIBILITY CRITERIA

Patients who receive care at MMC and who have difficulty paying their hospital or clinic bills because of financial hardship, may be covered under the terms of this policy. ~~Note that this policy may not apply to individuals whose coverage contract prohibits discounts.~~ If a patient has not provided proof of coverage upon discharge, they shall be provided a statement of charges for services rendered; a request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage; a statement that the consumer may be eligible for Medicare, Medi-Cal, ~~Children's Children's~~ Services Programs, or sliding discounts based on income; a statement that the hospital will provide a Medi-Cal application; information regarding the *Financial Assistance Application*, including information that the patient may qualify for discounted payments or up to a 100% discount based on income, and the name and telephone number of the hospital employee from whom the patient may obtain information about discounted payments or other discounts based on income, and how to apply for that assistance. Information regarding financial assistance shall be posted in the common lobby areas of MMC facilities as well as on the website for the organization.

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It is our goal to have all admissions screened for the ability to pay and/or to determine eligibility for payment programs including those offered directly through MMC. We will actively monitor

REFERENCE #	8350.25 0024	EFFECTIVE 2025
SUBJECT:	8350.25 FAIR PRICINGB	
DEPARTMENT:	BUSINESS OFFICE	REVISED

each patient's financial situation during and/or after the time of their medical treatment. ~~MMC~~

MMC personnel will provide assistance in assessing the patient's eligibility for Medi-Cal or any other third party coverage. Patients shall be provided this information in writing, and it shall be available in English and Spanish. Direct written correspondence to the patient in these matters will be in the language spoken by the patient.

Eligibility for MMC's discount programs and reasonable payment plans is based upon the income and family size of each patient. That income and family size is then compared to the federal poverty level to determine the level of discounts that can be applied to the patient's bill. The federal poverty guidelines are published annually and MMC's sliding scale is updated each year based on the most recently issued federal poverty guidelines.

To determine eligibility for discounted payments and/or reasonable payment plans, documentation of income shall be limited to recent pay stubs or income tax returns.

FINANCIAL ASSISTANCE APPLICATIONS

All patients unable to provide continued financial coverage by third party insurers for hospital services provided by MMC will be offered an opportunity to complete an application form referred to as a *Financial Assistance Application*. This form is available in the business office in English and Spanish. Financial data requested on the form needs to be completed for evaluation purposes. The Financial Advisor is available for any questions the patient may have. Note that potential exceptions to the policies may be considered on an individual basis.

By completing the *Financial Assistance Application*, uninsured patients who do not have the financial means to pay, uninsured patients with partial financial means to pay, and insured patients that are unable to pay patient liabilities may have all or part of their hospital bills covered by the hospital's fair pricing policy and discount programs. The *Financial Assistance Application* is used to help determine the extent of a patient's financial means and is subject to privacy standards. Hospital staff will assist the patient with completion of the screening form during their stay. However, it is the patient's responsibility to cooperate with the information gathering process. Willful failure by the patient to cooperate may result in the inability of the hospital to provide financial assistance.

Each patient who completes the *Financial Assistance Application* enables MMC to accomplish certain essential steps in the financial assistance process:

- Allows the hospital to determine if the patient has declared income giving them the ability to pay for the health care services they will continue to receive;
- Provides a document to support a financial status determination; and

SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
DEPARTMENT: BUSINESS OFFICE	PAGE: 2
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	EFFECTIVE:

~~MMC personnel will provide assistance in assessing the patient's eligibility for Medi-Cal or any other third-party coverage. Patients shall be provided this information in writing, and it shall be available in English and Spanish. Direct written correspondence to the patient in these matters will be in the language spoken by the patient.~~

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FINANCIAL ASSISTANCE APPLICATIONS

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~~Each patient who completes the *Financial Assistance Application* enables MMC to accomplish certain essential steps in the financial assistance process:~~

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- ~~• Provides a document to support a financial status determination; and~~

SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
DEPARTMENT: BUSINESS OFFICE	PAGE: 3
	OF: 6
	EFFECTIVE:

- Provides an audit trail in documenting the hospital's commitment to providing financial assistance.

In order to determine that a patient does not have the ability to pay, the Patient Financial Advisor will make a good faith effort to obtain the following information:

- Individual or family income and expense
- Employment status. This will be considered in the context of the likelihood future earning will be sufficient to meet the cost of paying for these healthcare services within a reasonable period.
- Family size. This is used to determine the amount of the discount that the patient qualifies for, if income is at or below the established income levels. Family is defined as to include children under 21 and caretaker relatives.
 - For persons 18 years of age and older, spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not.
 - For persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.
- Eligibility for Medi-Cal at present or potential for eligibility in the future. Whether a patient has Medi-Cal or not, even when they would qualify based on income, will not be used to determine eligibility for discount programs or reasonable payment plans, however patient financial services is encouraged to assist patients qualifying for Medi-Cal to fill out an application for some third party coverage to help them secure payment for future health services where they may qualify for coverage.

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Information used according to this policy will be based upon a signed declaration of the patient or patient's family, or documentation provided by the patient or the patient's family. Additional information may be required for special circumstances or as determined by hospital management. It is understood that in some cases, information will not be obtainable and MMC staff will indicate such when necessary on the *Financial Assistance Application*.

PAYMENT PLANS, EXTENDED PAYMENT PLANS, AND REASONABLE PAYMENT PLANS

Expected payment amounts are determined by the minimum payment guideline established by the Board of Directors and are as follows unless a patient qualifies for a reasonable payment plan:

Account Balance	Minimum Monthly Payment
\$1-\$100	Payment in Full
101-300	\$25.00
301-330	50.00
331-360	55.00

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SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
	PAGE: 4
DEPARTMENT: BUSINESS OFFICE	OF: 6
	EFFECTIVE:

361-390	60.00
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SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
DEPARTMENT: BUSINESS OFFICE	PAGE: 5
	OF: 6
	EFFECTIVE:

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391-420	70.00
421-450	75.00
451-480	80.00
481-500	85.00
501-1,200	100.00
1,201-3,000	150.00
3,001-5,000	200.00
5,001-Over	250.00+

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Extended payment plans or reasonable payment plans are available without interest costs. These payment plans are offered when patients do not have the financial means to make payments at the above-stated levels. MMC and the patient may negotiate the terms of the payment plan. A signed contract is required by the patient agreeable to repayment terms. The Financial Counselor will monitor adherence to the agreement and is responsible to retain the original agreement and follow collection policies as needed. Under a reasonable payment plan, payments cannot exceed 10% of a patient's monthly family income after excluding deductions for essential living expenses, as outlined on the *Financial Assistance Application*.

COVERED PATIENT/SERVICES

Covered services under this policy include hospital inpatient and outpatient visits and services. It also includes clinic visits, physical therapy sessions and other medically necessary services offered by MMC.

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EMERGENCY PHYSICIAN STATEMENT

An emergency physician, as defined in Section 127450, who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon the hospital.

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SLIDING SCALE DISCOUNTS

Given the MMC service area demographics and the hospital mission to meet the health care needs of its community, the primary qualifying levels for sliding discounts are based on 400% of the federal poverty level guidelines. In subsequent years, this percentage may be evaluated and modified as necessary. The discounts below are contingent upon patients being financially eligible for the discounts as outlined in this policy.

SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
	PAGE: 6
DEPARTMENT: BUSINESS OFFICE	OF: 6
	EFFECTIVE:

The discount percentages offered below are based on the most recently filed cost report and our cost to charge ratio rounded to the nearest 10% increment. Patients who earn income between 201% to 300% of the federal poverty level receive a discount that is equal to 100% of our charge minus our cost to charge ratio rounded to the nearest 10% increment. This means that those within this income tier would only be required to pay the organization's costs for services rendered. Income tiers below this tier are given an additional 20% discount per income tier until a 100% discount is offered to those that are at or below the federal poverty level, resulting in a nominal fee of \$0 at that tier. Income tiers above this tier are given a discount that is 20% less

SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
	PAGE: 7
	OF: 6
DEPARTMENT: BUSINESS OFFICE	EFFECTIVE:

than the previous tier, as their ability to pay for services rendered is improved with more income. The methodology described above represents how MMC calculates nominal charges for each tier of income as outlined in this policy. These discounts are meant to remove any financial barrier to care that an individual would otherwise experience in the absence of this program. The discounts by each income tier offered under this program are outlined below:

- Patients below 100% of the federal poverty level pay nothing.
- Patients between 101% and 150% of federal poverty level receive an 80% discount on their bill.
- Patients between 151% and 200% of the federal poverty level receive a 60% discount on their bill.
- Patients between 201% and 300% of the federal poverty level receive a 40% discount on their bill.
- Patients between 301% and 400% of the federal poverty level receive a 20% discount on their bill.

Eligibility for discounted payments based on income may be determined at any time the hospital is in receipt of information outlined in the facility's financial application packet. A patient's eligibility for discounted payments or reasonable payment plans should be re-evaluated at least annually.

FINANCIAL SCREENING PROCESS

1. The Financial Advisor will verify and or review the *Financial Assistance Application* and compare the income to the current Federal Poverty Guidelines based on the number of persons in the family or household to determine financial eligibility for the fair pricing policy and sliding discounts. These discounts will be made based on income and family size only.
2. When placing patients on payment plans, the Financial Advisor will determine if the expected payment amount as outlined above is greater than 10% of the family's disposable monthly income by taking the family's monthly income and deducting essential living expenses. In the event, the expected payment plan is an amount higher than 10% of the family's monthly income, the patient will be offered a reasonable payment plan that sets the monthly payment amount at 10% of the family's monthly disposable income.

SUBJECT: FAIR PRICING POLICY	REFERENCE #0024
	PAGE: 8
DEPARTMENT: BUSINESS OFFICE	OF: 6
	EFFECTIVE:

- The Financial Advisor will provide an audit trail on the *Financial Assistance Application* as to figures used to determine financial eligibility and would review them with a patient if asked.

APPROVAL OR DENIAL

The Financial Advisor will mail an approval or denial letter to the patient with a written notice of how to appeal a denial of eligibility within five working days of receipt of the application. If a clinic patient qualifies for the discount, there is a minimum charge of \$20 per visit. If an eligibility dispute arises, the Revenue Cycle Director or Chief Operations Officer (COO) will conduct a full review and provide a determination.

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OUTSIDE COLLECTION AGENCIES

Failure to adhere to negotiated rates and payment schedules may result in the account being turned over to an outside agency. Notification procedures related to outside collection agencies and consumer credit reporting bureaus include monthly statements, phone calls, notice of collections, and transfer to collection agencies.

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EMERGENCY PHYSICIAN STATEMENT

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An emergency physician, as defined in Section 127450, who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon the hospital.

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ATTACHMENT E

Departmental Manuals

**Review of Departmental Manuals and
Department Manager's Memo and Annual
Review Signature Page (see attached):**

CENTRAL SUPPLY



MEMORANDUM

DATE: 7/26/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: DELINDA GOVER-CENTRAL SUPPLY
SUBJECT: ANNUAL MANUAL REVIEW

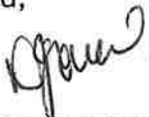
I have completed the review for the CENTRAL SUPPLY Manual Review. Due to the new facility and operational changes there may be items that need to be updated or added to this manual over the next year.

At this time the Manual has been reviewed and there are no updates/archives at this time. Any future updates/changes will be submitted to Policy Committee, and the Board for approval as they are finalized. You should see some of those come through in future board meeting packets.

Overall, the Manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding that any necessary updates/changes will be submitted back through the process in the coming months, as I am able to finalize the edits that need to be made to reflect our current practices and forms utilized to administer and implement these Policies.

Respectfully Submitted,

DELINDA GOVER
OPERATING ROOM/SURGERY MANAGER
DG/sab





CENTRAL SUPPLY POLICY MANUAL 2025

The CENTRAL SUPPLY Policy Manual has been reviewed and is approved for use at Modoc Medical Center.

OPERATING ROOM/SURGERY/CENTRAL SUPPLY MANAGER

Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

**Review of Departmental Manuals and
Department Manager's Memo and Annual
Review Signature Page (see attached):**

DIETARY-SNF



MEMORANDUM

DATE: 8/1/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: RAVEN SPARKS, CERTIFIED DIETARY MANAGER
SUBJECT: ANNUAL MANUAL REVIEW

I have completed the review for the SNF-DIETARY MANUAL Review. Due to the new facility and operational changes I have identified various policies that need to be updated or added to this manual.

I am beginning the process of editing all required updates/changes. Those updates/changes will be submitted to Policy Committee, and the Board for approval as they are finalized. You should see some of those come through in future board meeting packets.

Overall, the Manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding that these plan changes/updates will be submitted back through the process in the coming months, as I am able to finalize the edits that need to be made to reflect our current practices and forms utilized to administer and implement these Policies.

Respectfully Submitted,


RAVEN SPARKS

CERTIFIED DIETARY MANAGER


RS/sab





DIETARY (SNF) POLICY & PROCEDURE MANUAL 2025

The Dietary (SNF) Policy and Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

 CDM

Dietary/SNF

8/1/2025

Date



Chief Executive Officer

8/1/25

Date

Chair, Board of Directors

Date

DIETARY/SNF REVISING AND ARCHIVE LIST 2025

REVISING LIST

SELECTIVE MENUES

SAMPLE SUBSTITUTION LISTS

DIETS AVALABLE ON MENU

COMBINATION DIET ORDERS

DYSPHAGIA DIETS

DIETARY MANUAL

PROTEIN RESTRICTED DIET

LOW VITAMIN K (ONE ARCHIVE ONE STILL IN MANUAL)

THE HOSPITAL PHILOSOPHY

SERVICE STAFF

DINING AND FOOD SERVICE

GUEST TRAYS

FOOD STORAGE

GENERAL FOOD PREPARATION AND HANDLING

HACCP AND FOOD SAFETY BASICS

STEAMTABLE TIME FRAMES

FOOD FROM OUTSIDE SOURCES

DIETARY SNACK POLICY

**DIETARY MANUAL-SKILLED NURSING, ACUTE AND SWING BED NOURISHMENT
POLICY**

CLEANING DISHES DISH MACHINE

DAMAGED EQUIPMENT

DIETARY SANITATION CHECK LIST

SANITATION AND FOOD SERVICE

REVISING LIST CONTINUED

CLEANING INSTRUCTIONS CLEANING CLOTHS, PADS, MOPS AND BUCKETS

CLEANING INSTRUCTIONS CLEANING COFFEE MACHINES

CLEANING INSTRUCTIONS CLEANING COUNTER SPACE

DIETARY MANUAL CUTTING BOARDS

CLEANING INSTRUCTIONS CLEANING FLOORS, TABLES, CHAIRS

CLEANING INSTRUCTIONS CLEANING FOOD CARTS

CLEANING INSTRUCTIONS CLEANING FOOD PREPARATION APPLICATION

CLEANING INSTRUCTIONS CLEANING FREEZERS

CLEANING INSTRUCTIONS CLEANING GARBAGE DISPOSALS

CLEANING INSTRUCTIONS CLEANING HOODS AND FILTERS

CLEANING INSTRUCTIONS CLEANING ICE MACHINE AND SCOOP

CLEANING INSTRUCTIONS CLEANING OVENS

CLEANING INSTRUCTIONS CLEANING RANGES

CLEANING INSTRUCTIONS CLEANING REFRIGERATORS

CLEANING INSTRUCTIONS CLEANING SLICERS

CLEANING INSTRUCTIONS CLEANING STEAM TABLES

CLEANING INSTRUCTIONS CLEANING TOASTERS

COORDINATION OF EMERGENCY AND DISASTER PLAN

SAFETY

SAFETY GUIDELINES

SAFETY IN FOOD PREPARATION

EQUIPMENT SAFETY

KNIFE SAFETY

CHINA AND GLASSWARE SAFETY

DISH CLEANING AND CLEANING SAFETY

REVISING LIST CONTINUED

RECEIVING AND STORAGE SAFETY

LIFTING TECHNIQUES

FLOOR SAFETY

PERFORMANCE APPRAISAL

RIGHT TO DEVIATE FROM CLINICAL POLICY AND PROCEDURE

ADJUSTING WEIGHTS FOR AMPUTEES

OBTAINING MEASUREMENTS FOR UNWEIGHED RESIDENTS

BODY MASS INDEX

OBTAINING ACCURATE HEIGHT/WEIGHT

FLUIDS AT THE BEDSIDE

COORDINATION OF EMERGENCY AND DISASTER PLAN

FOUR DAY DISASTER MEAL PLAN

DIETETICS PROFESSIONAL AND DIETARY MANAGER EMERGENCY SERVICES

ARCHIVED/REMOVED

PHYSICIANS NOTIFIED OF AVAILABLE DIETS

DIETS AVAILABLE ON THE MENU

RENAL DIETS

ALTERED PORTIONS

TABLE SETTING

PETS

MEALTIME AND FREQUENCY (OLD VERSION ONLY)

DIETARY MANUAL DRESS CODE

DIET MANUAL-COOKING MEAT AND POULTRY

DAILY CLEANING SCHEDULE

ARCHIVED/REMOVED CONTINUED

WEEKLY CLEANING SCHEDULE

IN SERVICE EDUCATION RECORD

DIETITIAN'S REFERRAL LIST

RESIDENT CARE PLAN

NUTRITIONAL ASSESSMENT RECORD

ALTERNATIVE MENU

MONTHLY WEIGHT AND VITALS

SIGNIFICANT WEIGHT CHANGES TRACKER

LOGS COOL DOWN ETC.

MEAL ROUND CHECKLIST FORM

MEAL PREPARATION AND SERVICE SURVEY FORM

QUALITY ASSURANCE CHART AUDIT FORM

SANITIZING DISHES IN A DISASTER

DISASTER MEAL PLAN

WEIGHTS AND MEASURES

GUIDE FOR ROUNDING OFF WEIGHTS AND MEASURES

GUIDELINES FOR RETAINING NUTRIENTS IN FOODS

COMMON CAN AND JAR SIZES

SPICING IT UP

**AUGUST APPROVED
POLICY
SPREADSHEET
FOR SIGNATURE BY
BOARD OF
DIRECTORS**

Department	Contact	Name	Tech Reader Approval
8340.25 DIETARY SNF	Raven Sparks	8340.25 EQUIPMENT SAFETY.docx	Alex Cole
Dietary - SNF	Raven Sparks	8340.25 FOUR-DAY DISASTER MEAL PLAN.docx	Alex Cole
Facilities/EOC	Marty Shaffer	8460.25 SAFETY POLICY.docx	Alex Cole
Pharmacy-Hospital	Vahe Hovasapyan	7710.25 MEDICATION ERRORS.docx	Alex Cole
Dietary - SNF	Raven Sparks	8340.25 Emergency eye wash.docx	Alicia Doss
Dietary - SNF	Raven Sparks	8340.25 SAFETY GUIDELINES.docx	Alicia Doss
Emergency Department	Susan Sauerheber	6170.25 Foley Catheter Insertion; Site Care and Removal Policy.docx	Alicia Doss
Pharmacy-Hospital	Vahe Hovasapyan	7710.25 CAT SCAN CRASH KIT.docx	Alicia Doss
Pharmacy-Hospital	Vahe Hovasapyan	7710.25 Repackaging Records (4878).docx	Alicia Doss
Physical Therapy	Jay Dunn	7770.25 PATIENT TREATMENT.docx	Amber Vucina
Emergency Department	Susan Sauerheber	7010.25 Neptune Policy and Procedure.docx	Edward Johnson
Infection Control - SNF	Suzanne R. Johnson	8753-SNF.25 VACCINATION OF RESIDENTS (2)3.25.25.docx	Edward Johnson
Infection Control -Acute	Judy Jacoby	8753-A ADMISSION OF A PATIENT WITH A COMMUNICABLE DISEASE.docx	Edward Johnson
Accounting	Adam Willoughby	BAD DEBT WRITE OFF (Redlined - Revised 08.2025) 2.docx	Kevin Kramer
business office	Adam Willoughby	8350.25 Fair Pricing Policy (Redlined - Revised 08.2025) 1.docx	Kevin Kramer
Dietary - SNF	Raven Sparks	8340.25 LIFTING TECHNIQUES.docx	Kevin Kramer
Facilities/EOC	Marty Shaffer	8460.25 AREAS CONTAINING ASBESTOS.docx	Kevin Kramer
Facilities/EOC	Marty Shaffer	8460.25 EQUIPMENT MANAGEMENT PROGRAM.docx	Kevin Kramer
Physical Therapy	Jay Dunn	7770.25 DOCUMENTATION GUIDELINES.docx	Kevin Kramer
Dietary - SNF	Raven Sparks	8340.25 EQUIPMENT MALFUNCTION.docx	Maria Morales
Dietary - SNF	Raven Sparks	8340.25 OBTAINING ACCURATE HEIGHTS.docx	Maria Morales
Physical Therapy	Jay Dunn	7770.25 MOUNTAIN VIEW PT ORIENTATION.docx	Maria Morales
Physical Therapy	Jay Dunn	7770.25 Rehabilitation Services for Skilled Nursing Policy.docx	Maria Morales

DATED: _____

APPROVED BY BOARD OF DIRECTORS: _____

ATTACHMENT F

**LFHD FINANCIAL
STATEMENT**

**July 2025
(unaudited)**

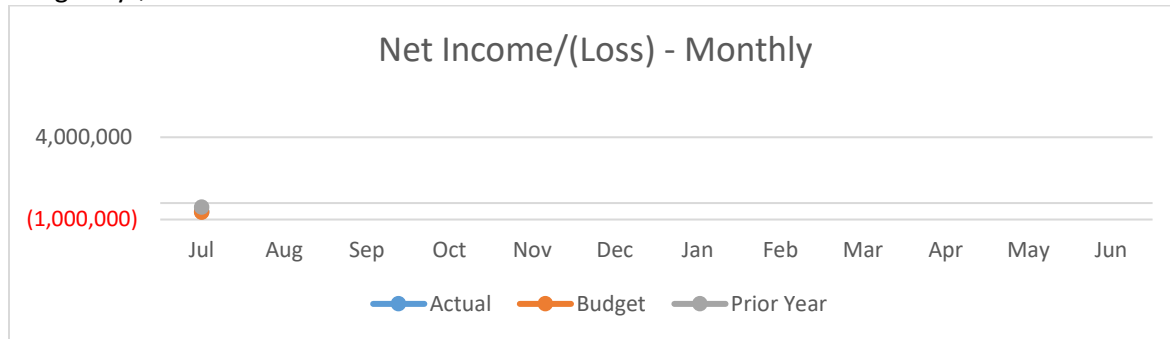


Modoc Medical Center
Financial Narrative
For the Month of July 2025

Prepared by Jin Lin, Finance Director

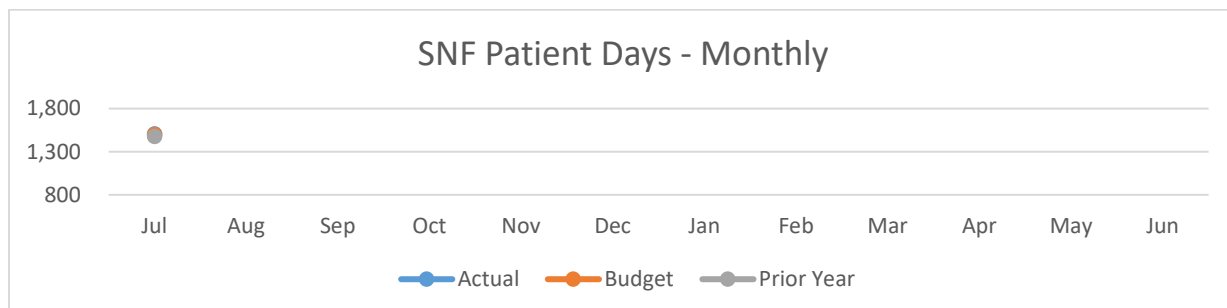
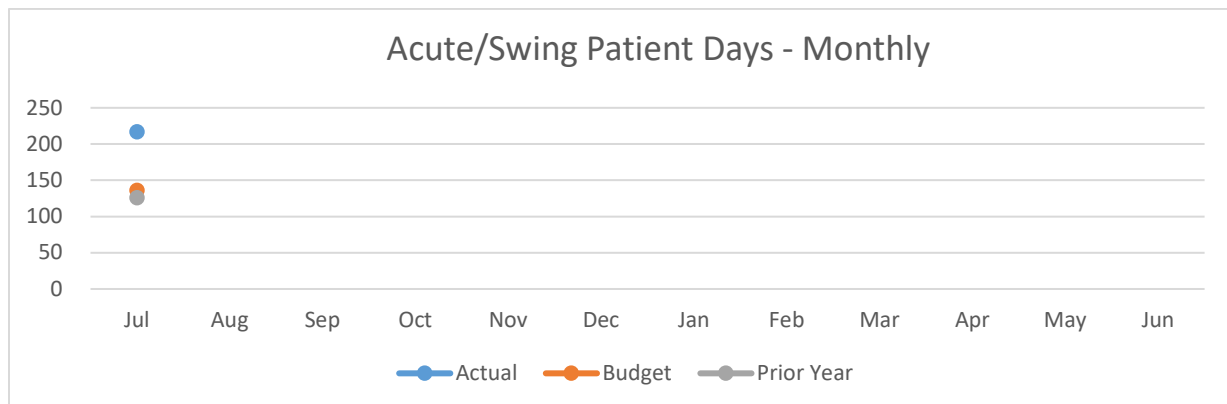
Summary

During the month of July, Modoc Medical Center reported a net Loss from operations of \$732K that was under budget by \$61K. Inpatient revenue was up by \$19K and outpatient revenue was down by \$98K compared to the budget. Total patient revenue was \$4.88 million, showing a decrease of \$80K compared to the budget. Net income, including Non-Operating Activity, was a loss of \$515K above budget by \$41K.



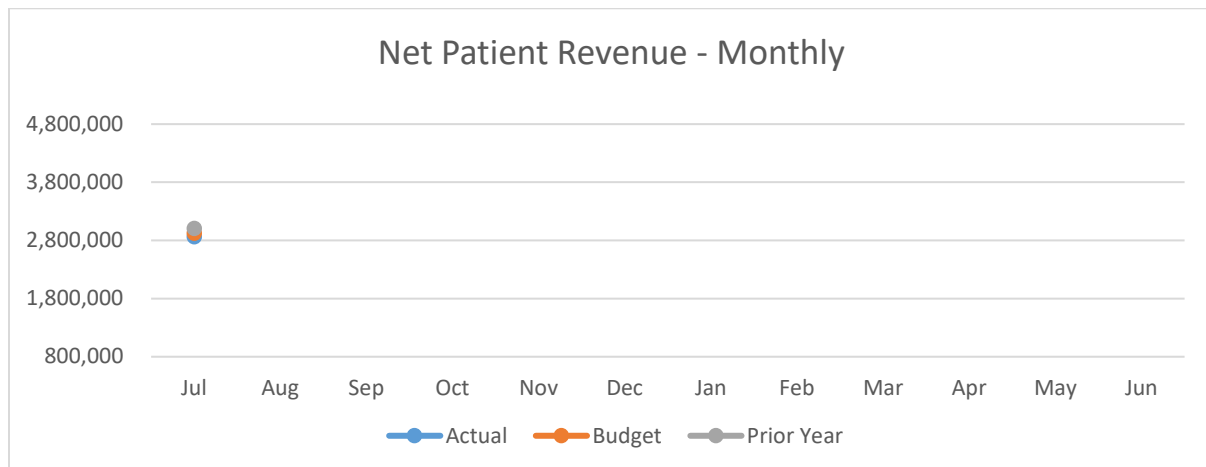
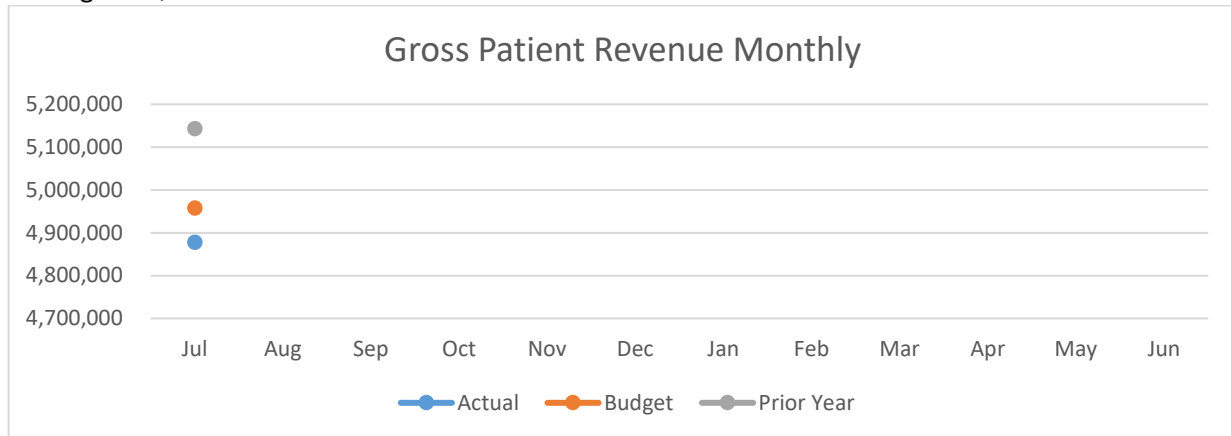
Patient Volumes

Combined Acute Days were above budget for the month by 82 days. The SNF Patient Days were up to 1,509 above budget by 9 days. Overall Inpatient Days were above budget by 90 days (1,726 actual vs. 1,636 budget). Outpatient visits in all areas were above budget, except for Surgery, ER, and Alturas Clinic were under budget.



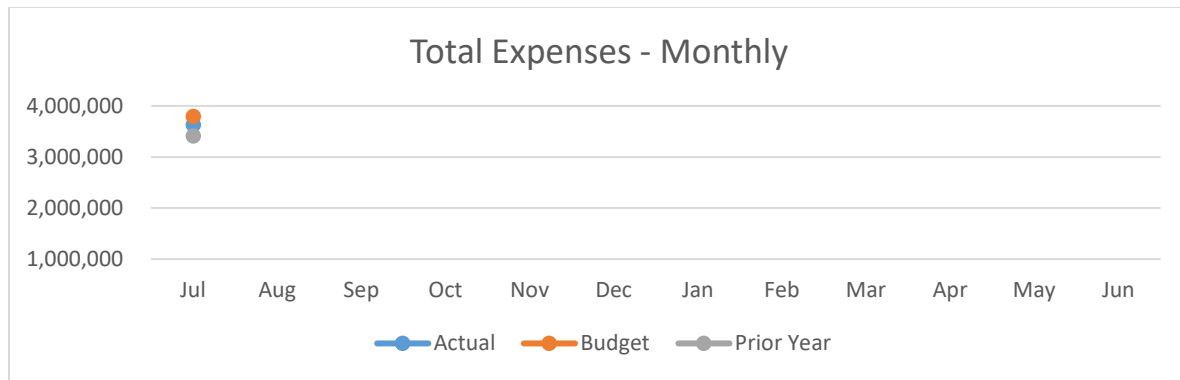
Revenues

Gross Patient Revenues were \$4.88 million, compared to the budget of \$4.96 million, and Inpatient Revenue was \$1.53 million compared to the budget of \$1.51 million; and Outpatient Revenue was \$3.35million compared to the budget of \$3.45 million. Net patient Revenue was \$2.86 million, compared to the budget of \$2.92 million. Total deductions from revenue were \$2.02 million, compared to budget of \$2.03 million.



Expenses

Total Operating Expenses were \$3.63 million this month, that was under budget of \$162K. The decrease was mainly in Purchased Services and Employer Benefits and Taxes.



Non-Operating Activity

Non-Operating expenses for the month: Accrued Interest from USDA Loan was \$83K. District Vouchers totaled \$7K. Interest income of \$214K from CDs and the new SNF interim loan. The retail pharmacy showed a profit of \$94K. Total non-operating net income for the month was \$217K.

Balance Sheet

Cash decreased in July by \$7.11 million to \$27.36 million. We paid both of March and April Swinerton App payments in the amount of \$4.6 million for the month. The total current liabilities were 28.6 million. Days in Cash totaled 241. Days in AP totaled 15. Days in AR totaled 64. The current ratio was 1.19. Net AR as a percentage of gross AR was 47.12%

Modoc Medical Center
Income Statement
For the month of July 2025

	Month	Jul-25 Budget	Variance	Prior Year Month	2026 YTD	2026 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	685,444	667,322	18,121	681,023	685,444	667,322	18,121	681,023
Room & Board - SNF	841,152	840,609	542	824,217	841,152	840,609	542	824,217
<u>Total Inpatient Revenue</u>	<u>1,526,595</u>	<u>1,507,932</u>	<u>18,664</u>	<u>1,505,240</u>	<u>1,526,595</u>	<u>1,507,932</u>	<u>18,664</u>	<u>1,505,240</u>
Outpatient Revenue	3,351,869	3,450,092	(98,223)	3,638,233	3,351,869	3,450,092	(98,223)	3,638,233
<u>Total Patient Revenue</u>	<u>4,878,465</u>	<u>4,958,024</u>	<u>(79,559)</u>	<u>5,143,473</u>	<u>4,878,465</u>	<u>4,958,024</u>	<u>(79,559)</u>	<u>5,143,473</u>
Bad Debts (580000,580011,58010)	84,182	83,103	1,079	(333,441)	84,182	83,103	1,079	(333,441)
Contractuals Adjs	1,918,848	1,934,414	(15,566)	1,594,462	1,918,848	1,934,414	(15,566)	1,594,462
Admin Adjs (5930002-593001,598)	12,361	16,897	(4,536)	879,031	12,361	16,897	(4,536)	879,031
<u>Total Revenue Deductions</u>	<u>2,015,392</u>	<u>2,034,414</u>	<u>(19,022)</u>	<u>2,140,052</u>	<u>2,015,392</u>	<u>2,034,414</u>	<u>(19,022)</u>	<u>2,140,052</u>
<u>Net Patient Revenue</u>	<u>2,863,073</u>	<u>2,923,610</u>	<u>(60,536)</u>	<u>3,003,421</u>	<u>2,863,073</u>	<u>2,923,610</u>	<u>(60,536)</u>	<u>3,003,421</u>
% of Charges	58.7%	59.0%	-0.3%	58.4%	58.7%	59.0%	-0.3%	58.4%
Other Revenue	37,741	200,000	(162,259)	37,465	37,741	200,000	(162,259)	37,465
<u>Total Net Revenue</u>	<u>2,900,814</u>	<u>3,123,610</u>	<u>(222,796)</u>	<u>3,040,886</u>	<u>2,900,814</u>	<u>3,123,610</u>	<u>(222,796)</u>	<u>3,040,886</u>
Expenses								
Salaries	1,785,419	1,736,429	48,990	1,527,863	1,785,419	1,736,429	48,990	1,527,863
Benefits and Taxes	377,349	430,787	(53,438)	331,128	377,349	430,787	(53,438)	331,128
Registry	262,589	284,982	(22,392)	246,179	262,589	284,982	(22,392)	246,179
Professional Fees	378,812	384,458	(5,646)	467,629	378,812	384,458	(5,646)	467,629
Purchased Services	51,877	101,956	(50,079)	102,186	51,877	101,956	(50,079)	102,186
Supplies	397,284	417,254	(19,970)	358,177	397,284	417,254	(19,970)	358,177
Repairs and Maint	32,193	41,249	(9,056)	35,962	32,193	41,249	(9,056)	35,962
Lease and Rental	2,393	4,553	(2,160)	4,529	2,393	4,553	(2,160)	4,529
Utilities	48,158	79,256	(31,098)	48,137	48,158	79,256	(31,098)	48,137
Insurance	43,282	45,821	(2,540)	43,552	43,282	45,821	(2,540)	43,552
Depreciation	183,888	198,681	(14,793)	177,946	183,888	198,681	(14,793)	177,946
Other	70,025	70,125	(100)	68,109	70,025	70,125	(100)	68,109
<u>Total Operating Expenses</u>	<u>3,633,269</u>	<u>3,795,552</u>	<u>(162,282)</u>	<u>3,411,397</u>	<u>3,633,269</u>	<u>3,795,552</u>	<u>(162,282)</u>	<u>3,411,397</u>
<u>Income from Operations</u>	<u>(732,455)</u>	<u>(671,942)</u>	<u>(60,513)</u>	<u>(370,511)</u>	<u>(732,455)</u>	<u>(671,942)</u>	<u>(60,513)</u>	<u>(370,511)</u>
Property Tax Revenue	0	0	0	0	0	0	0	0
Interest Income	214,143	107,670	106,473	107,452	214,143	107,670	106,473	107,452
Interest Expense	(83,144)	(105,646)	22,502	(79,974)	(83,144)	(105,646)	22,502	(79,974)
Gain/Loss on Asset Disposal/Fortera		0	0	0		0	0	0
Retail Pharmacy Net Activity	93,595	123,066	(29,471)	107,736	93,595	123,066	(29,471)	107,736
DISTRICT VOUCHERS AND OTHER	(7,186)	(9,668)	2,482	(9,862)	(7,186)	(9,668)	2,482	(9,862)
<u>Total Non-Operating Revenue</u>	<u>217,408</u>	<u>115,423</u>	<u>101,985</u>	<u>125,353</u>	<u>217,408</u>	<u>115,423</u>	<u>101,985</u>	<u>125,353</u>
<u>Net Income/(Loss)</u>	<u>(515,048)</u>	<u>(556,519)</u>	<u>41,472</u>	<u>(245,158)</u>	<u>(515,048)</u>	<u>(556,519)</u>	<u>41,472</u>	<u>(245,158)</u>
<u>EBIDA</u>	<u>(248,016)</u>	<u>(252,193)</u>	<u>4,177</u>	<u>12,762</u>	<u>(248,016)</u>	<u>(252,193)</u>	<u>4,177</u>	<u>12,762</u>
Operating Margin %	-25.2%	-21.5%	-3.7%	-12.2%	-25.2%	-21.5%	-3.7%	-12.2%
Net Margin %	-17.8%	-17.8%	0.1%	-8.1%	-17.8%	-17.8%	0.1%	-8.1%
EBIDA Margin %	-8.5%	-8.1%	-0.5%	0.4%	-8.5%	-8.1%	-0.5%	0.4%

Modoc Medical Center
Income Statement Trend

	FYE 2025 YTD													FYE 2025 YTD	FYE 2026 YTD	
	YTD	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	YTD	YTD	Jul-25
Revenues																
Room & Board - Acute	6,946,872	681,023	405,005	744,172	708,677	666,206	613,961	572,229	463,733	540,491	465,847	503,026	582,502	681,023	685,444	685,444
Room & Board - SNF	9,504,192	824,217	827,753	766,813	810,479	689,749	832,648	825,009	743,957	772,020	749,778	856,239	805,530	824,217	841,152	841,152
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Inpatient Revenue	16,451,064	1,505,240	1,232,758	1,510,985	1,519,156	1,355,955	1,446,608	1,397,238	1,207,690	1,312,512	1,215,625	1,359,265	1,388,032	1,505,240	1,526,595	1,526,595
Outpatient Revenue	38,908,265	3,638,233	3,557,140	3,056,540	3,181,959	2,934,115	3,157,692	3,332,377	3,055,600	3,384,645	3,436,621	2,942,416	3,230,927	3,638,233	3,351,869	3,351,869
Total Patient Revenue	55,359,329	5,143,473	4,789,898	4,567,524	4,701,115	4,290,070	4,604,300	4,729,615	4,263,290	4,697,156	4,652,246	4,301,681	4,618,959	5,143,473	4,878,465	4,878,465
Bad Debts	(947,440)	(333,441)	(753,529)	(116,967)	(891,069)	222,941	(123,520)	933,401	(95,063)	(24,600)	(74,232)	288,600	20,038	(333,441)	84,182	84,182
Contractual Adjs	8,628,880	1,594,462	1,215,413	1,501,809	2,090,228	(3,065,421)	1,722,745	1,113,784	(1,754,932)	1,868,008	(287,309)	(266,682)	2,896,775	1,594,462	1,918,848	1,918,848
Admin Adjs	4,034,450	879,031	1,645,218	483,564	657,121	13,207	31,098	72,126	29,005	97,839	89,976	25,434	10,831	879,031	12,361	12,361
Total Revenue Deductions	11,715,890	2,140,052	2,107,102	1,868,406	1,856,280	(2,829,273)	1,630,323	2,119,311	(1,820,990)	1,941,247	(271,565)	47,352	2,927,644	2,140,052	2,015,392	2,015,392
Net Patient Revenue	43,643,439	3,003,421	2,682,796	2,699,118	2,844,835	7,119,343	2,973,977	2,610,305	6,084,280	2,755,909	4,923,811	4,254,329	1,691,314	3,003,421	2,863,073	2,863,073
% of Charges	78.8%	58.4%	56.0%	59.1%	60.5%	165.9%	64.6%	55.2%	142.7%	58.7%	105.8%	98.9%	36.6%	58.4%	58.7%	58.7%
Other Revenue	758,704	37,465	11,308	16,924	40,534	19,445	60,098	82,810	199,850	15,857	108,713	48,848	116,853	37,465	37,741	37,741
Total Net Revenue	44,402,143	3,040,886	2,694,104	2,716,042	2,885,369	7,138,788	3,034,075	2,693,114	6,284,130	2,771,767	5,032,524	4,303,177	1,808,168	3,040,886	2,900,814	2,900,814
Expenses																
Salaries	18,318,651	1,527,863	1,445,742	1,444,284	1,503,745	1,520,455	1,473,348	1,473,038	1,392,813	1,646,053	1,693,660	1,631,074	1,566,575	1,527,863	1,785,419	1,785,419
Benefits and Taxes	4,040,217	331,128	289,544	316,206	342,146	355,483	264,599	347,775	309,262	362,479	384,251	383,601	353,742	331,128	377,349	377,349
Registry	3,349,908	246,179	339,927	237,286	197,516	340,884	239,350	373,696	336,686	266,243	172,792	409,306	190,043	246,179	262,589	262,589
Professional Fees	4,559,998	467,629	382,412	407,095	270,910	356,859	277,732	596,966	366,723	459,253	285,185	480,684	280,549	467,629	378,812	378,812
Purchased Services	1,951,518	102,186	186,434	246,625	103,565	179,949	163,284	260,472	122,231	176,258	160,929	123,800	125,784	102,186	51,877	51,877
Supplies	4,075,105	358,177	288,679	357,516	265,495	511,257	233,935	402,088	291,609	399,660	304,636	310,420	351,633	358,177	397,284	397,284
Repairs and Maint	391,263	35,962	34,099	75,654	31,931	23,171	27,599	(110)	22,479	40,600	30,574	37,677	31,626	35,962	32,193	32,193
Lease and Rental	54,598	4,529	4,219	7,647	5,105	3,654	4,198	7,981	648	3,576	4,223	7,171	1,647	4,529	2,393	2,393
Utilities	883,546	48,137	65,094	74,090	68,206	70,685	101,132	64,353	77,902	97,018	55,886	54,432	106,611	48,137	48,158	48,158
Insurance	547,088	43,552	43,552	42,632	43,552	43,552	60,507	45,671	45,671	45,671	43,852	44,102	44,772	43,552	43,282	43,282
Depreciation	2,125,071	177,946	177,549	174,027	180,297	173,896	183,856	177,600	163,743	181,250	175,394	181,507	178,007	177,946	183,888	183,888
Other	952,805	68,109	84,564	100,195	80,562	55,469	81,796	97,281	63,117	61,113	54,211	114,787	91,601	68,109	70,025	70,025
Total Operating Expenses	41,249,767	3,411,397	3,341,817	3,483,258	3,093,031	3,635,314	3,111,337	3,846,812	3,192,885	3,739,175	3,365,591	3,778,560	3,250,591	3,411,397	3,633,269	3,633,269
Income from Operations	3,152,376	(370,511)	(647,712)	(767,216)	(207,662)	3,503,474	(77,262)	(1,153,698)	3,091,245	(967,408)	1,666,932	524,617	(1,442,423)	(370,511)	(732,455)	(732,455)
Property Tax Revenue	2,143,660	0	0	0	0	0	1,339,079	0	0	(390)	547,677	257,294	0	0	0	0
Interest Income	1,233,759	107,452	30,566	186,563	86,571	131,797	91,387	135,345	134,733	81,993	90,298	63,718	93,335	107,452	214,143	214,143
Interest Expense	(1,958,479)	(79,974)	(79,713)	(77,315)	(80,904)	(218,433)	(218,322)	(221,487)	64,557	(83,255)	(81,859)	(81,851)	(799,923)	(79,974)	(83,144)	(83,144)
Gain/Loss on Asset Disposal/Forfeiture	(202,113)	0	0	0	0	0	0	0	0	0	0	(202,113)	0	0	0	0
Retail Pharmacy Net Activity	515,756	107,736	(171,567)	133,165	101,606	(43,333)	73,364	17,811	5,162	51,606	33,213	161,338	45,656	107,736	93,595	93,595
DISTRICT VOUCHERS AND OTHER	(111,894)	(9,862)	(4,090)	(2,952)	(7,714)	(12,375)	(7,911)	(9,450)	(14,744)	(14,865)	(12,937)	(7,908)	(7,086)	(9,862)	(7,186)	(7,186)
Total Non-Operating Revenue	1,620,689	125,353	(224,804)	239,460	99,559	(142,344)	1,277,597	(77,782)	189,708	35,090	576,392	(66,816)	(410,724)	125,353	217,408	217,408
Net Income	4,773,065	(245,158)	(872,516)	(527,755)	(108,102)	3,361,130	1,200,336	(1,231,480)	3,280,953	(932,318)	2,243,324	457,801	(1,853,148)	(245,158)	(515,048)	(515,048)
EBIDA	8,856,614	12,762	(615,255)	(276,413)	153,098	3,753,459	1,602,514	(832,392)	3,380,138	(667,814)	2,500,577	721,158	(875,218)	12,762	(248,016)	(248,016)
Operating Margin %	7.1%	-12.2%	-24.0%	-28.2%	-7.2%	49.1%	-2.5%	-42.8%	49.2%	-34.9%	33.1%	12.2%	-79.8%	-12.2%	-25.2%	-25.2%
Net Margin %	10.7%	-8.1%	-32.4%	-19.4%	-3.7%	47.1%	39.6%	-45.7%	52.2%	-33.6%	44.6%	10.6%	-102.5%	-8.1%	-17.8%	-17.8%
EBIDA Margin %	19.9%	0.4%	-22.8%	-10.2%	5.3%	52.6%	52.8%	-30.9%	53.8%	-24.1%	49.7%	16.8%	-48.4%	0.4%	-8.5%	-8.5%

Modoc Medical Center
Balance Sheet
For the month of July 2025

	Unaudited 7/31/2025	Unaudited 6/30/2025	Unaudited 5/31/2025	Unaudited 4/30/2025	Unaudited 3/31/2025	Unaudited 2/28/2025	Unaudited 1/31/2025	Unaudited 12/31/2024	Unaudited 11/30/2024	Unaudited 10/31/2024	Unaudited 9/30/2024	Unaudited 8/31/2024
Cash	133,445	1,343,671	1,172,124	1,043,515	1,197,526	1,407,806	1,154,789	1,783,638	766,701	1,349,083	1,286,064	2,336,433
Investments	19,210,474	25,133,123	26,073,817	22,391,706	22,690,661	23,899,307	10,362,811	10,497,990	12,393,660	20,648,864	27,164,374	29,258,720
Designated Funds	8,016,285	7,993,985	8,688,280	8,659,418	10,592,681	12,922,637	15,885,462	19,189,416	27,001,756	3,004,313	3,003,877	1,222,069
Total Cash	27,360,203	34,470,779	35,934,221	32,094,639	34,480,868	38,229,750	27,403,061	31,471,044	40,162,118	25,002,260	31,454,315	32,817,221
Gross Patient AR	10,084,488	10,432,654	10,486,306	11,116,819	12,166,012	12,438,409	12,460,612	12,014,386	11,877,656	12,834,528	15,217,390	14,384,129
Allowances	(5,333,160)	(5,933,536)	(5,953,361)	(6,473,169)	(7,512,033)	(7,348,306)	(7,194,833)	(7,019,794)	(7,664,513)	(7,717,620)	(9,190,983)	(9,053,140)
Net Patient AR	4,751,329	4,499,118	4,532,945	4,643,650	4,653,979	5,090,103	5,265,779	4,994,592	4,213,143	5,116,908	6,026,407	5,330,989
% of Gross	47.1%	43.1%	43.2%	41.8%	38.3%	40.9%	42.3%	41.6%	35.5%	39.9%	39.6%	37.1%
Third Party Receivable	(129,883)	(129,883)	(152,771)	2,662,634	704,793	(387,171)	10,220,971	11,560,050	10,220,971	(435,169)	(435,169)	(713,610)
Other AR	674,415	636,825	627,132	463,976	452,797	534,816	559,179	544,751	575,125	607,392	549,917	564,585
Inventory	688,927	685,089	706,294	645,669	655,858	650,807	642,809	626,748	648,765	606,175	644,092	501,991
Prepays	643,543	635,285	433,040	473,185	527,245	546,553	601,634	575,318	553,767	630,453	748,609	635,005
Total Current Assets	33,988,534	40,797,213	42,080,860	40,983,752	41,475,540	44,664,858	44,693,433	49,772,503	56,373,888	31,528,020	38,988,171	39,136,181
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
Bldg & Improvements (12110	47,927,861	47,927,861	47,893,361	47,893,361	47,893,361	47,893,361	47,413,856	47,413,856	47,413,856	47,413,856	47,413,856	47,326,806
Equipment (124100-124204)	14,495,515	14,495,515	14,373,480	14,373,480	14,357,799	14,357,799	14,320,612	14,320,612	14,320,612	14,320,612	14,320,612	14,222,626
Construction In Progress (125	54,911,525	54,304,202	49,496,085	49,057,141	46,849,888	44,039,570	42,270,651	38,600,009	30,560,100	27,009,050	20,576,305	20,513,275
Fixed Assets	118,048,441	117,441,118	112,476,466	112,021,841	109,814,588	107,004,269	104,718,658	101,048,017	93,008,108	89,457,057	83,024,313	82,776,246
Accum Depreciation	(20,218,448)	(20,034,362)	(19,856,164)	(19,674,460)	(19,498,874)	(19,317,427)	(20,085,777)	(19,907,979)	(19,723,925)	(19,549,863)	(19,369,849)	(19,195,631)
Net Fixed Assets	97,829,993	97,406,756	92,620,302	92,347,381	90,315,714	87,686,842	84,632,882	81,140,038	73,284,183	69,907,194	63,654,464	63,580,615
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0
Total Assets	131,818,527	138,203,969	134,701,162	133,331,133	131,791,254	132,351,700	129,326,314	130,912,541	129,658,071	101,435,214	102,642,635	102,716,797
Accounts Payable	1,615,693	7,156,909	1,946,297	1,319,919	1,601,522	1,539,319	1,711,699	1,642,125	1,949,303	1,447,256	2,085,315	1,819,533
Accrued Payroll	1,513,818	1,241,389	1,171,016	998,387	1,513,772	1,276,374	1,292,732	1,187,780	1,047,141	905,404	1,439,060	1,329,159
Patient Trust Accounts	10,556	10,580	11,275	11,170	10,960	10,600	7,757	16,247	14,932	13,722	12,512	11,302
Third Party Payables	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000
Accrued Interest												
Current Portion Liabilities	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	24,633,275	633,275	633,275	633,275
Other Current Liabilities/Accr	321,529	519,110	443,446	330,329	242,936	164,387	232,844	761,666	542,307	325,575	247,049	170,349
Total Current Liabilities	28,574,870	34,041,264	28,685,309	27,773,081	28,482,466	28,103,955	28,358,306	28,721,093	28,666,959	3,805,232	4,897,211	4,443,618
Long Term Liabilities	31,860,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368	32,264,368
Total Liabilities	60,435,238	66,305,632	60,949,677	60,037,449	60,746,834	60,368,323	60,622,674	60,985,461	60,931,327	36,069,600	37,161,579	36,707,986
Fund Balance	71,898,336	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273	67,125,273
Current Year Income/(Loss)	(515,048)	4,773,065	6,626,212	6,168,412	3,919,148	4,858,105	1,578,367	2,801,808	1,601,471	(1,759,659)	(1,644,217)	(1,116,461)
Total Equity	71,383,289	71,898,338	73,751,485	73,293,685	71,044,420	71,983,378	68,703,640	69,927,080	68,726,744	65,365,614	65,481,056	66,008,812
Total Liabilities and Equity	131,818,527	138,203,969	134,701,162	133,331,133	131,791,254	132,351,700	129,326,314	130,912,541	129,658,071	101,435,213	102,642,635	102,716,797
Days in Cash	241	330	340	292	298	372	242	249	365	227	286	298
Days in AR (Gross)	64	66	66	70	77	79	79	76	75	81	96	91
Days in AP	15	65	18	12	15	14	16	15	18	13	19	17
Current Ratio	1.19	1.20	1.47	1.48	1.46	1.59	1.58	1.73	1.97	8.29	7.96	8.81
Net AR as a percentage of grc	47.12%	43.13%	43.23%	41.77%	38.25%	40.92%	42.26%	41.57%	35.47%	39.87%	39.60%	37.06%

STATEMENT OF CASH FLOWS

July-25

	CURRENT MONTH	Jul-25	Jun-25	FISCAL YEAR YTD	Jul-25	Jun-25
CASH FLOWS FROM OPERATING ACTIVITIES						
NET INCOME	-515,048			-515,048		
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES						
DEPRECIATION EXPENSE	184,086	20,218,448	20,034,362	184,086	20,218,448	20,034,362
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-252,211	4,751,329	4,499,118	-252,211	4,751,329	4,499,118
CHANGE IN OTHER RECEIVABLES	-37,590	544,532	506,942	-37,590	544,532	506,942
CHANGE IN INVENTORIES	-3,838	688,927	685,089	-3,838	688,927	685,089
CHANGE IN PREPAID EXPENSES	-8,258	643,543	635,285	-8,258	643,543	635,285
CHANGE IN ACCOUNTS PAYABLE	-5,541,216	1,615,693	7,156,909	-5,541,216	1,615,693	7,156,909
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	272,427	1,513,816	1,241,389	272,427	1,513,816	1,241,389
CHANGE IN OTHER PAYABLES	0	480,000	480,000	0	480,000	480,000
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	-5,386,600			-5,386,600		
CASH FLOWS FROM INVESTMENT ACTIVITIES						
PURCHASE OF EQUIPMENT/CIP	-607,323	118,048,441	117,441,118	-607,323	118,048,441	117,441,118
CUSTODIAL HOLDINGS	-24	10,556	10,580	-24	10,556	10,580
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-607,347			-607,347		
CASH FROM FINANCING ACTIVITIES						
Current Liability L32	-197,581	24,954,804	25,152,385	-197,581	24,954,804	25,152,385
Long Term Liability	-404,000	31,860,368	32,264,368	-404,000	31,860,368	32,264,368
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	-601,581			-601,581		
CASH AT BEGINNING OF PERIOD	34,470,779			34,470,779	6/30/2025	
NET INCREASE (DECREASE) IN CASH	-7,110,576			-7,110,576		
CASH AT END OF PERIOD	27,360,203			27,360,203		

MODOC MEDICAL CENTER "KEY STATISTICS" Twelve Months Ending, June 30th, 2025																												
		Jul-25		Jun-25		May-25		Apr-25		Mar-25		Feb-25		Jan-25		Dec-24		Nov-24		Oct-24		Sep-24		Aug-24		FY 26 YTD	FY 25 YTD	12 Mos.
		Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.					
Patient-Days																												
Adults/Peds		53	91	47	57	51	76	64	137	49	63	48	68	40	72	64	89	83	46	75	62	82	89	48	72	53	90	704
Swing		164	45	87	50	46	71	28	89	45	84	73	82	70	43	70	63	30	62	64	88	49	48	31	70	164	36	757
SNF		1,509	1,500	1,412	1,301	1,465	1,446	1,340	1,463	1,408	1,550	1,377	1,413	1,520	1,464	1,536	1,469	1,488	1,437	1,484	1,534	1,439	1,466	1,511	1,488	1,509	1,478	17,489
Total "Patient Days"		1,726	1,636	1,546	1,408	1,562	1,593	1,432	1,689	1,502	1,697	1,498	1,563	1,630	1,579	1,670	1,621	1,601	1,545	1,623	1,684	1,570	1,603	1,590	1,630	1,726	1,604	18,950
ADC																												
Adults/Peds		1.71	2.94	1.57	1.84	1.65	2.45	2.13	4.42	1.58	2.03	1.71	2.19	1.29	2.32	2.06	2.97	2.77	1.53	2.42	2.07	2.73	2.97	1.55	2.40	1.71	2.90	1.93
Swing		5.29	1.45	2.90	1.61	1.48	2.29	0.93	2.87	1.45	2.71	2.61	2.65	2.26	1.39	2.26	2.10	1.00	2.07	2.06	2.93	1.63	1.60	1.00	2.33	5.29	1.16	2.07
SNF		48.68	48.39	47.07	41.97	47.26	46.65	44.67	47.19	45.42	50.00	49.18	45.58	49.03	47.23	49.55	48.97	49.60	47.90	47.87	51.13	47.97	48.87	48.74	49.60	48.68	47.68	47.92
Total "Average Daily Census"		55.68	52.77	51.53	45.42	50.39	51.39	47.73	54.48	48.45	54.74	53.50	50.42	52.58	50.94	53.87	54.03	53.37	51.50	52.35	56.13	52.33	53.43	51.29	54.33	55.68	51.74	51.92
ALOS																												
Adults/Peds		3.53		3.36		3.00		3.20		2.45		2.82		2.35		3.37		3.46		3.75		2.93		3.43		3.53	3.33	3.13
Swing		13.67		10.88		4.60		7.00		4.09		12.17		11.67		7.78		3.75		12.80		6.13		6.20		13.67	6.00	8.23
Admissions																												
Adults/Peds		15	27	14	17	17	23	20	19	20	19	17	18	17	18	19	24	24	8	20	18	28	18	14	20	15	27	225
Swing		12	6	8	7	10	12	4	10	11	10	6	10	6	8	9	4	8	10	5	2	8	7	5	1	12	6	92
SNF		5	4	3	5	4	4	1	1	2	-	-	2	2	-	2	1	1	2	2	3	2	1	1	2	5	4	25
Total "Admissions"		32	37	25	29	31	39	25	30	33	29	23	30	25	26	30	29	33	20	27	23	38	26	20	23	32	37	342
Discharges																												
SNF		2		4		1		1		3		4		2		2		-		2		1		2		2	2	24
Days in Period		31		30		31		30		31		28		31		30		30		31		30		31		31	31	365
Amulatory Service Statistics																												
Emergency	Visits	487	497	460	464	481	552	482	553	496	523	482	427	465	415	510	454	435	406	491	456	476	475	525	520	487	526	5,829
Ambulance Runs	Visits	106	107	75	81	77	113	75	108	93	104	95	87	75	98	93	88	93	93	61	50	87	79	87	73	106	133	1,044
Clinic	Visits	959	989	574	772	1,081	902	827	1,229	727	1,016	790	1,156	805	1,134	684	854	634	991	896	950	709	908	857	1,213	959	956	9,540
Canby Clinic	Visits	312	245	232	301	261	274	233	331	257	217	243	169	300	280	251	218	272	256	314	221	245	204	325	269	312	378	3,311
Canby Dental		169	163	192	171	136	237	163	286	142	200	133	123	175	194	147	195	147	195	69	200	165	195	210	195	169	163	1,842
Observation Admits		2	2	5	2	5	5	4	5	3	4	2	2	2	3	5	5	2	4	2	5	5	5	6	2	2	4	45
Observation Care	Hours	145.3	70	169.3	50	218.2	160	89.5	131	74.0	143	93.9	54	78.3	114	158.0	249	80.1	132	42.8	275	123.8	132	192.7	89	145	101	1,422
Ancillary Services Statistics																												
Surgeries		2	4	5	4	11	8	2	5	3	3	4	14	10	3	11	5	3	2	3	3	4	2	2	1	2	8	66
Endoscopies		17	21	25	24	19	30	21	19	21	26	20	14	18	23	20	13	17	21	20	22	13	39	17	17	17	18	229
Surgery & Recovery	Minutes	414	642	802	642	869	1,064	767	574	623	611	666	666	682	696	731	434	413	462	566	518	498	923	501	297	414	546	7,664
Anesthesia	Minutes	667	946	1,404	946	1,392	1,556	864	1,076	960	943	1,020	1,047	1,058	1,052	1,326	612	673	745	898	941	793	1,579	565	760	667	922	11,875
Laboratory	Tests	5241	4,614	4816	4,112	4543	4,832	4631	4,914	4648	4,348	4648	4,980	4485	4,697	4427	4,759	4301	4,236	5153	5,005	4567	5,042	4534	3,917	5,241	5,299	56,052
Radiology-Diagnosti	Proc	330	313	266	300	297	293	257	297	262	254	301	249	288	275	256	253	267	255	280	290	261	273	283	278	330	303	3,321
Ultrasonounds	Proc	156	94	82	102	83	85	94	89	88	61	105	102	89	95	86	58	53	52	103	109	64	133	99	88	156	76	1,022
CT Scans	Proc	196	171	150	139	150	173	138	195	168	130	153	163	128	126	145	148	170	133	171	172	128	128	167	149	196	195	1,863
MRI	Proc	-	-	26	-	18	-	-	30	-	30	-	18	-	17	-	13	-	15	-	25	-	25	28	18	-	18	46
Physical Therapy	Sessions	1,232	760	817	775	551	718	756	770	889	600	517	624	563	575	429	536	547	536	675	429	610	536	677	745	1,232	760	7,791
Retail Pharmacy-Scripts		3,441	2,626	3,248	2,351	3,309	2,689	2,969	2,598	2,513	2,548	2,354	2,463	2,735	2,639	2,586	2,410	2,420	2,334	2,807	2,518	2,445	2,343	2,594	2,658	3,441	2,624	32,604
Dietician Consults																												

MODOC MEDICAL CENTER "FULL TIME EQUIVALENT REPORT" Twelve Months Ending: July 31th, 2025													
Department	Jul-25	Jun-25	May-25	Apr-25	Mar-25	Feb-25	Jan-25	Dec-24	Nov-24	Oct-24	Sep-24	Aug-24	12 Mo Ave
Med / Surg	15.37	16.06	16.47	14.81	14.77	14.50	13.76	15.50	15.13	15.01	13.82	15.30	15.04
Comm Disease Care													#DIV/0!
Swing Beds													#DIV/0!
Long Term - SNF	55.38	53.39	55.93	53.24	54.82	54.32	54.41	54.93	57.77	54.72	54.02	55.09	54.84
Emergency Dept	10.59	12.51	12.64	11.62	14.17	13.95	11.94	10.36	12.71	11.10	12.09	12.19	12.16
Ambulance - Alturas	12.06	12.31	12.50	12.53	11.96	11.34	10.55	11.03	10.90	9.94	10.78	11.60	11.46
Clinic	20.32	19.93	20.31	19.52	18.89	18.54	16.84	16.87	17.84	18.33	18.26	18.57	18.69
Canby Clinic	10.89	9.80	10.95	10.66	12.18	10.39	9.27	9.23	9.84	9.93	8.21	8.03	9.95
Canby Dental	3.85	4.37	5.29	4.80	3.72	3.66	3.63	3.28	3.71	3.53	3.33	5.24	4.03
Surgery	4.11	3.70	3.98	4.01	4.21	3.97	3.30	3.79	3.26	3.35	3.60	3.92	3.77
IRR													#DIV/0!
Lab	8.21	8.74	8.78	9.32	9.15	9.09	8.56	7.97	8.21	8.33	8.60	8.76	8.64
Radiology	5.85	3.65	4.12	4.45	4.35	4.52	3.81	4.30	3.72	3.67	3.82	4.96	4.27
MRI													#DIV/0!
Ultrasound	1.33	1.13	1.27	1.36	1.29	1.31	1.26	1.29	1.36	1.27	1.34	1.33	1.30
CT	1.67	1.47	2.10	1.93	1.92	1.84	1.48	1.62	1.66	1.49	1.71	1.69	1.72
Pharmacy	1.33	1.09	1.17	1.24	1.30	1.33	1.38	1.85	2.07	2.15	2.16	1.77	1.57
Physical Therapy	6.88	6.41	5.46	5.74	6.19	6.34	6.34	4.60	5.78	6.27	5.71	6.99	6.06
Other PT													#DIV/0!
Dietary	14.01	11.48	12.87	13.82	13.99	13.37	12.65	11.85	12.83	12.77	12.33	12.01	12.83
Dietary Acute	6.76	7.36	7.81	7.69	8.39	7.60	7.27	8.06	8.43	7.59	7.67	8.26	7.74
Laundry	1.01	0.90	1.02	1.01	1.02	0.97	1.02	0.99	0.88	1.00	1.00	1.01	0.99
Activities	4.43	4.41	4.50	4.12	3.59	3.76	3.67	3.75	3.77	3.60	3.74	3.68	3.92
Social Services	1.43	1.65	2.12	1.97	2.04	1.95	1.87	1.88	1.92	1.79	1.93	1.97	1.88
Purchasing	3.01	3.02	2.96	3.11	3.16	3.18	3.04	2.95	3.02	3.06	3.05	3.07	3.05
Housekeeping	13.78	13.94	13.82	14.45	14.52	14.87	13.39	13.72	13.93	13.59	13.54	13.54	13.92
Maintenance	5.82	5.99	5.96	5.99	6.04	5.96	5.44	5.38	5.31	5.32	5.10	6.05	5.70
Data Processing	4.58	4.63	4.68	4.76	4.26	4.05	4.00	4.07	4.56	4.66	4.65	4.32	4.44
General Accounting	3.92	3.40	3.38	3.64	3.89	3.97	3.74	3.80	3.73	2.65	3.01	3.51	3.55
Patient Accounting	8.25	8.95	8.85	9.86	8.98	7.76	7.60	6.97	8.03	7.58	7.21	6.13	8.01
Administration	3.40	3.65	3.25	3.41	3.32	3.46	3.15	3.40	3.36	3.54	3.11	2.73	3.32
Human Resources	1.98	2.01	2.00	2.01	2.01	2.01	2.01	2.01	2.02	1.99	1.98	2.01	2.00
Medical Records	8.51	8.51	8.57	8.70	8.74	8.62	8.29	8.05	8.10	7.83	7.84	7.97	8.31
Nurse Administration	2.88	2.80	3.05	3.11	3.02	2.51	2.33	2.19	2.55	2.87	3.07	3.05	2.79
In-Service	1.00	1.00	0.94	0.87	1.01	1.00	1.00	1.00	1.00	1.00	1.01	1.00	0.99
Utilization Review	1.41	1.44	1.49	1.39	1.47	1.48	1.49	1.49	1.45	1.46	1.36	1.48	1.45
Quality Assurance	0.50	0.51	0.50	0.50	0.50	0.51	0.51	0.51	0.50	0.51	0.50	0.51	0.51
Infection Control	0.39	0.70	0.46	0.61	0.48	0.60	0.60	0.61	0.59	0.61	0.60	0.65	0.58
Retail Pharmacy	4.96	4.50	5.03	4.96	4.13	4.15	3.92	3.86	4.06	4.10	3.96	3.58	4.27
TOTAL	249.87	245.41	254.23	251.21	253.48	246.88	233.52	233.16	244.00	236.61	234.11	241.97	243.70

-0.69 (0.04)

0.00 #DIV/0!

0.00 #DIV/0!

1.99 0.04

-1.92 (0.18)

-0.25 (0.02)

0.39 0.02

1.09 0.10

-0.52 (0.14)

0.41 0.10

0.00 #DIV/0!

-0.53 (0.06)

2.20 0.38

0.00 #DIV/0!

0.20 0.15

0.20 0.12

0.24 0.18

0.47 0.07

0.00 #DIV/0!

2.53 0.18

-0.60 (0.09)

0.11 0.11

0.02 0.00

-0.22 (0.15)

-0.01 (0.00)

-0.16 (0.01)

-0.17 (0.03)

-0.05 (0.01)

0.52 0.13

-0.70 (0.08)

-0.25 (0.07)

-0.03 (0.02)

0.00 -

0.08 0.03

0.00 -

-0.03 (0.02)

-0.01 (0.02)

-0.31 (0.79)

0.46 0.09

4.46 0.02

ATTACHMENT G

Dirt Disposal

ATTACHMENT H

Acute Ventilator



MEMORANDUM

DATE: August 20, 2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: Ed Johnson CNO
SUBJECT: Budget Amendment

Our Acute hospital has a ventilator problem. The 2 ventilators that we have been using can no longer be serviced. The company that we have been working with has been working with the FDA for their application approval for over a year without success. We were trying to send them out for calibration because they have not been done in over 2 years. So, we cannot use those ventilators.

We received 2 ventilators from the state's emergency covid supply. These ventilators are not for hospital use. We were able to use the hospital during COVID because of the Emergency Use Authorization. Since that has been lifted, the ventilators can only be used for home use. We can use them in the skilled nursing facility for residents needing BiPAP (Bilevel Positive Airway Pressure) or CPAP (Continuous Positive Airway Pressure). It's commonly used to treat conditions like obstructive sleep apnea, COPD, and obesity hypoventilation syndrome, especially when CPAP is not sufficient or tolerated.

The dilemma that we are in is that we do not have a working ventilator in our hospital at the time. We received a Quote from Hamilton Medical for a Hamilton T1 ventilator. The total cost of the ventilator is \$26,296.89. Since the cost is over \$25,000, we need to bring this to the board for approval. The plan is to purchase one ventilator now and another next budget year. I did check with purchasing department to make sure the unit that we are ordering is not going to be end of life out of service over the next couple of years or a refurbished model. I was told that it was not.

Respectfully Submitted,

A handwritten signature in dark ink, appearing to read 'E. Johnson Jr.', with a long horizontal flourish extending to the right.

Edward J. Johnson Jr MSN, MSHCA, RHCNOC, EMS-RN, RN
Chief Nursing Officer/Interim Director of Nursing

Hamilton Medical, Inc.
201 Edison Way
Reno, NV 89502
Phone: (800) 426-6331
Fax: (775) 856-5621
www.hamilton-medical.com



Quote Date: 8/15/2025

Modoc Medical Center
1111 N Nagle St
Alturas, California 96101
Attention:

Premier
MMC.081525.KC

+1 530-233-5131

kleneave@modocmedicalcenter.org

Qty	PART #	DESCRIPTION	UNIT LIST PRICE	QUOTED PRICE	EXTENDED DISCOUNT	EXTENDED PRICE
Additional Items						
1	260128	HAMILTON-C1/T1/MR1 Breathing Circuit, w/ E-Valve & Flow Sensor, Adult/Ped (20/BX) 180cm	\$1,681.63	\$1,180.00	\$501.63	\$1,180.00
1	260170	HAMILTON-T1/C1/MR1 Neonate Breathing Set (Includes Expiratory Valve & Membrane Flow Sensor, Y piece & connectors) (20/BX) 150cm	\$1,460.40	\$1,263.81	\$196.59	\$1,263.81
Sub Total						\$2,443.81
Trade-in						\$0.00
Sub Total						\$2,443.81
Sales Tax					0.000%	\$0.00
Shipping Charges						\$0.00
Quantity Discount						\$0.00
Quote Total						\$2,443.81
Finance Option			No. of Periods (Months)	0	Monthly Payment	\$0.00

Comments: Tier 3.

Premier National Contract Number PP-NS-1811 Terms and Conditions of Sale

1. Prices

Prices are in US Dollars.

2. Payment terms

2% 15 NET 45 days after invoice date. Payment terms are not extended while waiting for the issuance of a credit.

3. Freight terms

FOB Destination for Ground Shipments, Expedited shipments are FOB Origin/PrePaid & Added.

4. Warranty

Hamilton Medical Premier ventilator packages come standard with two year parts and one year labor warranty. The VENTILAIR II comes with one year parts and one year labor warranty. Extended warranties are also available. The CO2 Capnostat 5 sensor and Aerogen cable have a one year manufacturer's warranty. All turbines installed in Hamilton-C1/T1/MR1/C6/C3 ventilators shipped from Hamilton Medical AG on or after July 1st, 2014 are warrantied for five (5) years against defects in design, material and workmanship under normal use for which it is intended. During the warranty period, Hamilton Medical will repair or replace, at its discretion, defective components or assemblies.

5. Validity

The prices quoted are valid July 1, 2023 through June 30, 2026.

6. Technical Support

Twenty four-hour/seven days per week / three hundred sixty five days per year telephone technical support is provided at no charge for the life of the Hamilton Medical, Inc. equipment.

7. Special Conditions

Hamilton Medical, Inc. does not supply; the cables, hardware, software or middle ware needed to integrate Hamilton Medical equipment with any facilities current Hospital Information or Electronic Medical Record systems.

8. Trade-In Equipment

Quotations that include trade-in equipment; Hamilton Medical may offer a trade-in credit, per competitive ventilator, on a one-to-one basis. To receive the trade-in credit, the serial numbers for all trade-in devices must be included with the purchase order. A mutual agreement for the arrangement of the disposal/transfer of the trade-in ventilators needs to be made within 30 days after the delivery of the new equipment. All trade-in equipment must either be destroyed or released to an authorized Hamilton Medical representative within 60 days after the delivery of the new equipment. Failure to meet the stated dates will result in forfeiture of the total trade-in credit. Trade-in values may fluctuate based on market demand.

9. Delivery

Expected delivery within 60 days of receipt & acceptance of purchase order.

10. Advertising & Promotion

Hamilton Medical may include information about the use of Hamilton Medical products at through Hamilton Medical's distribution channels; including but not limited to, web sites, press releases and reference lists, in the form of text and/or photographic images. Prior to use and publication, all copy shall be forwarded for its approval, which approval shall not be unreasonably withheld or delayed.

11. Purchase Orders

Purchase orders can be placed via GHX or by sending an e-mail to customer.service@hamiltonmedical.com.

12. Service Training Tuition

If applicable, service training tuition credits are valid for three years from the date of invoice. If the tuition is not used within three years it will be forfeited and cancelled.

13. Financing

Monthly payment is based on credit approval. All submitted documentation must be satisfactory to Hamilton Medical Financial. Should you have any questions, please contact your Hamilton Account Manager.

14. Sales Tax

Sales tax will be included on quotations for facilities that do not have a tax exemption certificate on file with Hamilton Medical, Inc. If applicable, provide Hamilton Medical, Inc. with a current tax exemption certificate to receive a quotation without sales tax. Once a current tax exemption certificate is provided, Hamilton Medical, Inc. will update your account to reflect the tax exempt status.

All information and pricing contained in this agreement is legally privileged and/or CONFIDENTIAL information to be shared only between Hamilton Medical Inc. and the direct recipient of this quote. You are hereby notified that any dissemination, distribution or copying of this agreement and/or Exhibits outside of Hamilton Medical Inc. and employees is strictly prohibited.

Quote Date Friday, August 15, 2025

Account Manager Kevin Cole

Account Manager Phone: (916) 759-5288

Account Manager Email kevin.cole@hamiltonmedical.com

Phone:(775)858-3200
Fax:(775)856-5621
www.hamilton-medical.com

Version 17.4

Hamilton Medical, Inc.
201 Edison Way
Reno, NV 89502
Phone:(800)426-6331
Fax:(775)856-5621
www.hamilton-medical.com



Quote Date: 8/7/2025

Modoc Medical Center
1111 N Nagle St
Alturas, California 96101

Premier

MMC.1T1.080725.KC

Attention:

+1 530-233-5131

kleneave@modocmedicalcenter.org

Qty	PART #	DESCRIPTION	UNIT LIST PRICE	QUOTED PRICE	EXTENDED DISCOUNT	EXTENDED PRICE
1	1610060	HAMILTON-T1 Premier Package	\$21,370.93	\$17,211.81	\$4,159.12	\$17,211.81
1	10102137	HAMILTON-T1 Universal Mount Handle	\$0.00			Included
1	10102127	HAMILTON-T1 USA Customization	\$0.00			Included
1	59600	Clinical Training	\$2,163.20			Included
1	59202T1	HAMILTON-T1 Reno Service Training Tuition	\$2,594.80			Included
1	10102149	HAMILTON-T1 Li-Ion Battery- Initial Order	\$308.99			Included
1	10102336	HAMILTON-T1 English (USA) Language Kit	\$0.00			Included
1	10105900	HAMILTON-T1 O2 Cell- Initial Order	\$141.94			Included
1	160470	DISS CONNECTOR O2 - PLATFORM C	\$107.72			Included
1	355198	HAMILTON-C3/C2/C1/T1 POWER CORD	\$26.65			Included
1	161535	HAMILTON-T1 Comm Board (CO2, Nurse Call, COM1)	\$696.02	\$297.83	\$398.19	\$297.83
1	3691040	HAMILTON-C3/C2/C1/T1/MR1 Battery Calibrator w/ Cord	\$534.97	\$463.74	\$71.23	\$463.74
1	281671	HAMILTON-T1/C1 Support Arm	\$648.72	\$577.33	\$71.39	\$577.33
1	161065	HAMILTON-T1 Trends / Loops Application	\$1,071.61	\$930.63	\$140.98	\$930.63
1	161150	HAMILTON-C1/T1 TROLLEY (Includes Humidifier Support & O2 E-Cylinder Holder)	\$1,310.10	\$1,083.63	\$226.47	\$1,083.63
1	161064	HAMILTON-T1 DuoPAP / APRV Application	\$2,143.22	\$1,861.26	\$281.96	\$1,861.26
1	161066	HAMILTON-T1 NIV, NIV S/T Application	\$2,143.22	\$1,861.26	\$281.96	\$1,861.26
1	10102123	HAMILTON-T1 Adult/Pediatric/Neonatal Configuration	\$2,101.20	\$2,009.40	\$91.80	\$2,009.40
Sub Total						\$26,296.89
Trade-in						\$0.00
Sub Total						\$26,296.89
					Sales Tax	0.000% \$0.00
					Shipping Charges	\$0.00
					Quantity Discount	\$0.00
Quote Total						\$26,296.89
Finance Option		No. of Periods (Months)	60	Monthly Payment		\$539.52

Comments: Tier 3.

Premier National Contract Number PP-NS-1811 Terms and Conditions of Sale

1. Prices

Prices are in US Dollars.

2. Payment terms

2% 15 NET 45 days after invoice date. Payment terms are not extended while waiting for the issuance of a credit.

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Twenty four-hour/seven days per week / three hundred sixty five days per year telephone technical support is provided at no charge for the life of the Hamilton Medical, Inc. equipment.

7. Special Conditions

Hamilton Medical, Inc. does not supply; the cables, hardware, software or middle ware needed to integrate Hamilton Medical equipment with any facilities current Hospital Information or Electronic Medical Record systems.

8. Trade-In Equipment

Quotations that include trade-in equipment; Hamilton Medical may offer a trade-in credit, per competitive ventilator, on a one-to-one basis. To receive the trade-in credit, the serial numbers for all trade-in devices must be included with the purchase order. A mutual agreement for the arrangement of the disposal/transfer of the trade-in ventilators needs to be made within 30 days after the delivery of the new equipment. All trade-in equipment must either be destroyed or released to an authorized Hamilton Medical representative within 60 days after the delivery of the new equipment. Failure to meet the stated dates will result in forfeiture of the total trade-in credit. Trade-in values may fluctuate based on market demand.

9. Delivery

Expected delivery within 60 days of receipt & acceptance of purchase order.

10. Advertising & Promotion

Hamilton Medical may include information about the use of Hamilton Medical products at through Hamilton Medical's distribution channels; including but not limited to, web sites, press releases and reference lists, in the form of text and/or photographic images. Prior to use and publication, all copy shall be forwarded for its approval, which approval shall not be unreasonably withheld or delayed.

11. Purchase Orders

Purchase orders can be placed via GHX or by sending an e-mail to customer.service@hamiltonmedical.com.

12. Service Training Tuition

If applicable, service training tuition credits are valid for three years from the date of invoice. If the tuition is not used within three years it will be forfeited and cancelled.

13. Financing

Monthly payment is based on credit approval. All submitted documentation must be satisfactory to Hamilton Medical Financial. Should you have any questions, please contact your Hamilton Account Manager.

14. Sales Tax

Sales tax will be included on quotations for facilities that do not have a tax exemption certificate on file with Hamilton Medical, Inc. If applicable, provide Hamilton Medical, Inc. with a current tax exemption certificate to receive a quotation without sales tax. Once a current tax exemption certificate is provided, Hamilton Medical, Inc. will update your account to reflect the tax exempt status.

All information and pricing contained in this agreement is legally privileged and/or CONFIDENTIAL information to be shared only between Hamilton Medical Inc. and the direct recipient of this quote. You are hereby notified that any dissemination, distribution or copying of this agreement and/or Exhibits outside of Hamilton Medical Inc. and employees is strictly prohibited.

Quote Date Thursday, August 7, 2025

Account Manager Kevin Cole

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