AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Thursday, March 26, 2026, 3:30 pm
City Council Chambers; 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 – R. Boulade, Chair

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – R. Boulade, Chair

2. AGENDA APPROVAL - Additions/Deletions to the Agenda – R. Boulade, 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 – Finance Director Report to the Board
D.) A. Vucina – CHRO Report to the Board
E.) A. Willoughby – COO Report to the Board
F.) Board Member Reports

5. DISCUSSION

REGULAR SESSION

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

A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – February 19, 2026, Attachment A
B.) T. Ryan - Medical Staff Committee Meeting Minutes – February 25, 2026 Attachment B

- **Medical Staff Committee Meeting Minutes – January 28, 2026**
- **OP Infusion Committee Meeting Minutes**
- **Surgery Committee Meeting Minutes**
- **Pathology Report**

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

SURGERY/OPERATING ROOM
7420.25 Operating Room Attire
7420.25 Scheduling of Surgery
7420.26 Category I Surgical Outpatient Care
7420.26 Category II Surgical Outpatient Care

SNF
6850.26 Medication Storage and Handling

ADMINISTRATION/CAH
8610.26 Policy and Procedures
8610.26 Policy Formatting
8610.26 CAH-483.623 Physical Plant and Environment-Life Safety from Fire
8610.26 CAH-485.635 Provision of Services
8610.26 Acting Administrator
8610.26 Contract Administration
8610.26 Policy and Procedure Review Process

FACILITIES/EOC
8460.26 Equipment Management Inventory
8460.26 Electric Beds and Equipment
8460.26 Electric Safety Equipment Condition
8460.26 Electrical Safety: Preventing Overload
8460.26 Equipment Condition
8460.26 Extension Cords
8460.26 Inventory and Inspection of New Equipment
8460.26 Medical and Hazardous Waste Handling and Disposal
8460.26 Medical Equipment Management Plan
8460.26 Personal Electrical Equipment
8460.26 Preventive Maintenance
8460.26 Removal of Biohazardous Waste
8460.26 Sprinkler Drop Test
8460.26 Use of Electrical Equipment in Oxygen Enriched Environment
8460.26 Biohazardous Waste Transportation Maintenance
8460.26 Electrical Equipment Safety
8460.26 Electrical Safety Distribution System

7.CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals **Attachment D**
B.) J. Lin – January 2026 LFHD Financial Statement *(unaudited)* **Attachment E**
C.) K. Kramer – Budget Amendment for Clinic Expansion Drawings
D.) K. Kramer – Dr. Richert Professional Services Agreement 2026-2027 **Attachment F**

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – February 25, 2026, (Per Evidence Code 1157) **Attachment G**
- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – January 28, 2026**
- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – January 28, 2026**

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – February 25, 2026 (Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – January 28, 2025**
- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – January 28, 2026**

10. MOTION TO ADJOURN – R. Boulade – Chair

POSTED AT: **MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE - (www.modocmedicalcenter.org) ON March 19, 2026.**

ATTACHMENT A

LFHD BOARD OF DIRECTORS REGULAR MEETING MINUTES (draft) February 19, 2026

REGULAR MEETING MINUTES
LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
Thursday, February 19, 2026, at 3:30 pm
City Council Chambers; Alturas City Hall; Alturas, California

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

CALL TO ORDER

Rose Boulade , 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 asked that two policies be moved from consent agenda to the action item 7C. Those policies were Hazardous Materials and Waste Management Plan and Biomedical Equipment Management. **Carol Madison** moved that the agenda be approved with this change. **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

Provider Recruitment

- We are still looking for the following permanent providers:
  - Two physicians (one for Canby Clinic and one for Alturas Clinic)
  - A FNP/PA for the Emergency Room
  - A FNP/PA for Canby Clinic
  - A FNP/PA for the Skilled Nursing Facility
- Have had a couple of promising conversations with potential FNP/PA candidates, but have yet to be able to conduct a site visit with any of these candidates.

Security Incident

- This investigation is still currently underway. Our IT department has combed through the files obtained by the threat actor and identified the files that could potentially contain confidential information. The current plan is that these files will be reviewed by a third party consultant and a list of all impacted patients will be compiled where any confidential information was obtained by the threat actor. That list of patients would then constitute those we would notify and provide credit and fraud protection services to.

Cost-Based Ambulance Services

- We are pursuing a legal path forward to obtain permission from Medicare to bill our EMS services as cost-based services. I have signed an engagement with a legal firm that has had success with doing this in other states. Surprise Valley Healthcare District is also included in this conversation and is going to pursue the same path towards being able to obtain this.

- SEMSA has reached out to ask if we would be interested in partnering with them in some fashion to own EMS services in the Susanville and surrounding areas. They feel that the partnership could strengthen their ability to provide services into the future with cost-based reimbursement as well. This is something that we may begin to obtain some financial data on to see if this would make good business sense for us to do.

ERHC Grant with USDA

- We are in the process of getting submittals approved so we can order the generator for the hospital. After submittal approval, we will pay 35% of the generator. It will take approximately 32 weeks after that for the generator to arrive at the organization so we can install it, pending HCAI approval of the plans and project.
- The USDA has asked for a status update on the ERHC grant. I am going to accumulate all our invoices for the PT generator project, air handlers, etc., and see how close we are to meeting our grant obligations so we can be reimbursed for that grant. We may have to wait until late summer when the generator arrives to close this grant out.

Revenue Cycle

- Security incident caused for us to not be able to bill out claims for 2 weeks towards the end of January and beginning of February. This will impact total AR and AR days, so you will see that go up for a bit until we catch up with those claims and are reimbursed for those services.
- Medicare also denied a lot of claims due to a reassignment requirement for all our providers, meaning that every healthcare provider that works for us had to sign an updated reassignment agreement allowing us to bill for their professional services. They required this as of 1/1/2026 but denied claims for services prior to that date as well.

Projects Still Outstanding

- Wage Analysis for entire organization.
- Union conversations, development, and implementation of different model for SART nurses.

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

Warnerview

- Currently at a 4-star CMS rating.
- Census is at 15.
- Discharges – Zero.
- Gearing up for one of our residents to turn 100 in April.
  - We have a committee getting together to plan this birthday party.
- Respiratory Illness
  - Mask mandate continues with the last resident testing positive on February 9th. All residents have been cleared of Isolation. If we continue with zero new cases, Warnerview should be off the mask mandate on Monday, February 23rd.

Mountain View

- Census is at 39
- Admissions – Two.
- Discharges - One (one to death)
- Respiratory illness
- Mask mandate ended on February 9th, and the last positive resident was on January 31st.
- Working on a service dog policy for the SNF

Acute

- Inpatient – Census 1.58
  - ALOS – 2.72
- Swing – Census 1.74
  - ALOS – 10.80
- Admissions
  - 18 Acute
  - 5 Swing
- Surgeries
  - 25 Surgeries

ER

- 485 patients

- Census Avg 15.6 per day
- Finishing up the ER nurses' job description that will include them being Sexual Assault Response Team (SART) trained nurses. Susan and I are talking about the length of time that we would give the nurses who are currently working in the ED. We give the wound care nurse and infection preventionist 2 years to get those certifications, so that is what we are leaning towards. Trying to stay consistent. Once we have the job description completed and signed off by the SLT team, it then has to go through the union for approval. This change would also affect future travelers' staff because this would be something that we would expect them to have as well.

Ambulance

- 73 runs for the month.

Pharmacy

- 4,449 Scripts filled, an increase from last month.
- We had one of our Retail Pharmacists resign (Darryl Moore), we are currently looking for someone to replace him. The two inpatient pharmacists have stepped up to help with the void.

Physical Therapy

- 469 Sessions, an increase from last month.
- We are still looking for a Physical Therapist to come to our area.

Lab

- Lab is working on bringing online a new machine (Cepheid). The tests that this machine would be able to perform are:
  - Gonorrhoeae, Chlamydia
  - Bacterial Vaginosis (BV), Vulvovaginal Candidiasis (Yeast), Trichomoniasis
  - Strep A, Covid-19, Flu A&B, RSV (All are PCR Test)
  - Methicillin-resistant Staphylococcus aureus (MRSA)

Wound Care Nurse Program

- Our wound care nurse (Erika) is settling in well. She is seeing patients in the clinic and SNF areas currently. Kristen, our wound care nurse who was out on maternity leave, comes in on Fridays to help precept Erika.
- We are meeting with Dr. Hagge in the next couple of weeks to develop our wound care strategy regarding taking outside referrals and marketing.

Infusion

- We have agreed to host the Alturas Community Blood Drive in our infusion area in March. The date for this drive is March 18th. They are planning on highlighting last July's winner. During last year's incentive giveaway, Vitalant presented Harold Montague with a $30,000 grand prize towards a vehicle. They stated that this was the largest incentive giveaway of the year. We are hoping to get some media coverage and local advertising highlighting this story as they promote the Alturas community blood drive.

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

Permanent/Travel Staff

- We currently have 316 total staff
- We have a total of 30 travelers, both Acute and SNF.

Compliance

- Performance Evaluations 79% compliant
- TB 92% complaint
- Physicals 91% compliant

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

~~**Revenue Cycle**~~

~~**Clinics**~~

~~**Maintenance**~~

~~**IT**~~

~~**Marketing**~~

E.) Board Member Reports

- **Carol Madison** – Nothing to Report
- **Paul Dolby –** Nothing to Report

- **Mike Mason –** Nothing to Report
- **Rose Boulade –** Nothing to Report
- **Keith Weber – Keith Weber** Expressed concern with access to primary care services within the community. There are many patients that are sick and not established patients and **Keith** feels that we should explore solutions that would allow us to see non-established patients for walk-in appointments in the clinic so they are not forced to be seen in the Emergency Room. **Kevin Kramer** discussed the potential of using telemedicine technology to try to offer walk-in clinic services via technology to try to provide a viable solution in the absence of being able to find providers to move here permanently. This option will be explored by the Administrative team as a potential solution to this issue.

5. DISSCUSSION

A.) S. Brown – Policy Manual Review Process

Sandra Brown, CNO Administrative Assistant and Policy Coordinator, reviewed the policy management process with the Board. She explained that policies are reviewed for accuracy and formatting, verified in Revver, and evaluated with Department Managers to determine whether they should remain as written, be revised, or be archived. Policies requiring revisions are routed through SharePoint to the Board of Directors for approval before being finalized in Revver and on the policy page.

The Board thanked Sandra for the update and discussed modifying the annual memo to include a specific deadline for completing policy revisions.

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 – January 29, 2026

B.) T. Ryan - Medical Staff Committee Meeting Minutes – January 28, 2026

- **Medical Staff Committee Meeting Minutes – November 19, 2025**
- **Committee Reports**
- **Pathology Report**
- **New Business**

C.) E. Johnson – Policy and Procedures

PHARMACY/HOSPITAL

7710.25 Counterfeit Drugs and DSCSA

DIETARY ACUTE

8345.26 Calibration of Foodservice Thermometers

SNF-ACTIVITIES

8365.25 Use of Alcohol by Resident or Visitor (5381)

FACILITIES/EOC

8460.26 Bio Hazardous Waste Transportation Maintenance
8460.26 Biomedical Equipment Management
8460.26 Hazardous Materials and Waste Management Plan
8460.26 Performance Improvement Plan
8460.26 Preventative Maintenance
8460.26 Removal of Bio Hazardous Waste
8460.26 Sprinkler Drop Test
8460.26 Use of Electric Wheelchair
8460.26 Use of Spill Kit

SNF-IC

8753-SNF.25 Tuberculosis Screening, Testing and Control at the Skilled Nursing Facility

Carol Madison moved that the Consent Agenda be approved with **Facilities/EOC Policies 8460.26 Biomedical Equipment Management and 8460.26 Hazardous Materials and Waste Management Plan be moved to Item 9C, Paul Dolby** seconded, and the motion carried with all present voting "aye."

7. CONSIDERATION/ACTION

A.) K. Kramer – January 2026 LFHD Financial Statement *(unaudited)*

K. Kramer, CEO presented the January 2026 LFHD Financial Statement provided in the Board meeting packet and answered the questions the Board had.

Mike Mason moved to accept the January 2026 LFHD Financial Statement as presented, **Keith Weber** seconded, and the motion carried with all present voting "aye."

B.) K. Kramer – Investment Proposal

Kevin Kramer, CEO, presented the **Investment Proposal** provided to the Board and answered the questions the Board had.

Carol Madison moved to accept the **Investment Proposal** as presented, **Paul Dolby** seconded, **Rose Boulade** abstained, and the motion carried with all present voting "aye."

C.) Mike Mason – Facilities/EOC Policies

Mike Mason, Board of Directors Member, discussed portions of the Biomedical Equipment Management Policy and Hazardous Materials and Waste Management Plan that he felt should be edited. **Mike Mason** asked that the gloves listed in the policies be specified, as well as the length of the gloves. He asked for the administration to consider requiring elbow-length gloves for everyone handling biohazardous waste. He also asked that the Maintenance sprinkler alarm system have a drop test conducted. **Ed Johnson** discussed the differences between how biohazardous waste is handled by EVS staff and maintenance staff, explaining that maintenance staff has more exposure as a result of what they do with that waste. **Ed Johnson** advised he will have these changes made and bring them back to the March meeting.

Mike Mason moved to table these policies until the March meeting, **Keith Weber** seconded, and the motion carried with all present voting "aye."

Carol Madison moved to close the Regular Session of the Board of Directors, **Keith Weber** seconded, and the motion carried with all voting "aye."

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:40 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Rose Boulade, Chair**, at 4:40 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –January 28, 2026 – (*Per Evidence Code 1157*).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – November 19, 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:

- **Daniela Garcia – Cruz, PA** – Recommends appointment of Allied Health status/privileges in the Psychiatry category.
- **Virginia Baker, FNP** – Recommends appointment of Allied Health status/privileges in the Family Practice category.
- **Thomas Mitchell, PA** – Recommends appointment of Allied Health status/privileges in the Emergency Medicine category.
- **Barbara Howe, RDN** – Recommends reappointment of Allied Health status/privileges in the Dietitian category.
- **Jacee Knighton, FNP** – Recommends reappointment of Allied Health status/privileges in the Family Practice category.
- **Jenny Lazarus, MD** – Recommends appointment of Provisional privileges in the Family Medicine category.
- **Jonathan Fay, MD** – Recommends reappointment of Courtesy privileges in the Ophthalmology/Surgery category.
- **Eric Monaco, MD** – Recommends reappointment of Limited Active privileges in the Emergency Medicine category.

- **Marina Morie, MD** – Recommends reappointment of Limited Active privileges in the Emergency Medicine category.
- **David Wong, MD** – Recommends reappointment of Telemedicine privileges in the Dermatology category.
- **Lisanne Burkholder, MD** – Recommends reappointment of Limited Active privileges in the Emergency Medicine category.

The Executive Session of the Board of Directors was adjourned at 4:42 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Rose Boulade, Chair**, at 4:42 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –January 28, 2026 – (Per Evidence Code 1157).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – November 19, 2025.**

Mike Mason moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above, **Paul Dolby** seconded, and the motion carried with all members voting "aye."

11.) MOTION TO ADJOURN

Carol Madison moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:43 pm**, Keith Weber** 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 March 26, 2026, at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:

_____ _____

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

ATTACHMENT B

MEDICAL COMMITTEE MINUTES & CREDENTIALING

February 25, 2026

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

DATE: MARCH 26, 2026

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 February 25, 2026, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee Meeting Minutes – January 28, 2026

B. COMMITTEE REPORTS

1. OP Infusion Committee Meeting Minutes – 02/10/2026
2. Surgery Committee Meeting Minutes – 02/10/2026

C. PATHOLOGY REPORT – 01/22/2026

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MEDICAL STAFF COMMITTEE MEETING
January 28, 2026 – Education Building
MINUTES

In Attendance

Lisanne Burkholder, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Jenny Lazarus, MD
Barbara Howe, RDN
Kevin Kramer- CEO
Ed Johnson- CNO
Vahe Hovasapyan- Pharmacist
Alicia Doss- Risk Management
Brandy Morris-Wright- MSC/H.I.M
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 1240 by Dr. Burkholder, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of November 19, 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. EOC Committee Meeting Minutes, 09/02/2025. B. ER Committee Meeting Minutes, 12/23/2025. C. Infection Control Committee Meeting Minutes, 01/22/2026. D. Patient Safety/Safe Lifting Committee Meeting Minutes, 01/21/2026. E. Pharmacy and Therapeutics Committee Meeting Minutes, 01/22/2026. F. OP Infusion Committee Meeting Minutes, 12/16/2025. G. Surgery Committee Meeting Minutes, 12/16/2025. H. OP Infusion Committee Meeting Minutes,	Minutes approved by motion, second, and vote. Forward to Governing Board.

SUBJECT	DISCUSSION	ACTION
	01/13/2026. I. Surgery Committee Meeting Minutes, 01/13/2026.	
III. PATHOLOGY REPORT	Review of Report, 10/31/2025 & 11/01/2025	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Currently, aside from what was already covered under CEO Report, our Heart Failure Chronic Disease Management Program, we are trying to improve our care of our heart failure patients and our documentation of that. I have reviewed all our FNPs and PAs notes in the last 2 months since we have had our training and I have given them specific feedback about their patients. They each have a list of all their heart failure patients, and they know they are to comment on their heart failure anytime they come in, even if they do not come in for that. I have also given them specific suggestions for improvements in the care of each of those patients and specific ones that need to be called in for visits to update their care. I did not do that for the Physicians, but if we want that, I can do that as well. We did find some people reported dead or really do not have heart failure, so to note, the data search for CHF is not perfect. We are continuing to figure out the list.	Report at next meeting
V. EMERGENCY ROOM REPORT	Nothing to Report.	
VI. CEO REPORT	Currently, Cardiology Specialist Update, I had a great conversation with the two Cardiologists that are interested in coming. Since the call, I have gone through their contract terms, and I've now emailed them just some questions that I have for them to ensure we understand the financial commitment and what we will be able to bill vs. what they would be billing. Once I receive a response, we want to move forward and try to get them here Fridays. Initially, they would come once a month and we would have to buy some equipment for them. Space is still a concern, but we will do what we can to make it work. We were looking to move Surgery consults to the Hospital but found out we were unable to do that. With Provider Coverage Changes, we have been trying to find a PA/FNP that can work the same shifts as Chantele did, but we have had no luck finding someone. However, Kathy Chesney	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	has already signed an employment agreement to a scale of that coverage, but my guess is the ER will bring in some locums to fill in those coverage gaps. So, instead of covering 4 days a week which is what Chantele was doing, were going to try to cover 6 and then try to find 2 Providers that will work around each other and help in the ER, working same as Chantele being 10-hour days. The ER has been asking for 2 midlevel's for a couple years now. On the SANE Nurse Expansion Effort, this has been ongoing too. We have had a hard time covering sexual assault exams in the ER with Nurses. We have had 3 Nurses that have been trained but were essentially volunteering their time for this. So, we had a meeting with Kristin Easley about two weeks ago from a letter we had received and we just kind of discussed strategies for how we can make it more sustainable and reliable as far as getting a Nurse in to complete the actual exams. Long story short, we feel we need to establish a formal call schedule and then pay those Nurses to be on call. We are also exploring the possibility of having all ER Nurses trained so they can provide those exams and with that, we would give them a pay bump for becoming trained. So, that is a budget amendment that is on the Board Agenda as well. With SNF Provider Coverage Transition Update, on the Skilled Nursing side of things, we had Kathy Chesney lined up to do that with Dr. Richert but then transitioned to the ER once she heard about that position, so we need coverage with this. The temporary idea right now is 3 5-day weeks for Dr. Richert with the Hospitalist covering on the weekends and then Alex filling in a week potentially, at least till we get somebody who wants to flip-flop. On the Cerner AI Update, not much here. The Providers demoed some AI solutions that are available in Cerner, and it is sort of being able to have the technology to listen to what you are saying to your patients and then it captures key components and it generates a note for you in the Clinic setting. The general consensus I got was it is pretty intelligent and a decent product. We are going to have the Clinic managers reach out and get it available for those Providers who are interested in it. Lastly, still plugging along with Provider	

SUBJECT	DISCUSSION	ACTION
	recruitment. We are trying to plug in with locums as much as we can. We are still looking for a FNP/PA for Canby, looking for a Skilled Nursing Facility FNP/PA, and another FNP/PA to help cover the ER permanently. Too, I am still looking for permanent positions for Canby and Alturas Clinic. Another budget amendment for the Board is Chantele brought this up to me before her passing, but we are looking to pay PAs the same as our FNPs. We extracted some data from our recruitment firm, Medicus, they get MGMA data and that basically shows that in the Western region, PAs are getting paid a little bit higher than FNPs. So, as an organization, we are going to bump our PAs up to the FNPs pay scale and pay them the same based on what job they are doing. We will have a scale for the Clinic, Hospitalist, ER, and the Skilled Nursing Facility.	
VII. CNO/SNF REPORT	Currently, respiratory illnesses, we have two flus at Mountain View and one rhino over at Warner View. We are looking at testing employees for COVID just like we did before with home tests. The influenza test for employees, we are sending them to the Clinic or the ER. Our COVID protocols remain the same. If you test positive, you are out for 5 days and then you retest. We did get our flu exposure from a family member of a resident because she was symptomatic and came in the building. We did post signs at the door to let people know if they are symptomatic, to call them on the phone or do something else instead of coming into the building. Hand sanitizers are at both entrances of the doors, so we are hoping that will keep that down. We have BLS, ACLS, and PALS classes coming up with our organization going to Red Cross. You can complete all your didactics on Health Streams and then you can complete the hands on with the mannequin or on the instructor. We are going live with this probably on February 4th. We are probably going to keep the actual class every first Wednesday of each month for those who want to complete the class with an instructor. Additionally, they want to do a blood drive here on March 18th from 8AM to 2:30PM and they are asking if they can use our infusion area for the day to do it. Lastly, our new Wound Care Nurse started on January 12th. She will probably be on her own	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	somewhere around the second week of February, but we are waiting for Dr. Hagge to return before we open that service because he has to oversee her and to give her instructions on what he wants her to do with the patients.	
VIII. PHARMACY REPORT	Currently, for the Inpatient Pharmacy this week, this month we are going to do an upgrade for the Omnicell servers. It is just a software upgrade, so nothing is going to be physically installed, they are just going to take the Omnicells out for 4 hours between 4AM and 8AM and everyone is aware. This is going to happen on February 25th. They are going to be able to pull meds for current patients, but new patients that come through the ER will not be able to cross over while the servers are down so temporarily, they will have to create a temporary patient, or they will have to manually create a patient and override. Anyway, once they do administration on Cerner, that's when the charges drop so we're not worried about the billing aspect of it. It is usually less than 4 hours. Also on the Inpatient side, I got in touch with Dr. Lai regarding the orders for SNF patients, talked with him a bit about his workflow. He has agreed to pay a little more attention to ensure that they send prescriptions at least to the Pharmacy. We will continue to work on this as we go. On the Retail end, we had our physical servers upgraded late December which was supposed to solve a bunch of problems we were having, starting from capturing signatures, to report stuff coming back correctly, and a bunch of other things that we were having issues with. Some of them have been fixed, but some are still ongoing. I am now working with Eric, the Inpatient Pharmacist on this. We will also be going through some restructuring in the Retail Pharmacy over the next couple of months.	Report at next meeting
NEW BUSINESS IX. POLICY REVIEW & APPROVAL, INCOMPLETE RECORDS, & ANNUAL MMC BYLAWS AND RULES REVIEW	The following New Business was presented for review/approval: 1. Updated Policies, January 2026 (13) 2. Incomplete Records 3. Annual MMC Bylaws and Rules Review	After review and discussion, a recommendation was made to implement the Updated Policies (13) presented January 2026. After reviewing the deficiency, a recommendation was made to file the records as incomplete. A form will be placed in the

SUBJECT	DISCUSSION	ACTION
		record delineating the deficiency, and a copy will be placed in the credentialing and/or personnel file. After review and discussion, a recommendation was made to implement approval of the MMC Bylaws and Rules to fulfill the annual review requirements. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.
X. ADJOURNMENT	The meeting was adjourned at 1320.	

Lisanne Burkholder, MD Chief Medical Officer

02/25/2026
Date

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MINUTES

OP INFUSION COMMITTEE MEETING

Tuesday, 2/10/2026 at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Infusion Department, Alturas, California

Present:

- Shirley Hughes, Infusion
- Linda Sawyer, Infusion Nurse
- Sandra Brown, Admin. Assistant
- Vahe Hovasapyan, Hospital Pharmacy Manager
- Ed Johnson, CNO
- Lisanne Burkholder, M.D.
- Rylee Pedotti, Marketing Coordinator

Absent:

- Susan Sauerheber, Committee Chair
- Delinda Gover Perez, Surgery Manager

Subject	Discussion	Attachment
1. **Call to Order** – The meeting was called to order at 8:35 am in the Infusion Room.		
2. **Agenda Approval**	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. **Minutes**	Approved	Attached hereto (1/2026)
4. Old Business	As noted on Minutes and discussed at 1/2026 OP Infusion Committee Meeting	
5. New Business		
	• No quarterly reports received (Sandy to send another e-mail to Jin Lin for same)	
	• Rylee discussed marketing strategies and advertising/newspaper/video	
	• Rylee will attend the provider meetings from now on and update them on Infusion news	
	• Rylee indicated that Banner/Lassen has not been receiving good reviews from their patients and by advertising	

Subject	Discussion	Attachment
	in Lassen paper as well we may pick up some patients there	
	• Dr. Burkholder will include infusion and surgery in the quarterly newsletter	
	• Labs seem to be working well, with the help of Dr. Burkholder, Linda has been able to get those labs handled	
	• Linda spoke to representative who wishes to do a presentation on Ocrevus (for MS), we are scheduling a Luncheon in March with him for providers (flyer to come)	
6. Roundtable Do we want to start having roundtable after we do old and new business??? All discussed above		
7. Adjournment	The next OP Infusion Meeting will be Tuesday, 3/10/2026 @ 8:30 a.m. in the Infusion Department	

MODOC MEDICAL CENTER
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AGENDA
OP INFUSION COMMITTEE MEETING
2/10/2026 at 8:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Infusion Department., Alturas, California

Subject	Discussion	Attachment
1. Call to Order		
2. Agenda Approval	No changes, additions and /or deletions to the Agenda	All present approved the presented Agenda.
3. Minutes	• Attached from 1/2026	All present approved the Minutes From 1/2026
4. Old Business		
	• See Attached Minutes	
5. New Business		
	• Rylee P., has been invited to this meeting to discuss advertising for infusion/surgery departments • Still waiting for quarterly reports from Jin Lin.	
6. Roundtable		
7. Adjournment	The next OUTPATIENT INFUSION COMMITTEE Meeting will be 3/10/2026, at 8:30 am in the Infusion Dept.	

MODOC MEDICAL CENTER
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MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 2/10/2026, at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Infusion Department Alturas, California

Present:

- Sandra Brown
- Linda Sawyer, RN
- Ed Johnson, CNO
- Shirley Hughes, Infusion Clerk
- Sidney Barns, Surgery Tech
- Lisanne Burkolder, M.D.
- Rylee Pedotti, Marketing Coordinator

Absent:

- Edward Richert, M.D.
- Dale Syverson, M.D.
- Kevin Kramer, CEO
- Katrina Murray, Surgery Tech
- Marty Shaffer, Facilities/EOC
- Delinda Gover Perez, Committee Chair
- Susan Sauerheber, Nursing Manager

Subject	Discussion	Attachment
1. **Call to Order** – The meeting was called to order at 9:11 am in the Infusion Room.		
2. **Agenda Approval**	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. **Minutes**	See Attached from 1/2026	
4. Old Business	See attached Minutes	
5. New Business		
	• Surgery & Anesthesia Budget Statements-quarterly reports, were not received (Sandy sending another e-mail to Jin Lin for same)	
	• Medications ordered for Surgical Patients are generally C-2 medications and many times the patients have to wait for them prior to being discharged. The Nurse has to wait with the patient until she can put that	

Subject	Discussion	Attachment
	patient in their vehicle. We discussed having a floater available on surgery days (can be housed in pharmacy) to facilitate communication between patient's pick up person ie., they could come 15 minutes early to pick up scripts and the floater could also follow through with doctor and pharmacy to ensure scripts are being put in and processed urgently to allow patients to go home promptly after surgery. The patient's person can facilitate payment details for prescriptions and the floater can be there to ask the appropriate questions and follow up	
	• Stryker insufflator that Kevin suggested we order has arrived.	
	• Riley was present and discussed advertising in paper (both here and Lassen), doing videos, going to provider meetings and Dr. Burkholder putting updates in the quarterly newsletter.	
7. Adjournment	The next Surgery Meeting will be Tuesday, 3/10/2026 @ 8:30 a.m. in the Infusion Room.	

MODOC MEDICAL CENTER
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AGENDA

SURGERY COMMITTEE MEETING

2/10/2026 at 8:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Infusion Dept., Alturas, California

Subject	Discussion	Attachment
1. Call to Order		
2. Agenda Approval	No changes, additions and /or deletions to the Agenda	All present approved the presented Agenda.
3. Minutes	• Attached from 1/2026	All present approved the Minutes From 1/2026
4. Old Business		
	• **See Attached Minutes**	
5. New Business		
	• **Stryker insufflator is working well. Kevin recommended that we also purchase a new one. It has been ordered and should be here any day now.** • **Waiting on budget information from Jin Lin** • **Rylee P. was invited to this meeting so we could discuss what we are doing to advertise for surgery/infusion departments**	
6. Roundtable		
7. Adjournment	**The next SURGERY COMMITTEE Meeting will be 3/10/2026, at 8:30 am in the Infusion Dept.**	

MODOC MEDICAL CENTER
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PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 1/22/2026

During the pathology on-site visit, I spent approximately 6 ½ - 7 hours in the Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 18 surgical path reports and compared them with their clinical histories. There was 4 mortality reviews and 2 blood product reviews. There was a potential issue with one of the pathology reports. The other 17 pathology reports, 4 mortality reports and 2 blood transfusion reports showed no issues.

While in the laboratory, I spoke with Walter and I discussed the staffing. Currently the lab is fully staffed. Levi has recently been added to the staff full-time, which will allow for active coverage for laboratory and phlebotomy. There were issues with the lipid panel, being able to calculate the LDL when the HDL was elevated or the triglycerides were elevated. There was an issue with Cerner being able to do this calculation but there is a way to provide the data by manual calculations if needed by the physicians. There is a test being evaluated for detection of ketos for diabetics which may prove easier for providing necessary data for the clinicians. This test is in the process of being evaluated. While in the laboratory I also reviewed the exceptions report for October, November and December 2025. The nova biomedical data exceptions report for July September, October and November and December. The QC chart for the XN – 7500 instruments. The monthly quality control review summary for October November and December 2025. The QC report for the glucose for December. The Alcor group coordination report. The American Proficiency Institute (API) proficiency test for hematology – coagulation 2025 – 3rd event. The American Proficiency Institute (API) corrective action documentation for microbiology 2025 – 3rd even. The new QC log verification worksheet for alcohol / pneumonia level 1. The UA contrell data for the clinitic multistix data for level 1 and level 2. The new QC log verification worksheet on the Vitros 7600 neonatal bilirubin. The CAP trouble shooting steps document getting no result answer. The siemens hemostasis QAP program and the QC statistics report for the Vitros 7600 showing all the different test results.

I spoke to Dr Kappen in the ER and he indicated the lab was performing well and he had no issues with the results or staffing

I spoke with Kevin Krammer. We spoke about the staffing in the lab. Since my last visit they have made Levi a permanent employee, which will help ensure adequate coverage for both the laboratory CLS requirement and the phlebotomy. We spoke briefly about the issues with the lipid panels, how elevated the HDL and evaluated triglycerides interfered with arriving at a calculated LDL Value. We also discussed the new testing for Beta Hydroxy Ebute rates for helping evaluations Ketos in Diabetes.

ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

2/5/26
Date

ATTACHMENT C

Policy and Procedures

MODOC MEDICAL CENTER
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Last Frontier Healthcare District

MEMORANDUM

DATE: 3/24/2026
TO: Last Frontier Healthcare District Board of Directors
FROM: Policy Committee
SUBJECT: **Review of Departmental Policies and**

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

Review of Departmental Policies (see attached):

SURGERY/OPERATING ROOM

7420.25 Operating Room Attire
7420.25 Scheduling of Surgery
7420.26 Category I Surgical Outpatient Care
7420.26 Category II Surgical Outpatient Care

SNF

6850.26 Medication Storage and Handling

ADMINISTRATION/CAH

8610.26 Policy and Procedures
8610.26 Policy Formatting
8610.26 CAH-483.623 Physical Plant and Environment-Life Safety from Fire
8610.26 CAH-485.635 Provision of Services
8610.26 Acting Administrator
8610.26 Contract Administration
8610.26 Policy and Procedure Review Process

FACILITIES/EOC

8460.26 Equipment Management Inventory
8460.26 Electric Beds and Equipment
8460.26 Electric Safety Equipment Condition
8460.26 Electrical Safety Preventing Overload
8460.26 Equipment Condition
8460.26 Extension Cords

FACILITIES CONTINUED:

8460.26 Inventory and Inspection of New Equipment
8460.26 Medical and Hazardous Waste Handling and Disposal
8460.26 Medical Equipment Management Plan
8460.26 Personal Electrical Equipment
8460.26 Preventative Maintenance
8460.26 Removal of Bio Hazardous Waste
8460.26 Sprinkler Drop Test
8460.26 Use of Electrical Equipment in Oxygen Enriched Environment
8460.26 Biohazardous Waste Transportation Maintenance
8460.26 Electrical Equipment Safety
8460.26 Electrical Safety Distribution System

Review of Department Yearly Manual Memo and Yearly Signature Page (see attached)

PHYSICAL THERAPY

Memorandum
Annual Review Signature Page

MED STAFF BYLAWS AND RULES

2025
Memorandum
Annual Review Signature Page

2026
Memorandum
Annual Review Signature Page

To complete approval of the above-listed Policies, please sign and date where indicated on the attached Excell Spreadsheet.

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.

SURGERY/OPERATING ROOM

REFERENCE #	7420.26	EFFECTIVE 04/2009
SUBJECT:	7420.26 OPERATING ROOM ATTIRE	REVISED 4/2013,8/2025, 2/2026
DEPARTMENT:	OPERATATING ROOM	

PURPOSE:

The purpose of this policy is to instruct staff working in the Surgery Department on ~~the properproper~~ attire when working in surgical areas.

AUDIENCE:
Department Wide

TERMS AND DEFINITIONS:

None

POLICY:

It is the policy of Modoc Medical Center (MMC) that all staff working in the Surgical Department will wear the appropriate attire required during surgery cases.

PROCEDURE:

Operating room attire:

- Home laundering of scrubs, head coverings, and jackets is not permitted.
- All surgical attire will be laundered on the hospital site.
- Surgical attire consists of a head cover that completely covers and controls the hair, a two-piece scrub set, shoe covers, and masks.
- Skull caps are allowed but must cover all hair.
- Face masks must be made of disposable material. Beards must be covered when entering restricted areas and while preparing and packaging items in the clean assembly section of the sterile processing area.
- Wear clean shoes. Shoe covers must be fluid-resistant and be worn whenever cross contamination can reasonably be anticipated.
- Clean surgical attire will be worn when entering semi-restricted and restricted areas.
- Arms should be covered during performance of preoperative patient skin antisepsis.
- Laundered scrub apparel must be stored in enclosed cabinets that are cleaned and disinfected regularly.
- Surgical attire and personal clothing that has been penetrated by blood, body fluids, or other potentially infectious materials must be removed immediately or as soon as possible.
- All surgical apparel must be removed before leaving the healthcare facility at the end of the day.

REFERENCE #	7420.26	EFFECTIVE 04/2009
SUBJECT:	7420.26 OPERATING ROOM ATTIRE	REVISED 4/2013,8/2025, 2/2026
DEPARTMENT:	OPERATATING ROOM	

REFERENCES:

AORN 2025 EDITION, GUIDELINES FOR PERI-OPERATIVE PRACTICE
Surgical Attire, Page 1085 1.1, 1086 1.4, 1.5, 1087 1.7, 1088 3.1, 1090 6.1, 1091 7.2

ATTACHMENTS:

None

REFERENCE #	7420.26	EFFECTIVE 04/2009
SUBJECT:	7420.26 OPERATING ROOM ATTIRE	REVISED 4/2013,8/2025, 2/2026
DEPARTMENT:	OPERATATING ROOM	

- Home laundering of scrubs, head coverings, and jackets is not permitted.
- All surgical attire will be laundered on the hospital site.
- Surgical attire consists of a head cover that completely covers and controls the hair, a two-piece scrub set, shoe covers, and masks.
- Skull caps are allowed but must cover all hair.
- Face masks must be made of disposable material. Beards must be covered when entering the restricted areas and while preparing and packaging items in the clean assembly section of the sterile processing area.
- Wear clean shoes. Shoe covers must be fluid-resistant and be worn whenever egross contamination can reasonably be anticipated.
- Clean surgical attire will be worn when entering the semi-restricted and restricted areas.
- Arms should be covered during performance of preoperative patient skin antisepsis.
- Laundered scrub apparel must be stored in enclosed cabinets that are cleaned and disinfected regularly.
- Surgical attire and personal clothing that has been penetrated by blood, body fluids, or other potentially infectious materials must be removed immediately or as soon as possible.
- All surgical apparel must be removed before leaving the health care facility at the end of the day.

REFERENCES:

AORN 2025 EDITION, GUIDELINES FOR PERI-OPERATIVE PRACTICE
Surgical Attire, Page 1085 1.1, 1086 1.4, 1.5, 1087 1.7, 1088 3.1, 1090 6.1, 1091 7.2

ATTACHMENTS:

None

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REFERENCE# 7420 25	EFFECTIVE 04/2009
SUBJECT: 7420 25 SCHEDULING OF SURGERY	REVISED 07/2025
DEPARTMENT: OPERTATING ROOM	

PURPOSE:
The purpose of this policy is to provide guidelines for the scheduling of procedures in the Operating Room or in the Procedure Room.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
Operating Room (OR)
Procedure Room (PR)

POLICY:
It is the policy of Modoc Medical Center (MMC) to ensure that all surgical and procedural cases are scheduled in an organized, coordinated, and efficient manner to support safe patient care and optimal use of resources.

- All scheduling for the OR and the Procedure Room shall be done with the OR Manager. In the absence of the OR Manager, another team member of the OR staff may schedule cases on a tentative basis, subject to change by the OR Manager if needed.
- Complete information about the patient, the surgical procedure to be performeddone, and the date and time should be provided to the OR designee when the case is scheduled. Any labs or other tests should be ordered on the Surgery Request Form.
- Surgery scheduling may vary depending on the availability of qualified staff.
- ~~It is the OR Manager's responsibility to contact the anesthetist~~ It is the responsibility of the OR Manager to contact the anesthesia provider for scheduled surgery dates. If the patient is an anesthesia risk per the sSurgeon, the anesthesia provider should be consulted ~~before scheduling of the patient.~~ prior to scheduling the patient.
- ~~The OR Manager will be responsible and have the authority for limiting and adding to the schedules. Keeping in mind what might affect other departments.~~ The OR Manager is responsible for, and has the authority to, limit or add cases to the schedule while keeping in mind factors that may affect other departments.
-
- If there is a time lag in the schedule, cases may be moved ~~up~~up, or a case may be added if it does not inadvertently interfere with the other cases. If there is an urgent case that needs to be added, discussion with all team members will be done to best serve the urgent case and cases already scheduled.
- There is only one OR crew available each day when cases are scheduled.
- When cancellations are made by the surgeon and-/-or patient, it is the responsibility of the

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OR Manager to notify the surgery team members.

PROCEDURE:

SURGEON AND OFFICE STAFF

- Complete the OR Surgery Request Form and ensure the form is fully completed and all necessary orders are documented.
- Patient name, age, birthdate, allergies, diagnosis, procedure to be done and type of anesthesia must be included.
- Vital signs, height and height must be charted in the patient's medical record.
- Requesting surgeon and assisting surgeon, if applicable, must be identified.
- The desired date and time should be provided. The approximate time of the procedure should be discussed with the OR staff as applicable.
- Admission status must be specified (i.e., In-patient/Out-patient).
- Open surgical cases will be done in the Operating Room. Endoscopy cases will be performed in the Procedure Room.
- Procedures will be scheduled on the day of the consult visit if possible. The OR scheduling book will be kept up to date at all times.
- Consults will be scheduled by the clinic staff. The OR staff may also schedule the consultations if assistance is needed from the clinic staff.
- A complete History and Physical will be completed by the surgeon at the time of the consultation.
- Patients scheduled for surgery will be given a date to come in for pre-operative instructions. If the patient is a "no-show" for the pre-op appointment and follow up is not feasible, the surgery will be cancelled.
- The OR Manager will be notified of the schedule change. If feasible, the open appointment on the schedule may be filled with another procedure.

HOSPITAL RESPONSIBILTY

- On the morning of the surgery date, schedules of the day's cases will be delivered to the CEO, CNO, admitting staff, and hospital Rreception. The schedules delivered to the CEO and CNO will have the name omOn the morning of the surgery date, the daily schedule will be distributed to the CEO, CNO, admitting staff, and hospital reception. Schedules provided to the CEO and CNO will omit patient names and list only the surgical cases. All OR staff will also receive a schedule.
-
- The surgical calendar book will be kept at the Nurse's Station in the Surgery Department.
- Patients that arrive before 0730 will be checked in by the OR staff. A Conditions of Admission Consent must be signed for those patients. After 0730, the Admitting Clerk will assume responsibility for checking in the patient.
- If cancellations occur, the corresponding encounters must be removed from the schedule.

REFERENCE#	7420 25	EFFECTIVE	04/2009
SUBJECT:	7420 25 SCHEDULING OF SURGERY	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

REFERENCES: NONE

ATTACHMENTS: SURGERY REQUEST FORM/ PRE-PROCEDURE ORDERS

REFERENCE#	7420.25	EFFECTIVE	04/2009
SUBJECT:	7420.25 SCHEDULING OF SURGERY	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

PROCEDURE:

SURGEON AND OFFICE STAFF

- Complete the OR Surgery Request Form. Make sure that the form is completed and all necessary orders have been documented and ensure the form is fully completed and all necessary orders are documented.
- Patient's name, age, birthdate, allergies, diagnosis, procedure to be done, and type of anesthesia must be included.
- Vital signs, hHeight and hWeight must be charted in the patient's mMedical rRecord.
- Requesting sSurgeon and aAssisting sSurgeon if applicable. if applicable, must be identified.
- Date and time desiredThe desired date and time should be provided. The approximate time of the procedure should be discussed with the OR staff as applicable.
- Admission status must be specified (i.e., In-patient/ / Out-patient).
- Open surgical cases will be done in the Operating Room. Endoscopy cases will be performed in the Procedure Room.
- Procedures will be scheduled on the day of the cConsult visit if possible. The OR scheduling book will be kept up to date at all times.
- Consults will be scheduled by the clinic staff. The OR staff may also schedule the consultations if assistance is needed from the clinic staff.
- A complete History and Physical will be completed by the surgeon at the time of the consultation.
- Patients scheduled for surgery will be given a date to come in for pre-operative instructions. If the patient is a "no- show" for the pre-op appointment, the surgery will be cancelled if follow up is not feasible. and follow up is not feasible, the surgery will be cancelled.
- The OR Manager will be notified of the schedule change. If feasible, the open appointment on the schedule may be filled with another procedure.

HOSPITAL RESPONSIBILTY

- On the morning of the surgery date, schedules of the day's cases will be delivered to the CEO, CNO, aAdmitting sStaff, and hHospital Rreception. The schedules delivered to the CEO and CNO will have the name omitted and only list the surgical cases. All other OR staff will also receive a schedule.On the morning of the surgery date, the daily schedule will be distributed to the CEO, CNO, admitting staff, and hospital reception. Schedules provided to the CEO and CNO will omit patient names and list only the surgical cases. All OR staff will also receive a schedule.
-
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REFERENCE#	7420 25	EFFECTIVE	04/2009
SUBJECT:	7420 25 SCHEDULING OF SURGERY	REVISED	07/2025
DEPARTMENT:	OPERTATING ROOM		

- ~~If there are cancelations those encounters need to be removed from the schedule.~~ If cancellations occur, the corresponding encounters must be removed from the schedule.

~~**REFERENCES: NONE**~~

~~**ATTACHMENTS: SURGERY REQUEST FORM/ PRE-PROCEDURE ORDERS**~~

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MODOC MEDICAL CENTER

Healing Hands Care To Home

SURGERY REQUEST FORM/ PRE-PROCEDURE ORDERS

DIAGNOSIS_____

PROCEDURE_____

_____ INFORMED CONCENTCOMPLETE _____ HIP COMPLETED

ALLERGIES _____ HOLD BLOOD THINNERS_____DAYS

OUTPATIENT SURGERY_____ ENDOSCOPY _____

SEDATION: MAC____ IVSED__ REGIONAL__ LOCAL__ GENERAL_

PHYSICIAN ASSIST_____

CARDIAC CLEARANCE: YES_ NO__ DR: _____

NPO: YES__ NO____ BOWEL PREP_____

IV FLUIDS: LR AT 125 MLS PER HOUR_____ NS 250 MLS AT TKO RATE__ _

LABS: CBC U/A BMP CEA PT/PTT CBC W/DIFF BLOOD GLUCOSE

TYPE & CROSS: UNITS__ EKG CHEST X-RAY UAHCG

PRE-OP ANTIBIOTICS:

_____ANCEF 2 GMS IV, ONE HOUR PRE-OP

__ CLAFORAN 1 GM IV, ONE HOUR PRE-OP

__ AMPICILLIN 2GMS IV, ONE HOUR PRE-OP

__ VANCOMYCIN 500 MG IV, ONE HOUR PRE-OP

__ LEVAQUIN__ MG IV, ONE HOUR PRE-OP

__ GENTAMYCIN 80MG IV, ONE HOUR PRE-OP

__ MEFOXIN 2GMS IV, ONE HOUR PRE-OP

PHYSICIAN SIGNATURE_____ DATE._____

1111 N. Nagle Street Alturas, CA 96101 530-708-8800 ModocMedicalCenter.org

REFERENCE #	7420.26	EFFECTIVE 04/2009
SUBJECT:	~~CATEGORY 1 OUTPATIENT SURGICAL CARE~~7420.26 CATEGORY 1 OUTPATIENT SURGICAL CARE	REVISED 01/2026
DEPARTMENT:	OPERATATING ROOM	

PURPOSE:
The purpose of this policy is to provide instructions in the care of the Category I patient.

AUDIENCE:
Department Staff

TERM: Category I patients are considered stable individuals undergoing a minor procedure.

DEFINITION:
A Category I patient is a stable patient that requires only minimal sedation where the patient is able to respond to verbal commands.

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POLICY:
It is the policy of Modoc Medical Center (MMC) that, at a minimum, these guidelines will be used when caring for the Category I surgical patient.

PROCEDURE:

- The patient should arrive one hour before the procedure unless otherwise specified.
- Once the patient has arrived, they will be escorted to the Peri-operative area.
- Instruct the patient regarding what clothing must be removed.
- Provide a pre-operative skin prep to cleanse the ~~body with~~body. This is for open cases only, not for Endoscopy procedures.
- Provide a hospital gown, head cover, and nonskid socks as appropriate.
- Notify the surgeon and anesthesia provider of the patient's arrival.
- Take the patient's vital signs including blood pressure, temperature, Sa02, heart rate, and respirations.
- Perform other tests as ordered by the surgeon or anesthesia, including:
  - EKG, (Electrocardiogram)
  - ~~Urine HCG, (Urine human chorionic gonadotropin)~~
  - ~~CMP, (Complete Metabolic Panel)~~
  - ~~CBC, (Complete Blood Cell Count)~~
- Administers Medications as ordered.
- Complete the ~~peri-operative~~perioperative assessment and document in the electronic healthcare record (EHR).
- Complete all consents and check for other required signatures.
- Assist the Circulating Nurse by taking the patient to the Operating Room or Procedure Room.
- After the patient is out of surgery and taken to the Post Anesthesia Care Unit (PACU), they will be monitored for at least 30 minutes.
- When the surgeon and anesthesia provider clear the patient for discharge, the patient will be given all discharge instructions as well as any follow up appointments.

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- There must be a responsible party to drive the patient home.
- Complete all documentation and discharge the patient from the EHR.

REFERENCES: ONLINE DEFINITIONS OF LEVEL I SURGICAL OUTPATIENTS.

ATTACHMENTS:

None

~~**REFERENCES: ONLINE DEFINITIONS OF LEVEL I SURGICAL OUTPATIENTS.**~~

~~**ATTACHMENTS: None**~~

REFERENCE #	7420.26	EFFECTIVE	04/2009
SUBJECT:	7420.26 CATEGORY II SURGICAL OUTPATIENT CARE	REVISED	01/2026
DEPARTMENT:	OPERTATING ROOM		

PURPOSE:
The purpose of this policy is to provide instructions in the care of the Category II patient.

AUDIENCE:
Department Staff

TERM:
Category II surgical patients generally undergo ~~are more more~~ invasive surgical procedures that Category I ~~than simple procedures. Moderate or conscious sedation is often used~~ Surgical patients.

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DEFINITION:
~~A~~ Category II Surgical Patients ~~is a patient that requires~~ are patients that undergo procedures ~~that~~ are moderately invasive and require more skill and advanced tools than minor surgeries.

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POLICY:
It is the policy of Modoc Medical Center (MMC) that at a minimum these guidelines will be used when caring for the Category II surgical patient.

PROCEDURE:
~~The patient should~~Instruction to Patient to arrive one hour before the procedure unless otherwise specified.
~~Once the patient arrives, they will be escorted~~ Escort patients to the Peri-operative area.
Instruct the patient regarding what clothing must be removed.
Provide a pre-operative skin prep to cleanse the body. This is for open cases only, not for Endoscopy procedures.
Provide a hospital gown, head cover~~,~~ and nonskid socks as appropriate.
Notify the surgeon and anesthesia provider of the patient's arrival.
Take the patient's vital signs including blood pressure, temperature, Sa02, heart rate~~,~~ and respirations.
Perform other tests as ordered by the surgeon or anesthesia, including:

- EKG, (Electrocardiogram)
- Urine HCG, (Urine human chorionic gonadotropin)
- CMP, (Complete Metabolic Panel)
- CBC, (Complete Blood Cell Count)

Administer~~s~~ Medications as ordered.
Complete the perioperative assessment and document in the electronic healthcare record (EHR).
Complete all consents and check for other required signatures.
Assist the Circulating Nurse by taking the patient to the Operating Room or Procedure Room.
After the patient is out of surgery
~~and t~~take~~n~~ patient to the Post Anesthesia Care Unit (PACU)~~.~~
Monitor ~~they will be monitored for at~~patient for at least 30 minutes.
After ~~When~~ the surgeon and anesthesia provider clear the patient for discharge,

Give the patient ~~will be given~~ all discharge instructions as well as any follow up appointments.
Ensure there is ~~T~~a~~here must be a~~ responsible party to drive the patient home.
Complete all documentation and discharge the patient from the EHR.

REFERENCES:

ONLINE RESEARCH FOR LEVEL 2 SURGICAL PATIENT REQUIREMENTS.

ATTACHMENTS:

None

SNF

REFERENCE #	6850.26	EFFECTIVE
SUBJECT:	6850.26 MEDICATION STORAGE AND HANDLING	REVISED: 1/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE:

~~It is t~~The purpose of this policy is to outline the nursing management of portable medication storage and distribution unit for administration of medication to patients in the facility.

AUDIENCE:
Department Wide

TERMS & DEFINITIONS:
None

POLICY:

It is the policy of Modoc Medical Center (MMC) that all licensed staff shall be knowledgeable regarding the facility protocol for medication storage and distribution from the medication cart and shall abide by the protocol.

PROCEDURE:

1. Medications will only be accessible to authorized staff, and in a locked area when not under the direct observation of authorized staff. If a nurse leaves the floor for any reason, they must turn over the medication cart keys to another nurse.
2. Each unit's **Medication Room** will remain locked at all times.
    a. The door is never to be propped open.
    b. Only the Unit Nurse, Charge Nurse, and the Shift Supervisor may have keys to the unit's Medication Room.
    c. The keys to the Medication Room must never be given to anyone else or left where someone else could pick them up.
3. The **Medication Cart** will always be locked unless it is in direct view of the Unit Nurse. No medications should be left unattended:
    a. In resident rooms.
    b. On medication carts.
    c. At the nurses' stations.
4. Cleaning/Restocking of the cart:
    a. The Unit Nurse each shift is responsible for cleaning the top of the cart with an approved cleaning agent and emptying the disposal bin as needed.
    b. All nursing staff are responsible for cleaning up their own spills.
    c. The mortar and pestle and any other tools for splitting, crushing, or preparing medication must be cleaned after each use by nursing staff.
5. Medications with **Storage Requirements** for temperature, light, or humidity controls must be stored to meet specifications for the medication.
6. Medications will be monitored by the Unit Nurse, Charge Nurse, and Consultant Pharmacist to ~~assure~~ensure that they are not **Expired, Contaminated, or Unusable**.

7. The **Emergency Medication Dispensing Cabinet** will be kept fully stocked at all times, and the container will be kept only in the locked medication room.

REFERENCES:

None

ATTACHMENTS:

None

ADMINISTRATION/ CAH

- Do not include information that may be quickly outdated. For example: names. Use position titles rather than names.
- Acronyms should be used only after the full terms have been written out.
- Make sure the policy is factual. Double check your sources.

REFERENCES

eHow.com, (2012). *How to Cite References in APA Format;* http://www.ehow.com/how_6321407_cite-references-apa-format.html#ixzz1reIOJILZ

Elzer, R. (2009). *Deadly Policies, Part II: Writing Effective Policies*; http://www.compass-clinical.com/hospital-accreditation/2009/08/deadly-policies-part-ii-writing-effective-policies/

Hilte, K. (2012). *Writing Policy and Procedure;* http://shr.elpasoco.com/NR/rdonlyres/D91ED8E0-C4EB-419C-9768-C35FECF75AD5/0/WRITING_POLICY_AND_PROCEDURE.pdf

Swineburn University, (2012). *Policy and Procedure Development Tools;* http://www.swinburne.edu.au/corporate/registrar/ppd/tools.htm#4

University of California Santa Cruz (1994). *Guide to Writing Policy and Procedure Documents;* http://policy.ucsc.edu/pdf/guide.pdf

Utah Valley University. (2012). *Policy Writing Guide*; http://www.uvu.edu/policies/procedures/writingGuidelines.html

- Are the responsibilities for individuals clearly stated?
- Does this section contain only procedures (not policy)?
- Is the procedure consistent with the applicable laws, regulations and policies listed in the Reference section?

References:

This section lists related laws, regulations or sources cited in the policy. You should review references related to your policy and procedures to ensure they meet current federal, state and local laws and regulatory guidelines.

Cite all the sources you referenced. They should contain:

- The author's last name, a comma, and their first initial.
- The year of publication in parentheses and ended by a period.
- The name of the source in italicized font with a comma at the end.
- The city and state of publishing, separated by a comma, capped by a colon.
- This is then followed by the name of the publishing company, capped with a period.
- Acceptable format styles are APA (American Psychological Association) and Chicago Manual of Style.

Additional Tips for Writing Policies

- **Intent –** Use terms that accurately convey the intention of the policy. Be careful about using absolute terms (shall, must, will, all, etc.) versus conditional terms (could, may, should, etc.). Do not put unreasonable obligations or duties on the Last Frontier Healthcare District (District) or staff members. For example: the District cannot "ensure" an environment free from sexual harassment. The District can work to "commit to providing" an environment free from sexual harassment.
- **Voice –** Policies should be written in the third person. Use "them" and "they" as opposed to "he," "she," or "he or she." For example: "They should" instead of" he or she should."
- **Be concise –** Remember that being concise does not just mean the policy will be short; it means that it will be no longer than necessary. Being concise does not mean leaving important things out; rather, it means do not write a paragraph when a sentence or two will do. *Policies and procedures will set only minimum expectations.*

Training and Education

The policy author is responsible for developing support and training for any new policies and procedures proposed and as requested by the affected departments.

Policy and Procedure Components

Purpose:

This section provides reason and rationale for the policy. It may begin, "The purpose of this policy is…"

Terms/Definitions:

Any terms requiring definition will be located at the beginning of the policy following the Purpose.

Policy:

This section contains the statement of policy. The policy statement is the governing principle or plan that guides the action, providing structure, oversight and accountability to an endeavor. It should be relatively short and should rarely exceed two to three sentences. A policy statement answers the questions "*what*" and "*why*."

Consider the following questions when writing a policy:

- Does it accomplish the purpose of the policy?
- Does it clearly state what the policy is supposed to accomplish?
- What is the scope of the policy?
- Does this section contain policy only (not procedures)?
- Is the Policy section consistent with the applicable laws, regulations and policies listed in the Reference section?

Procedure:

This section stipulates the means of implementing and complying with the policy. Procedures state how a policy will be implemented. Procedures are a set of steps. A procedure describes who will do what and in what order. They answer the question "*how*?"

Consider the following questions when writing a procedure:

- Is it consistent with the Policy statement section?
- Does it contain the specific actions or steps needed to comply with the policy?
- Are procedural requirements reasonable?

REFERENCE #	8610.25	EFFECTIVE 06/2015
SUBJECT:	8610.25 POLICY AND PROCEDURE WRITING	REVISED 05/17, 05/20, 07/21, 04/22, 08/25,2/26
DEPARTMENT:	ADMINISTRATION- CAH	

PURPOSE

The purpose of this policy is to provide a process for writing and revising policies that will increase efficiency and effectiveness for those involved, increase consistency and improve the overall quality of policies being written.

AUDIENCE

This section describes who the policy applies to:

Facility Wide
Department Wide
Organization Wide

TERMS AND DEFINITIONS

Purpose: This section provides the reason and rationale for the policy.

Policy: This section contains the statement of policy. The policy statement is the governing principle or plan that guides the action, providing structure, oversight and accountability to an endeavor. It should be relatively short and should rarely exceed two to three sentences. The sentences will answer the questions "*what*" and "*why*."

Procedure: This section stipulates the means of implementing and complying with the policy. Procedures state how a policy will be implemented. Procedures are a set of steps. A procedure describes who will do what and in what order. They answer the question "*how*."

POLICY

It is the policy of Modoc Medical Center (MMC) to operate using policies written by the managers/directors of MMC. These policies clearly define specific operations and the procedures necessary to carry them out. All policies will adhere to a specific format, will go through a defined approval process, and will be managed by and stored in Administration.

PROCEDURE

Responsibility

Department managers and/or directors are responsible for the writing and/or revision of policies for their department and are responsible for ensuring that the proposed policy is cross-referenced with existing policies. They also will be responsible for determining which departments will be affected by the proposed policy. Once a policy or procedure is developed, it will be submitted to their director for review and approval.

The department manager is responsible for the timely review, updating and dissemination of policies and procedures in their functional area. The department manager is also responsible for the annual review of their department's policy and procedure manual.

REFERENCE #	8610.26	EFFECTIVE 6/2015
SUBJECT:	8610.26 POLICY FORMATTING	REVISED 2/2026
DEPARTMENT:	ADMINISTRATION- CAH	

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- The "SUBJECT" of the policy is to be exactly the same in both the header and footer.
- The "DEPARTMENT" is the name and/or names of the departmental manuals that require this policy.
- The "EFFECTIVE" date is the date the policy was first approved for use by the Board of Directors. The date is numeric with two digits for the month (e.g., 02 for February) and four digits for the year (e.g., 2015). If you are writing a new policy, the "REVISED" date will remain blank.
- Every time a policy is revised, another date is added to the "REVISED" cell in the header using the same format described above. See the instructions below for the footer.
- Do not fill in the "APPROVED BY" cell. This will be signed by the department manager/director when the policy is fully approved.

Footer

- The footer contains the subject of the policy, -exactly as it is written in the header and the page number
- The font is Ariael 8 pt.

Abbreviations

An abbreviation/acronym must be fully defined the first time it appears in the policy with the abbreviation/ acronym in parentheses (i.e., Modoc Medical Center (MMC)).

REFERENCES

None

ATTACHMENTS

None

REFERENCE #	8610.26	EFFECTIVE 6/2015
SUBJECT:	8610.26 POLICY FORMATTING	REVISED 2/2026
DEPARTMENT:	ADMINISTRATION- CAH	

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Reformatting an Existing Policy

1. Ensure that the policy template has been installed on your computer in the *Word* Template folder.
2. Open the document you want to reformat (pull to 2nd monitor, if you have it).
3. Open a "new" *Word* document by selecting the Policy Template (keeping it open on a separate screen).
    a. Select "Review" from the top line of commands.
    b. Select "Track Changes."
    c. Select "Track Changes."
    d. This will enable the program to literally track your changes. This makes the document easier to review.
4. In your original document, highlight the text you want to move to the template.
5. Right click and select "Copy."
6. Move your cursor to the position you want your text in the new document.
7. Right click and select the "paste" option that has an "A" in the box. This enables the template formatting to "take over" the formatting.
8. NOTE: When saving the document for the first time:
    a. Click on "File."
    b. "Save as."
    c. Click on the space under the line where you name the document and select "Word doc."
    d. Do not save as a template.

Setting Up the Header and Footer

Header

- The table that makes up the header of every policy is set up to automatically ~~adjust to~~adjust margin settings. Do not change the width of the table and/or the columns.
- The page numbering is also automatically set.
- The font is Ariael 10 pt. in all caps.
- Reference refers to the Department number and the year that it is being revised or created.

REFERENCE #	8610.26	EFFECTIVE 6/2015	Formatted Table
SUBJECT:	8610.26 POLICY FORMATTING	REVISED 2/2026	
DEPARTMENT:	ADMINISTRATION- CAH		

- Font: Times New Roman, 12 pt.
- Spacing: Line spacing is "single spaced," with 12 pts between paragraphs unless it is a list wherein no item exceeds one line. This is set to automatically happen every time you hit "enter."
- Insert only one space after a period between sentences. Many of us were taught to insert two spaces. This is no longer correct.

~~Following are the different types of "levels" used in formatting policies.~~

It is recommended that the writer go to "View" on the Word toolbar and select "Ruler." This will show a ruler at the top of the document indicating where the margins are and where indents are set.

Standard Format Levels — Formatted: Font: Bold, No underline

The first group is the standard policy format, not using lists. Note: all these headings start at the left margin.

1ST LEVEL HEADING (All caps and bold.)

Second Level Heading (Capitalized and bold.)

Third Level Heading (Capitalized and underlined.)

Bulleted Levels — Formatted: Font: Bold, No underline

The second group is for listing items that are not a process and/or procedure to be followed step by step.

- First Level. (Indent bullet to 0.25" and text to 0.5")
  - Second Level. (Indent bullet to 0.75" and text to 1.0".)
    - Third Level (Indent bullet to 1.25" and text to 1.5".)

Alpha/Numeric Levels — Formatted: Font: Bold, No underline

The third group is for listing a procedure that must be followed step by step and in order.

A. First Level. (Indent capital alpha to 0.25" and text to 0.5".)

1. Second Level. (Indent number to 0.75" and text to 1.0".)

a. Third Level. (Indent lowercase alpha to 1.25" and text to 1.5".)

i. Fourth Level. (Indent lowercase "number" to 1.75" and text to 2.0".)

Sometimes it makes more sense to start the procedure heading with the "second" or numeric level.

REFERENCE #	8610.26	EFFECTIVE 6/2015
SUBJECT:	8610.26 POLICY FORMATTING	
DEPARTMENT:	ADMINISTRATION- CAH	REVISED 2/2026

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PURPOSE

~~The purpose of this policy is to provide a standardized format for Last Frontier Healthcare District dba Modoc Medical Center (District) policies that will provide a process for writing and revising policies that will increase efficiency and effectiveness for those involved, increase consistency and improve the overall quality of policies being written.~~ The purpose of this policy is to establish a standardized format and process for developing, reviewing, and revising policies for the Last Frontier Healthcare District dba Modoc Medical Center (District). This standardization is intended to improve efficiency, enhance consistency, and ensure the overall quality and clarity of all District policies.

AUDIENCE

Facility Wide

TERMS AND DEFINITIONS

None

POLICY

It is the policy of Modoc Medical Center (MMC) to operate using policies written and correctly formatted by the managers/directors of MMC. All policies will adhere to a specific format~~,~~ (as outlined in the Procedures below), will go through a defined approval process, and will be managed by and stored in Administration.

PROCEDURE

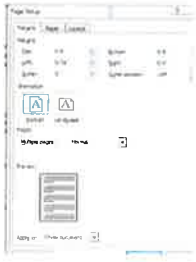
Electronic Retrieval of a Policy to be Revised

If a policy already exists, it will be housed in "Revver", the policy management system currently in use by MMC.

Template

A *Word* template has been created that includes the major formatting elements ~~of formatting~~ for MMC policies. They are as follows:

- Margins:
  - Top: 0.5"
  - Bottom: 0.5"
  - Left 0.75"
  - Right: 0.5"
  - Header: 0.3"
  - Footer: 0.3"



REFERENCE #	8610.26	EFFECTIVE 06/2015
SUBJECT:	8610.26 POLICY AND PROCEDURE REVIEW PROCESS (POLICIES AND MANUALS)	REVISED 02/2026
DEPARTMENT:	ADMINISTRATION- CAH	

PURPOSE:
The purpose of this policy is to provide a process for reviewing new and/or revised policies that will increase efficiency and effectiveness for those involved, increase consistency and improve the overall quality of policies along with their compilation and storage in department manuals.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:

Department Manual: The collection of policies for each department

Modoc Medical Center: (MMC)

Last Frontier Healthcare District: (LFHD)

Board of Directors: BoD

POLICY:

It is the policy of Modoc Medical Center (MMC) to operate using policies submitted to a review process ensuring that all policies adhere to a specific format, go through a defined approval process, be compiled and tracked in department manuals and will be managed and stored by the policy coordinator as follows:

- Electronically in Revver, MMC's document management system by department folder
- In PDF format on the MMC intranet policy page by department folder
- Via hard copy housed in the Administration Office in the appropriate department binder

PROCEDURE:

It is the procedure of MMC to have any new and/or significantly revised policy go through the review process as follows:

- All policies are housed and available to all staff in Revver, MMC's document management system. If an existing policy is to be revised, the responsible manager/director will download the policy to his/her desktop, make their corrections ensuring that "track changes" are on and forward that policy to the policy coordinator via e-mail.

- Any issues the manager/director may have with obtaining/editing the policy can be cured by contacting the policy coordinator who can find and e-mail the manager/director that policy in a form they can edit, help them edit and/or direct them to where they can find the "Policy Template" form to create an entirely new policy.

- The policy coordinator will upload the policy into SharePoint where he/she will assign a tech reader and move the policy through to Policy Committee, Med-Staff (if appropriate) and on to the Last Frontier Healthcare District's (LFHD's), Board of Directors (BoD) for final approval in accordance with the following:

    - Tech readers-review the policy for grammar and content, make their track changes or reject the policy (wherein the policy is then returned to the manager/director to revise). The policy coordinator creates an Excel spreadsheet with all the Policies for Review and prepares an Agenda for the upcoming Policy Committee Meeting. Please note that any managers who have submitted policies are always invited to attend the Policy Committee meeting wherein their policy is under review.

    - Policy Committee meets and all approved policies move forward electronically to Med Staff (if said policy is clinical in nature). Policies that do not require Med-Staff review are printed out with their red-lines and prepared by the policy coordinator with the corresponding cover page and spread sheet for the BoD.

    - Meanwhile, Med-Staff is reviewing those (clinical policies) making any corrections and upon approval by Med-Staff reviewer, emailing them back to the policy coordinator along with the signed spreadsheet for corrections.

    - Ultimately, the policy coordinator will process all approved policies as follows:

        - by review for grammar and structure, watermarked, copied to the "Approved" folder in SharePoint and copied to Revver in the appropriate department folder. Although rare, the BoD may require additional information to approve a policy or may choose to reject a policy as submitted. If that happens, the policy will then be returned to the manager/director.

        - By placing a hard copy of all approved policies are made and placed in the department policy binder housed in the Administration Office and finally, the policy is converted to PDF and uploaded to the intranet policy page.

MANUALS:

It is the policy of Modoc Medical Center (MMC) that all policy manuals are reviewed annually by each department manager/director. See attached Yearly Manual Review Schedule for specific review months for each department.

The policy coordinator e-mails the ~~managers~~managers with a copy of the Yearly Manual Review Schedule and contacts each manager well in advance to schedule a date/time for the policy manual review. The policy coordinator prepares the memorandum and signature page for the BoD in advance of said meeting.

At the manual review all policies are reviewed, those thatwith require no changes are date stamped and initialed by the department manager. Any updates, revised or archived policies are noted, the manager/director signs off on the review, and the policy coordinator sends the manger/director an email outlining the updated, revised and/or archived policies.

The signed yearly review memorandum and signature page are forwarded to BoD for approval under cover as indicated above. Per the BoD's request, all managers/directors will include a date certain in their Memomemo to have all revised policies completed.

Upon approvalapproval, the policy coordinator will copy the signature page to the Signature Page binder, the corresponding policy binderbinder, and upload a copy to Revver.

The policy coordinator will continue to work with managers/directors as their revisions go through the entire process.

REFERENCES:

None

ATTACHMENTS:

Yearly Manual Review Schedule
Policy Template Form

REFERENCE #	8610.26	EFFECTIVE 10/2007
SUBJECT:	8610.26 PHYSICAL PLANT AND ENVIRONMENT/LIFE SAFETY FROM FIRE	REVISED 02015,5/2021,01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

PURPOSE

The purpose of this policy is to ensure compliance with "Condition of Participation 485.623, Regulations and Interpretive Guidelines for Critical Access hospitals, Appendix W" which states:

"Construction: The Critical Access Hospital (CAH) is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of services.

"Maintenance: The CAH has housekeeping and preventive maintenance programs to ensure that-

- All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition.
- There is proper routine storage and prompt disposal of trash.
- Drugs and biologicals are appropriately stored.
- The premises are clean and orderly.
- There is proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.

"Emergency ~~Procedures~~Procedures". CAH assures the safety of patients in non-medical emergencies by:

- Training staff in handling emergencies, including prompt reporting of fires, extinguishing of fires, protection and, where necessary, evacuation of patients, personnel and guests, in cooperation with firefighting and disaster authorities.
- ~~Providing for~~Providing emergency power and lighting in the Emergency Room, Operating Room and for battery lamps and flashlights in other areas.
- ~~Providing for~~Providing an emergency fuel and water supply; and for taking other appropriate measures that are consistent with the conditions of the area in which the CAH is located.

"Life Safety from Fire

- Except as otherwise provided in this section, the CAH must meet the applicable provisions of the most current "Life Safety Code of the National Fire Safety Protection Association."

- **TERMS/DEFINITIONS**

Patient(s): For all intents and purposes, refers to all individuals receiving healthcare services in CAH facilities, including inpatients, outpatients, residents and clients.

REFERENCE #	8610.26	EFFECTIVE 10/2007
SUBJECT:	8610.26 PHYSICAL PLANT AND ENVIRONMENT/LIFE SAFETY FROM FIRE	REVISED 02015,5/2021,01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

POLICY

It is the policy of Modoc Medical Center (MMC) to be constructed, arranged and maintained to ensure access to and safety of patients. This policy applies to all locations of MMC, including MMC Family Practice Medical Clinic, Warnerview Skilled Nursing Facility, Mountain View Skilled Nursing Facility, MMC Physical Therapy, MMC Support ~~Services~~Services, and Canby Family Practice Clinic.

PROCEDURE

- Maintenance and housekeeping services participate in the MMC-wide Quality Assurance (QA) program to identify system problems and to facilitate performance improvement.
- MMC's facilities are regularly inspected and meet the standards set by State and Federal government agencies.
- Preventive maintenance and testing activities are performed by the Plant Operations Department to ensure the safety and wellbeing of patients, ~~employees~~employees, and visitors. Schedules of routine maintenance and testing are kept in the Plant Operations Department.
- All malfunctioning mechanical, electrical or patient care equipment is brought to the attention of the Plant Operations Department via WorxHub service tickets, approved by the appropriate department manager. Plant Operations staff check the WorxHub log on a regular basis throughout the week. Malfunctioning equipment is placed out of service and tagged by the Plant Operations Department.
- MMC contracts with a biomedical engineer to monitor, test, calibrate and maintain equipment on an annual and as needed basis.
- Plant Operations is responsible for the storage and disposal of trash. Housekeeping removes trash to the dumpsters and Plant Operations ensures that trash is picked up by Waste Management weekly. Biomedical waste is stored by Plant Operations in a storage facility and collected periodically via a contracted service certified to dispose of medical waste.
- The Acute Hospital Pharmacist routinely monitors the correct storage of drugs and biologicals in the hospital.
- The Retail Pharmacy Manage routinely monitors the correct storage of drugs and biologicals in the retail pharmacy.
- The Environmental Services (EVS) Department maintains a daily schedule of routine cleaning. Departments needing additional clean-up notify the EVS Department.
- Employees are given fire safety training during New Employee Orientation, and during annual reorientation.

- An Emergency Disaster Plan is available to provide guidance during times of internal and external ~~disaster~~disasters.
- Emergency power is available to selected locations in case of electrical outage. All emergency power outlets are designated with red plates. The Plant Operations Department maintains the emergency power system, and records are ~~kept of~~kept routine checks of the system.
- Contracts with local agencies for the provision of emergency water and fuel are kept in Administration and are renewed every five years.
- MMC assures the safety of patients in non-medical emergencies by:
  - Training staff in handling emergencies, including prompt fire reporting, extinguishing of fires, protection and, where necessary, evacuation of patients.
  - ~~Providing for~~Providing emergency power and lighting in the Emergency Room and for battery lamps and flashlights in other areas.
  - ~~Providing for an~~Providing emergency fuel and water supply.
  - Taking other appropriate measures that are consistent with the conditions of the area in which MMC is located.

REFERENCES

Regulations and Interpretive Guidelines for Critical Access hospitals, Appendix W, Revised 02/20/2020.

ATTACHMENTS

None

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REFERENCE #	8610.26	EFFECTIVE 10/2007
SUBJECT:	8610.26 PHYSICAL PLANT AND ENVIRONMENT/LIFE SAFETY FROM FIRE	REVISED 02015,5/2021,01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

REFERENCE #	8610.26	EFFECTIVE 10/2007
SUBJECT:	8610.26 CAH 485.635 PROVISION OF SERVICES	REVISED 10/2015,05/2021, 01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

wPURPOSE

The purpose of this policy is to ensure compliance with "Condition of Participation 485.635, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAH), Appendix W" that states:

(1) The CAH's healthcare services are furnished in accordance with appropriate written policies that are consistent with applicable state law.

(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more Doctor of Medicine (MD) or osteopathy (DO) and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of 485. 631(a)(1); ~~at least one member is not a member of the CAH staff.~~

(3) The policies include the following:

i. A description of the services the CAH furnishes directly and those furnished through agreement or arrangement.

ii. Policies and procedures for emergency medical services.

iii. Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of healthcare records, and procedures for the periodic review and evaluation of the services furnished by the CAH.

iv. Rules for the storage, handling, dispensation and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles; that current and accurate records are kept of the receipt and disposition of all scheduled drugs; and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.

v. Procedures for reporting adverse drug reactions and errors in the administration of drugs.

vi. A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.

vii. ~~If the CAH furnishes inpatient services, p~~Procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices. All patient diets, including therapeutic diets, must be ordered by the practitioner responsible for the care of the patients or by a qualified dietitian or qualified governing dieticians and nutrition professionals ~~and the orders of the practitioner responsible for the care of the patients~~ and that the requirement of 483.25(i) is met with respect to inpatients receiving post CAH SNF care.

~~vii.~~viii. Policies and procedures that address the post-acute care needs of patients receiving CAH services.

(4) "These policies are reviewed at least annually by the group of professional personnel required under paragraph (a)(2) of this section and ~~reviewed~~updated as necessary by the CAH."

"**Direct Services**:

(1) "General. The CAH staff furnishes, as direct services, those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at another entry point into the healthcare delivery system, such as a low intensity hospital outpatient department or emergency department. These direct services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions. The CAH also furnishes acute care inpatient services.

(2) "Laboratory Services". The CAH provides, as direct services, basic laboratory services essential to the immediate diagnosis and treatment of the patient that meet the standards imposed under section 353 of the Public Health Service Act (42U.S.C.236a). The services provided include:

i. Chemical examination of urine by stick or tablet method or both (including urine ketones).
ii. Hemoglobin or hematocrit.
iii. Blood glucose.
iv. Examination of stool specimens for occult blood.
v. Pregnancy tests.
vi. Primary culturing for transmittal to a certified laboratory.

(3) "Radiology Services. Radiology services furnished at the CAH are provided as direct services by staff qualified under State law, and do not expose CAH patients or staff to radiation hazards.

(4) "Emergency Procedures. In accordance with the requirements of 485.618, the CAH provides, as direct services, medical emergency procedures as a first response to common life-threatening injuries and acute illness."

"Services provided through agreements or arrangements:

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(1) "The CAH has agreements or arrangements (as appropriate) with one or more providers or suppliers participating under Medicare to furnish other services to its patients, including:

i. Inpatient CAH care.

ii. Services of MDs or DOs.

iii. Additional or specialized diagnostic and clinical laboratory services that are not available at the CAH.

iv. Food and other services to meet inpatients' nutritional needs to the extent these services are not provided directly by the CAH.

(2) "If the agreements or arrangements are not in writing, the CAH is able to present evidence that patients referred by the CAH are being accepted and treated.

(3) "The CAH maintains a list of all services furnished under arrangements or agreements. The list describes the nature and scope of the services provided.

(4) "The person principally responsible for the operation of the CAH under 485.627(b)(2) of this chapter is also responsible for the following:

i. Services furnished in the CAH whether or not they are furnished under arrangements or agreements.

ii. Ensuring that a contractor of services (including one for shared services and joint ventures) furnishes services that enable the CAH to comply with all applicable conditions of participation and standards for the contracted services."

"Nursing Services". Nursing services must meet the needs of patients.

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(1) "A registered nurse must provide (or assign to other personnel) the nursing care of each patient, including patients at a skilled nursing facility (SNF) level of care in a swing-bed CAH. The care must be provided in accordance with the patient's needs and the specialized qualifications and competence of the staff available.

(2) "A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care in a swing-bed CAH.

(3) "All drugs, biologicals, and intravenous medications must be administered by or under the supervision of a registered nurse, an MD or DO, or, where permitted by State law, a physician assistant, in accordance with written and signed orders, accepted standards of practice, and Federal and State laws.

(4) "A nursing care plan must be developed and kept for each inpatient."

TERMS/DEFINITIONS

Patient(s):

For all intents and purposes, refers to all individuals receiving healthcare services in CAH facilities, including inpatients, outpatients, residents and clients.

POLICY

It is the policy of Modoc Medical Center (MMC) that healthcare services are furnished in accordance with Appendix W and that appropriate written policies ~~that~~ are also consistent with California law.

REFERENCE #	8610.26	EFFECTIVE 10/2007
SUBJECT:	8610.26 CAH 485.635 PROVISION OF SERVICES	REVISED 10/2015,05/2021, 01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

PROCEDURE

The policies are developed with the advice of professional staff that includes a member of the medical staff. Each department is responsible for maintaining a policy and procedure manual that includes all policies and procedures that are appropriate to that department. All policies and procedures are written according to MMC's established guidelines and are reviewed by the Policy Committee as well as the appropriate medical staff committee. MMC posts a list of the services furnished and hours of operation to the public.

Direct Services

- MMC provides outpatient medical services including intravenous (IV) therapy and injections. MMC offers emergency services with a physician available 24-hours a day. These services are integrated with all other departments of MMC.
- Physical therapy is offered to both inpatients and outpatients.
- Laboratory services are Clinical Laboratory Improvement Amendments (CLIA) certified and provide the following tests:
  - Urinalysis;
  - Hematology;
  - Immunohematology;
  - Immunology;
  - Microbiology;
  - Therapeutic Drug Monitoring;
  - Arterial Blood Gases;
  - Molecular Diagnostics;
  - Serology;
  - Toxicology;
  - Coagulation;
  - Chemistry.
- The Laboratory is open Monday through Friday from 8:00 am to 4:30 pm Laboratory services are available after hours and on-call for emergencies.
- Radiology services include radiography, ultrasound, and computed tomography (CT). Services are available as follows:
  - X-Ray
    - Monday – Friday 8:00 am to 4:30 pm.
    - On call 24/7.
  - CT
    - Monday – Friday 8:00 am to 4:30 pm.
    - On call 24/7.

- Ultrasound
  - Monday-Thursday 8:00 am to 4:30 pm.
  - On call Tuesday - Thursday

- Emergency procedures are handled per policy, and emergency supplies are kept in crash carts located at the Emergency Room (ER) Nurses' Station.

- Other services, including hospital-based rural health clinic services, outpatient surgery services, outpatient infusion services, and others are offered by MMC and are available as scheduled. Clinic services are available Monday-Friday from 8:00am to 5:00pm.

- A registered nurse makes the patient assignments utilizing the acuity system and nurse-ratios based on the competence and experience level of the nurse. A registered nurse supervises and evaluates the nursing care for each patient. A written care plan is performed on each inpatient and swing-bed patient.

REFERENCES

Regulations and Interpretive Guidelines for Critical Access Hospitals, Appendix W, Revised 02/20/2020.

REFERENCE #	8610.26	EFFECTIVE 05/20/2021
SUBJECT:	8610.26 ACTING ADMINISTRATOR	REVISED 01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

PURPOSE

The purpose of this policy is to define and establish the authority of the Acting Administrator in the absence of the Administrator/Chief Executive Officer (CEO).

AUDIENCE
Facility Wide

TERMS/DEFINITIONS

CEO	Chief Executive Officer
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operations Officer
FD	Finance Director
CHRO	Chief Human Resources Officer
MMC	Modoc Medical Center
SLT	Senior Leadership Team consisting of the CEO, CMO, CNO, COO, FD, and CHRO

POLICY

It is the policy of Modoc Medical Center (MMC) to enable critical operational decisions to be made by the Acting Administrator in the absence of the CEO.

PROCEDURE

Acting Administrator Hierarchy

The Acting Administrator is the member of the Senior Leadership Team (SLT) that has the authority to act as the Administrator in the absence of the CEO. In the absence of the CEO, all members of the SLT that are present will collaborate on decisions that must be made for the entire organization when operationally feasible to do so. Regardless of this collaboration, there is a hierarchy that has been established to determine which member of the SLT is designated as the Acting Administrator and is authorized to make decisions on behalf of MMC in the absence of the CEO. The hierarchy that exists for the SLT and that establishes which member of the SLT is the designated Acting Administrator is as follows:

- CNO
- COO

Commented [AV1]: @Kevin Kramer Where should CMO fall in this hierarchy?

Commented [SB1R2]: No cmo in in this per Kevin

REFERENCE #	8610.26	EFFECTIVE 05/20/2021
SUBJECT:	8610.26 ACTING ADMINISTRATOR	REVISED 01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

- FD
- CHRO
- CMO

In the absence of the CEO and another member of the SLT, the person holding the title closest to the top of this list will serve as the Acting Administrator and has ultimate authority to make decisions on behalf of the organization and to exercise the authority described below.

The CMO may serve as the Acting Administrator as a last resort only. The CMO's primary responsibility is to ensure that the healthcare provided by physicians and allied health professionals meets the standard of practice and produces the best possible clinical outcomes for patients seen at MMC. This requires a lot of time and effort and makes functioning as the Acting Administrator for any length of time extremely difficult.

Acting Administrator Authority

The Acting Administrator has full authority to perform the following tasks during the time that the individual serves as the Acting Administrator:

- Handle any administrative issue at MMC, excluding the right to sign contracts and make permanent legal arrangements unless such arrangements must be executed in the case of an emergency.
- Implement personnel policy including sending an individual home and putting a person on administrative leave in the absence of a ~~manger~~manager or director who also has that authority.
- Expend resources during a crisis to ensure continued quality of care including calling in extra staff in the case of an emergency.
- Make emergency decisions regarding physical plant and quality of care issues related to patients, residents, medical staff, and regular staff.
- Interpret the operational guidelines and policies and procedures of the District to determine an appropriate resolution to issues that arise during the course of normal business.
- Secure supplies, including drugs, blood products, biological products, and other supplies ~~in the course of~~during normal operations or emergencies as they are needed to maintain the quality of care provided at MMC.

REFERENCES

None

ATTACHMENTS

None

REFERENCE #	8610.26	EFFECTIVE 05/20/2021
SUBJECT:	8610.26 ACTING ADMINISTRATOR	REVISED 01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

REFERENCE #	8610.26	EFFECTIVE 5/2013
SUBJECT:	8610.26 CONTRACT ADMINISTRATION	REVISED 10/2017, 7/2021,01/20261,01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

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PURPOSE

The purpose of this policy defines how Modoc Medical Center (MMC), uses sound business practices and adheres to State and Federal regulations in processing and tracking contracts/agreements for all contracted services.

AUDIENCE

Facility Wide

TERMS AND DEFINITIONS

- BAA – Business Associate Agreement
- CAH – Critical Access Hospital
- CEO – Chief Executive Officer
- EA – Executive Assistant
- FY – Fiscal Year
- LFHD – Last Frontier Healthcare District
- MMC – Modoc Medical Center
- PI – Performance Improvement
- QA/PI – Quality Assurance/Performance Improvement
- SLT – Senior Leadership Team
    - Chief Executive Officer
    - Chief Operating Officer
    - Chief Medical Officer
    - Chief Nursing Officer
    - Finance Director
    - Chief Human Resources Officer

POLICY

It is the policy of MMC that all agreements and contracts for LFHD dba MMC will be processed through the Administration only. As stated in the LFHD Bylaws, only the CEO is designated by the Board of Directors to sign contracts/agreements. As approved by LFHD Resolution #21-03 – Electronic Storage and Retrieval of Contract/Agreement Documents, all contracts/agreements will be electronically stored, with the exception of the documents listed in this policy.

REFERENCE #	8610.26	EFFECTIVE 5/2013
SUBJECT:	8610.26 CONTRACT ADMINISTRATION	REVISED 10/2017, 7/2021.01/20261.01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

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PROCEDURE

All contracts/agreements will be processed through ~~Administration~~the Administration. Only the CEO is designated by the Board of Directors to sign contracts/Agreements. This includes service agreements.

If the contract/agreement ~~orginates~~originates with MMC, the documents will be sent out by the EA with the instruction to have the other party sign and return the fully executed documents for inclusion in Administration files.

Database

- Contractor – Party to the contract/agreement.
- Category:
    - By Tab of Worksheet (in order).
        - Canby Clinic
        - Clinical
        - Emergency MOUs
        - MOUs
        - New Facility
        - New SNF
        - Retail Pharmacy
        - Staffing
        - Transfer Agreements
        - 3rd Party
        - BAAs
        - Grants
        - Terminated
- Contract Description – General purpose and scope of the contract/agreement. This is the first item evaluated by the Survey Team during a survey and must give a clear and concise description of the agreement, using measurable criteria.
- Beginning Date – Date contract/agreement goes into effect.
- End Date –Term/ending date of the contract/agreement.
- Compensation – Compensation for the contract/agreement.
- Contact Person – Party to contact regarding contract/agreement, their title and how to contact them (if available).
- Evaluation Date – Date contract/agreement is to be evaluated by a member of the SLT
- Archive Date – Date document will be archived.
- Destruction Date – Date document will be destroyed.

REFERENCE #	8610.26	EFFECTIVE 5/2013
SUBJECT:	8610.26 CONTRACT ADMINISTRATION	REVISED 10/2017, 7/2021.01/20261.01/2026
DEPARTMENT:	ADMINISTRATION- CAH	

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Storage

Contracts/agreements will be filed electronically with the exception of the following hardcopy documents

- Board Minutes
- Board Resolutions
- Original signed copy of LFHD Bylaws
- Real Estate Documents
- Titles
- Promissory Notes, Loan Documents, Trust Documents and any other binding financial document.

Evaluation

- As a CAH, contracts/agreements that are categorized as clinical contracts/agreements, as outlined on page 2 of 3 under "Category," are required to be evaluated annually.

- Quarterly, 25 percent of contracts/agreements that are categorized as clinical contracts/agreements are divided among MMC's SLT, based on renewal date. The MMC Contract Evaluation Tool Form (attached) is distributed to the applicable SLT member. Each contract will be reviewed for key factors:

  - Renewal date.
  - Overall performance based on reviews from end users.
  - Compliance with privacy laws.
  - Necessity.
  - How the vendor has met measurable requirements of the contract/agreement

Evaluations are due back to Administration no later than the end of the following quarter (3 months). The completed evaluation form will be returned to Administration's EA where any instructions on the form will be implemented and then the form will be filed with their applicable contract/agreement and a statistical report of completed evaluations will be forwarded to the PI Director for inclusion in the quarterly PI report presented to the Quality Council and Board of Directors.

REFERENCES

1. Regulations and Interpretive Guidelines for Critical Access Hospitals, Appendix W. Revised 02/20/2020.

ATTACHMENT

1. Modoc Medical Center Contract Evaluation Tool.
2. Resolution #21-03-Electronic Storage and Retrieval of Contract/Agreement Documents.

FACILITIES/EOC

REFERENCE #	8460.26	EFFECTIVE 09/1997	
SUBJECT:	8460.26 EQUIPMENT MANAGEMENT INVENTORY	REVISED 02/2026	
DEPARTMENT:	FACILITIES		

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PURPOSE:
To ensure that Modoc Medical Center (MMC) maintains an accurate, up-to-date inventory of all equipment included in the Equipment Management Program.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) that a current inventory of all equipment included in the Equipment Management Program ~~will~~ be kept ~~accurate~~ up-to-date on a continuing basis; any change, addition, or deletion ~~and shall~~must be recorded within one month ~~of any change, addition, or deletion~~.

PROCEDURE:
- The responsibility for maintaining and updating the equipment inventory rests with the Facilities Director.
- The equipment inventory is located in the office of the Facilities Director.
- The inventory is also maintained in the Preventive Maintenance file located in the Facilities Director's office.
- The equipment inventory must be kept separate from other equipment information and produced as a standalone document.
- The inventory must include all equipment covered under the Equipment Management Program.

REFERENCES:
None.

ATTACHMENTS:
Equipment Management Inventory

REFERENCE #	8460.26	EFFECTIVE 09/1997	Formatted Table
SUBJECT:	8460.26 EQUIPMENT MANAGEMENT INVENTORY	REVISED 02/2026	
DEPARTMENT:	FACILITIES		

EQUIPMENT MANAGEMENT INVENTORY

DATE INVENTORIED	EQUIP MODEL SERIAL #	FOR	LOCATION	MANAGEMENT CODE

REFERENCE #	8460.26	EFFECTIVE 3/1993
SUBJECT:	8460.26 BIO- HAZORDOUS WASTE TRANSPORTATION/ MAINTENANCE	REVISED 01/2026, 2/2025
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to provide an effective and safe means of transporting Bio-hazardous Waste in accordance with OSHA guidelines.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
OSHA-Occupational Health and Safety Administration.

POLICY:
It is the policy of Modoc Medical Center (MMC) to provide a safe means for Bio- Hazardous Waste Transportation as it pertains to maintenance and housekeeping personnel.

PROCEDURE:
CANBY AND WARNERVIEW:

- The Bio-Hazardous Waste from the Canby Clinic and Warnerview Skill Nursing Facility is placed in the Bio-Hazardous Waste Room in universally accepted labeled rigid containers with lids.
- The maintenance staff inspect the container for leakage/spillage prior to transporting. The waste is then transported via the maintenance vehicle to the hospital Bio-Hazardous Waste room.

HOSPITAL:

- The Bio-Hazardous Waste from the hospital is taken to the hospital Bio-Hazardous Room by the housekeeping department personnel and placed in the labeled rigid containers with lids.
- The maintenance staff inspects the containers for leakage/spillage prior to transporting to the medical waste freezer where it is held until transported to the medical waste treatment center.

TRANSPORTING TO THE MEDICAL WASTE FREEZER:

- The rigid containers are transported by maintenance staff via the maintenance vehicle to the medical waste freezer where it is held until transported to the medical waste treatment center.
- Elbow length protective rubber gloves are worn to remove the Bio- Hazardous Waste bags from the rigid containers to the medical waste freezer.
- The protective gloves and containers are then washed with a germicidal solution. The clean containers are then returned to the Bio-Hazardous Waste Room and stored separately from contaminated containers.

REFERENCES:
None

ATTACHMENTS:
None

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 ELECTRIC BEDS AND EQUIPMENT	REVISED 02/2026
DEPARTMENT:	FACILITIES	

PURPOSE:

The purpose of this policy is to ensure the safety and proper functioning of electric beds used in patient care areas by establishing a formal, standardized process for their inspection and testing.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC), to establish a formal procedure in which the testing of electrics beds will be adhered to.

PROCEDURE:
All electric beds in general patient care areas will be checked annually for leakage and routinely for mechanical malfunctions.

REFERENCES:

None.

ATTACHMENTS:

Preventative Maintenance Procedure for Electric Beds

PREVENTATIVE MAINTENANCE PROCEDURE FOR ELECTRIC BEDS

SUPPLIER NAME AND ADDRESS:				PURCHASED ___ NEW ___ USED
MODEL	TYPE	SERIAL #	PROPERTY	GOVT. ID #

D - DEFECT NOTED C - DEFECT CORRECTED

TEST AND INSPECTION RESULTS	OK	D	C	OK	D	C	OK	D	C	OK	D	C	COMMENTS
1. PHYSICAL CONDITION OF POWER CORD AND PLUG STRAIN RELIEF.													
2. RESISTANCE BETWEEN CHASSIS AND GROUND PIN.													
3. LEAKAGE TO GROUND FROM CHASSIS OR EQUIPMENT HOUSING.													
4. CHECK PATIENT AND NURSE CONTROLS ALL MODES.													
5. CHECK CASTERS AND BRAKES, CLEAN AND LUBRICATE.													
6. CHECK ALL PINS.													
7. CHECK CONDITION OF FRAME AND SIDE RAILS.													
8. LUBRICATE ALL MOVING PARTS WITH SILICONE.													
9. CHECK CONDITION OF MATRESS.													

NOTE ANY CORRECTIVE ACTION REQUIRED ON THE REVERSE OF THIS FORM.

TESTED BY: (INITIALS)					
DATE OF TEST:					

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 ELECTRICAL SAFETY EQUIPMENT CONDITION	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure that electrical equipment and devices used at Modoc Medical Center are regularly assessed for safety, proper function~~,~~ and compliance with electrical standards. Proper evaluation helps prevent electrical hazards, equipment failure, and potential injury to patients, staff~~,~~ and visitors.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
Electrical Equipment: Devices that operate using electrical power and may include internal electronic components.

Electrical Connector: A device used to join electrical circuits, such as plugs, jacks, or receptacles.

Grounding System: A safety system designed to safely direct electrical current into the earth in the event of a fault.

Leakage Current: Small amounts of electrical current that may unintentionally flow through or from equipment.

Rated Duty Cycle: The amount of time an electrical device can safely operate under a specific load.

POLICY:
It is the policy of Modoc Medical Center that all appropriate personnel are responsible for assessing the condition of electrical equipment in their use to ensure safe operation and compliance with applicable electrical safety standards.

PROCEDURE:
Electrical equipment and devices with electronic components shall be evaluated according to the following criteria:

Electrical Connectors

- Electrical connectors (jacks, receptacles, and plugs) must be of an approved type.
- Connectors must be free of cracks or breaks.
- Connectors must be properly attached to the ~~line~~line of cord or cable.

Mechanical Indexing Mechanisms

- Mechanical indexing mechanisms must be free from wear or damage.

- Proper alignment and mating of plugs and receptacles must be maintained.

Cables, Cords, and Wiring

- Cables, cords, and internal wiring must be of an approved type.
- Wiring must be of sufficient size to safely handle the required current.
- All cables and cords must be of sufficient length.
- Cables and wiring must not contain unsafe or unsightly splices.
- Insulation must not be frayed, cracked, abraded, or brittle.

Electrical Connections and Terminals

- Cables, clips, studs, and terminals must be free of dirt, rust, corrosion, or other deposits.

Switches and Circuit Components

- Switches, circuit breakers, relay points, and selectors must not be:
  - Dirty
  - Corroded
  - Excessively worn
  - Pitted

Grounding Systems

- Grounding systems must be of an approved type and properly installed.

Electrical Components

- Electrical components such as relays, transformers, capacitors, electron tubes, and resistors must operate without overheating.

Heating Elements

- Heating elements must produce and maintain the temperature required for proper operation.

Electrical Meters

- Electrical meters must respond appropriately to controls and operate correctly.

Explosion-Proof Equipment

- Electrical components such as connectors and switches used on explosion-proof equipment must conform to the requirements of the National Fire Protection Association Handbook.

Batteries

- Batteries must be properly charged.
- Batteries must be free of cracks, breaks, or leaks.

Electrolyte (Wet Cell) Batteries

- Electrolyte levels must be maintained at the proper level.

Electrical Leakage

- Electrical leakage currents must remain within acceptable safety limits.

Electric Motors

Operational Performance

- Electric motors must operate under load without excessive speed variation (hunting) or abnormal noise.

Temperature

- Electric motors must operate without excessive temperature rise when functioning at the rated duty cycle and mechanical load.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 ELECTRICAL SAFETY PREVENTING OVERLOAD	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure that electrical systems at Modoc Medical Center are used safely and are not overloaded. Following these precautions helps prevent electrical hazards, equipment damage~~,~~ and potential safety risks to staff, patients and visitors.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
Circuit Load: The total amount of electrical current (measured in amps) used by all devices connected to a circuit.

Non-Patient Care Area: Areas not directly involved in patient treatment, such as maintenance shops, offices, or storage areas.

POLICY:
Modoc Medical Center shall follow electrical safety precautions to prevent overloading circuits and reduce the risk of electrical hazards. Electrical installations, ~~renovations~~renovations~~.~~ and the use of extension cords must comply with established electrical safety standards.

PROCEDURE:
Adding Receptacles in Non-Patient Care Areas (Without Backup Power)

When installing a new receptacle:

- Determine the equipment that will be connected to the circuit.
- Verify the amperage requirements of the equipment.
- Identify all devices currently connected to the circuit.
- Confirm that sufficient amperage capacity is available before adding the new receptacle.

Electrical Work During Renovations

During renovation or construction projects:

- No more than eight receptacles shall be installed on a single circuit.
- No more than ten lighting fixtures shall be installed on a single circuit.

Use of Extension Cords

To prevent circuit overload:

- Only one duplex receptacle may be connected to a single extension cord.
- This restriction helps prevent multiple high-power tools or devices (such as saws and drills) from overloading a circuit.

Reporting Overloaded Circuits

Any staff member who suspects an overloaded electrical system must report the issue immediately to the electrician or Facilities Department.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 01/1997
SUBJECT:	8460.26 EQUIPMENT CONDITION	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure that all equipment used at Modoc Medical Center (MMC) is properly maintained, regularly assessed, and kept in good working condition to promote safe and effective operations.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:

POLICY:
It is the policy of Modoc Medical Center (MMC) that all appropriate personnel are responsible for assessing the condition of equipment in their use to ensure that it is properly maintained and safe for operation.

PROCEDURE:
General Equipment Inspection

All equipment shall be inspected to ensure the following:

- The overall appearance of the equipment meets departmental standards.
- The interior and exterior surfaces are free of rust, corrosion, lint, dents and deposits.
- Control knobs, mechanical locks, and levers are securely attached and properly indexed.
- Doors, drawers, panels, shelves, catches, latches, hinges, stops, door pulls, handles, knobs and casters operate smoothly and are properly tightened or adjusted.
- Nuts, bolts, screws and other hardware are secure and in good condition.
- Component holders, clips and receptacles are intact and properly adjusted.
- The Operator's Manual is available in the department using the equipment.

Equipment Involving Positive or Negative Pressure (e.g., Gas Systems)

Equipment that operates using gases or pressure systems shall be inspected to ensure:

- Conductivity is verified in accordance with the National Fire Protection Association Handbook.
- Rubber parts, components, and fittings maintain original elasticity and shape and are free of cracks, splices, punctures, or faulty fittings.

- High-pressure tubing is free of leaks and frayed coverings.
- All fittings and connections are in good condition and securely attached to hose ends.
- Temperature indicators are checked for accuracy.
- Controls, regulators, flowmeters, and flush valves are properly adjusted to regulate gas flow.
- Safety and "pop-off" valves are in proper operating condition.
- Glass and plastic covers on meters, inspection ports, and containers are clean, properly positioned and free of cracks or chips to prevent leaks.
- Air evacuation systems are capable of maintaining the desired vacuum within design limits.
- Grounding systems are of an approved type and properly installed.

Mechanical Equipment Inspection

Mechanical equipment shall be inspected to ensure:

- Chains, gears, bearings and bearing surfaces are free of excessive wear and properly adjusted.
- Gears are free of excessive backlash.
- Axles, shafts, and drives are free of excessive wear and properly lubricated.
- Hydraulic systems, including trips, locks, stops and release mechanisms, are properly adjusted and free of excessive wear.
- Hydraulic fluid levels are maintained at proper levels, and systems are free of leaks.
- Belts, pulleys, and levers are free of excessive wear and properly aligned and adjusted.
- Casters are checked and lubricated using a general-purpose lubricant.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8640.26	EFFECTIVE 11/2006
SUBJECT:	8640.26 EXTENSION CORDS	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to regulate and limit the use of extension cords at Modoc Medical Center (MMC) to ~~ensure~~promote electrical safety and minimize potential hazards.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to ~~reference~~limit the use of extension cords in the following ways~~is as follows~~:

- Use of extension cords in non-emergency situations is discouraged. Extension cords may only be utilized on a temporary basis until permanent electrical fixtures are installed.
- All extension cords must be less than 25 feet in length and be constructed of hospital grade material.
- Except where installed in accordance with NFPA, extension cords shall not be used:
  - As a substitute for fixed wiring.
  - Where run through holes in walls, ceilings or floors.
  - Where run through doorways, windows or similar openings.
  - Where attached to building surfaces.
  - Where concealed behind building walls, ceilings or floors.
- Under no circumstances shall extension cords be used in areas where explosive gases are present.
- When used in the operation of electrically powered construction, maintenance or cleaning equipment, appropriate signs shall be posted to identify tripping hazards.
- All cords must have hospital grade plugs and receptacles.
- ~~They~~ All extension cords must be comprised of 16-gauge wire.
- This policy shall be approved by the Environment of Care (EOC) Committee and reviewed annually.

PROCEDURE:
The Facilities Department~~/Service~~ will be responsible for inspection and approval of any extension cord used within ~~the hospital~~MMC's facilities.

Any department ~~needing~~requiring the use of an extension cord must submit a written request to the Facilities Department describing why an extension cord is needed and details of its use (i.e., where, when and how).

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Department directors and managers shall be responsible for the implementation of this policy in their departments.

REFERENCES:
None.

ATTACHMENTS:
ELECTRICAL EXTENSION CORD REQUEST

REFERENCE # 8640.26	EFFECTIVE 11/2006
SUBJECT: 8640.26 EXTENSION CORDS	REVISED 03/2026
DEPARTMENT: FACILITIES	

REQUEST FOR ELECTRICAL EXTENSION CORD

Department: _____

What will ~~equipment~~ the extension cord be used for?

How long will it be required? _____

Date: _____ Time: _____ AM/PM

Requested by: _____

FACILITIES DEPARTMENT/SERVICE

Electrical Load: _____

Length of Cord: _____

Size of Wire: _____

RECEIPT FOR ELECTRICAL EXTENSION CORD

Date: _____ Time: _____ AM/PM

Issued by: _____

REFERENCE #	8640.26	EFFECTIVE 11/2006
SUBJECT:	8640.26 EXTENSION CORDS	REVISED 03/2026
DEPARTMENT:	FACILITIES	

REFERENCE #	8460.26	EFFECTIVE 10/2020	
SUBJECT:	8460.26 INVENTORY AND INSPECTION OF NEW EQUIPMENT	REVISED 02/2026	
DEPARTMENT:	FACILITIES		

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PURPOSE:
To ensure all new, incoming, and non-hospital-owned equipment is safe for use by patients, staff, and visitors by requiring proper review, inventory, inspection, and testing prior to use within Modoc Medical Center (MMC).

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) that all new equipment and any equipment brought into the hospital shall be inventoried, inspected, and approved for safety prior to use. Equipment that fails electrical, mechanical, or safety testing shall not be approved for use until all deficiencies are corrected.

PROCEDURE:

- All requests for new equipment shall be reviewed and approved by the Facilities Department for safety features, including electrical requirements, space considerations, and OSHA compliance.
- Upon receipt of new equipment:
  - Purchasing will forward the equipment for inspection.
  - Equipment will be assigned an inventory number prior to installation.
  - Maintenance will perform required electrical and mechanical safety testing.
  - Equipment that passes inspection will be placed on a preventive maintenance schedule.
- When an equipment identification number is assigned, the inspecting engineer shall document the inspection and date in the comment section of the equipment record.
- Equipment that fails required inspections or tests:
  - Shall be returned to Materials Management.
  - Will be corrected by the manufacturer.
  - Shall not receive an identification number or be placed into service until all deficiencies are corrected.
- Equipment not owned by the hospital (including items brought by patients, visitors, Medical Staff, employees, or vendors) must be inspected and approved by the Facilities Department prior to use.
  - The ~~Director of Plant Operations~~Facilities Director is authorized to remove any equipment deemed unsafe.
- The Facilities Department shall routinely inspect hospital equipment to ensure safe operation.
  - If deficiencies are identified, the affected department director shall be notified and corrective action implemented.
- **Equipment Removal from the Hospital:**
  The following information must be documented and retained by the Facilities Department:
  - Equipment name
  - Serial number

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- Department/location
- Name of employee packing the equipment
- Name and company receiving the equipment
- Documentation of removal and new location

- **Equipment Acceptance into the Hospital:**
  The following steps must be completed:
  - Identify equipment name and serial number
  - Deliver equipment to Facilities Department for safety evaluation
  - Identify delivering individual/company
  - Identify hospital employee accepting and signing for receipt
  - Document delivery, location, receiving employee, and equipment status
  - Document release from Facilities Department and delivery to the appropriate department
  - Store documentation in the Purchasing Department

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8640.26	EFFECTIVE02/2010
SUBJECT:	8640.26 MEDICAL AND HAZARDOUS WASTE HANDLING AND DISPOSAL	REVISED02/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to describe the procedures for the identification, segregation, packaging, storage, transportation, treatment, and disposal of medical and hazardous waste generated at Modoc Medical Center, Mountain View, Warnerview and Canby Clinic in accordance with the State Medical Waste Management Act and applicable federal and state regulations.

AUDIENCE:
Facility Wide

BUSINESS INFORMATION
Modoc Medical Center is a 12-bed Critical Access Hospital located at 1111 N. Nagle Street, Alturas, California. Mountain View is a 50-bed Skilled Nursing Facility located at 1109 N. Nagle Street, Alturas, California. Warnerview is a 34-bed Skilled Nursing Facility located at 225 W. McDowell, Alturas, California. Canby Clinic is located at 670 County Road 83, Canby, California.

Modoc Medical Center, Mountain View, and Warnerview operate seven (7) days per week, while Canby Clinic operates five (5) days per week. Collectively, these facilities generate an average of approximately 300 pounds of medical waste per month and are registered as a large quantity generator. Biohazardous waste from other generators is not accepted for consolidation. The hospital contracts with an outside, licensed medical waste hauler for disposal services.

TERMS/DEFINITION:
Medical Waste / Biohazardous Waste: Waste that may contain infectious materials, including but not limited to:

- Laboratory waste (cultures, stocks, infectious agents, vaccines)
- Waste containing recognizable fluid blood or blood products
- Waste contaminated with excretions, exudates, or secretions from isolated humans or animals
- Biohazardous waste must be contained in red plastic bags labeled "Biohazard" with the universal biohazard symbol and stored in leakproof, labeled containers.

Sharps: Devices capable of cutting or piercing skin, including needles, syringes, scalpels, blades, contaminated broken glass and ampoules. Sharps must be disposed of in approved puncture-resistant containers.

Trace Chemotherapy Waste: Materials contaminated during preparation or administration of cytotoxic/antineoplastic drugs (e.g., syringes, tubing, empty vials). Waste is placed in designated chemotherapy containers labeled for incineration.

Pathological Waste: Human or animal body parts, tissues, organs, or surgical specimens (free of preservatives) requiring incineration.

Non-RCRA Hazardous Pharmaceuticals: Pharmaceutical waste not regulated under RCRA but requiring special handling. These are placed in designated Blue RX containers.

Hazardous Waste: Any substance posing a health, fire, explosion, or reactivity hazard, including ignitable, corrosive, reactive, or toxic materials.

POLICY:
Modoc Medical Center shall maintain a comprehensive Medical and Hazardous Waste Management Program to ensure safe handling, regulatory compliance, and protection of patients, staff and the environment.

- Facilities operate as a large quantity generator and do not accept waste from outside generators.
- Medical and hazardous waste disposal services are provided by a licensed waste hauler.
- No on-site treatment of biohazardous waste is performed.
- Waste handling, storage, and disposal records shall be maintained for a minimum of three (3) years.

PROCEDURE:
Waste Identification and Segregation

- All waste shall be segregated at the point of generation.
- Medical waste shall never be mixed with regular or hazardous waste.
- Hazardous chemical wastes shall never be mixed due to risk of reaction.

Handling

- Department managers ensure proper waste segregation and container use.
- Trained Engineering Services staff transport biohazardous waste using labeled rigid carts.
- Appropriate PPE must be worn when handling biohazardous or hazardous waste.
- Transport carts are cleaned daily using hospital-approved germicidal solutions.

Containment

- Red Bag Waste & Sharps
    - Containers must be leakproof, labeled on all sides and lids and never overfilled.

- Red bags must be twisted and tied before disposal.
- Sharps containers are sealed when full and labeled with the biohazard symbol.

- Pathological Waste
  - Double-lined red containers
  - Labeled for incineration
- Trace Chemotherapy Waste
  - Yellow or chemotherapy-designated containers
  - Labeled for incineration
- Pharmaceutical Waste
  - Placed in designated pharmaceutical containers
  - Red liners are prohibited
  - IV bags with residual fluid must be sealed in ZIPLOC bags
  - Transported every 90 days and dated after closure

Collection and Storage

- Waste types shall not be mixed during collection.
- Storage areas must be locked, labeled, and monitored.
- Hazardous and medical waste shall not be stored on-site longer than 90 days.

Records Tracking

- Waste tracking documents must be signed at pickup.
- Facilities Services maintains all manifests, shipping records and certificates of treatment/disposal for three (3) years.

Treatment and Disposal

- Medical waste is transported off-site for treatment and disposal by a licensed hauler.
- Hazardous waste is removed and disposed of by licensed hazardous waste contractors.

Training and Education

- All staff receive medical and hazardous waste training:
  - At time of hire
  - Annually thereafter
- Environmental Services provides hazardous waste handling training.

Inspections

- The Facilities Director or designee inspects waste holding areas daily.
- Deficiencies are documented and corrected promptly.

Incident Reporting

- Improper handling or accidents must be reported to:
  - Facilities Director
  - Infection Control Preventionist
  - Department Supervisor
- Incident-specific education will be conducted.

Emergency Action Plan

- Alternate waste haulers may be used during emergencies.
- Medical waste may be retained for up to 7 days at ≥32°F (0°C).
- Significant hazardous spills are reported to the Safety Officer.
- Federal reportable spills are reported to the National Response Center (NRC).

LICENSED WASTE HAULER

- Stericycle
  Phone: 866-783-7422
  Account #: 3000978929

REFERENCES:

None.

ATTACHMENTS:

MEDICAL WASTE TRACKING DOCUMENT
HAZARDOUS MATERIAL AND WASTE DEPARTMENTAL REPORTING FORM

MEDICAL WASTE TRACKING DOCUMENT

Instructions: Complete each item on this form prior to transporting any Medical Waste. It must be carried in the vehicle while transporting the waste. Obtain the signature of the person who accepts the waste. Provide the receiving facility with the original. Maintain the other copy on site for a minimum of 3 years.

Facility Name: _____ Date of Transport:_____

Address: _____

Quantity of waste transported:_____ pounds.

Destination of Waste: _____

Pleas check the types of waste transported:

☐ Laboratory waste – specimen of microbiological cultures, stocks or infectious agents, live and attenuated vaccines, and culture mediums.
☐ Blood or body fluids – liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.
☐ Sharps – syringes, needles, blades, broken glass.
☐ Contaminated animals – animal carcasses, body parts, bedding materials
☐ Surgical specimens – human or animal parts or tissues removed surgically or by autopsy.
☐ Isolation waste – waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Centers for Disease Control as requiring Bio-safety Level 4 precautions.

_____ _____
Name of Transporter Title/Position

_____
Signature of Transporter

Name of Receiving Facility_____

Address of Receiving Facility_____

_____ _____
Signature of Receiving Facility Title/Position

ORIGINAL: Receiving Facility
Yellow Copy: Environmental Health Department, 202 West 4th Street, Alturas, CA 96101
Pink Copy: Generator Facility

REFERENCE #	8640.26	EFFECTIVE02/2010
SUBJECT:	8640.26 MEDICAL AND HAZARDOUS WASTE HANDLING AND DISPOSAL	REVISED02/2026
DEPARTMENT:	FACILITIES	

HAZARDOUS MATERIAL AND WASTE DEPARTMENTAL REPORTING FORM

Department: _____ Date: _____

PLEASE LIST THE HAZARDOUS MATERIALS/WASTE USED OR GENERATED IN YOUR DEPARTMENT AND RETURN FORM TO SAFETY COMMITTEE

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Are there material safety data sheets for each product? Yes ☐ No ☐ If not please explain:

_____

_____

Are there material safety data sheets posted in both the areas of storage and the areas of use?
Yes ☐ No ☐ If not please explain:

_____

_____

Are all hazardous materials properly labeled? Yes ☐ No ☐

Have employees received training in hazardous materials handling? Yes ☐ No ☐

_____
Signed

REFERENCE #	8460.26	EFFECTIVE 02/2011
SUBJECT:	8460.26 MEDICAL EQUIPMENT MANAGEMENT PLAN	REVISED 01/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure proper selection of the appropriate medical equipment to support a safe patient care and treatment environment.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) that staff will adhere to the rules described herein to ensure proper selection of appropriate medical equipment to support a safe patient care and treatment environment.

OBJECTIVES

The ~~o~~Objectives for the Medical eEquipment Program are developed from information gathered during risk assessment activities, annual evaluation of the previous year's program, performance measures and environmental tours. The ~~o~~Objectives for this p~~P~~lan are:

- Evaluate emergency procedures for clinical intervention for critical medical equipment identified in this Plan
- Evaluate maintenance schedules for medical equipment
- Increase formal and informal training for all applicable staff

ORGANIZATION & RESPONSIBILITY

The Chief Executive Officer (CEO) receives regular reports of the current status of the Medical Equipment P~~p~~rogram through the Environment of Care® (EOC) Committee. The CEO reviews the reports and, as necessary, communicates concerns about key issues and regulatory compliance ~~to~~with the medical staff, nursing staff, maintenance department and other appropriate staff.

The Director of Facilities ensures that the Medical Equipment Program is implemented in all key clinical areas. The program manages a variety of activities, including tracking rental or leased equipment, warranty repairs and contract services. The ~~P~~program also assists in the management of the activities of specialty contractors providing services to other departments, such as radiology, laboratory and surgery.

The Director of Facilities~~Maintenance~~ implements the in-house medical equipment maintenance program and tracks maintenance provided by original equipment manufacturers and other contractors who provide maintenance and repair services for specific items of equipment.

Individual staff members are responsible for learning and following job and task specific procedures for safe medical equipment operation. ~~Department~~The department heads orient new staff to their department and, as appropriate, specific uses of medical equipment.

PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Medical Equipment Program. Performance measures have been established to measure at least one important aspect of the Medical Equipment Program.

The performance measures for the Medical Equipment Program are:

- 85% staff knowledge of equipment maintenance both previous and next scheduled

MANAGING MEDICAL EQUIPMENT RISKS

Selection and Acquisition

The Purchasing Manager has overall responsibility for coordinating the medical equipment selection and acquisition process. Department heads and others, as appropriate, collaborate to select and acquire medical equipment. Department heads develop equipment requirements and identify specific equipment to purchase. The Facilities Director ensures that medical equipment considered for purchase meets the appropriate standards of performance and safety in all aspects, including, but not limited to, patients and the physical environment, before the issuance of the purchase order. The Purchasing Manager coordinates vendor negotiations.

The Director of Facilities~~Maintenanee~~ works with medical staff to identify needs for space and support of new equipment. They also manage the commissioning of new equipment. The commissioning process includes assembly, installation and testing of new equipment before initial usage.

The managers of clinical departments where new equipment is installed collaborate with equipment suppliers to assure appropriate education and training are provided to all initial users of the equipment and a program for training additional future users is developed.

Capital expense requests for medical equipment are included as part of the annual budget process. The CEO has final approval over all new medical equipment purchases. The maintenance department maintains documentation related to medical equipment.

Criteria and Inventory

MMC maintains a written inventory of all medical equipment. The maintenance department includes new equipment in the inventory, including equipment owned by the MMC, leased, privately owned and rented from vendors.

Written criteria are used to identify risks associated with medical equipment. The risks include equipment function, physical risks associated with use, and equipment incident history as it relates to patient safety. The risks identified are used to assist in determining the strategies for maintenance, testing and inspection of medical equipment. In addition, the identified risks are used to guide the development of training and education programs for staff that use or maintain equipment.

Equipment requiring a program of planned maintenance is listed as part of a maintenance inventory. The list includes equipment maintained by in-house staff as well as equipment maintained by vendors.

Maintaining, Inspecting, and Testing Activities

The Director of Facilities, along with the bio-med contractor, oversees the activities used for maintaining, inspecting, and testing all the medical equipment in the inventory used for the diagnosis, care, treatment and monitoring of patients, thus assuring safety and maximum useful life. The determination of the appropriate activity is made as part of the initial evaluation of equipment.

Potential activities may be selected to ensure reliable performance including:

- Predictive maintenance based on manufacturer's recommendations
- Reliability-centered maintenance based on equipment history
- Interval-based inspections based on specified intervals between tests, inspections, or maintenance activity
- Corrective maintenance based on a request for service or failure of the equipment to pass internal self-tests (such equipment is subject to an initial test on receipt, and asset management)

Maintaining, Inspecting, and Testing Frequencies

The maintenance department, along with the bio-med contractor, identifies the frequencies for inspecting, testing, and maintaining medical equipment in inventory. The frequency of planned maintenance is determined based on criteria including manufacturer recommendations, risk levels and current hospital experience. The frequency of maintenance is determined at the time of initial evaluation of the medical equipment based on the following:

- Interval testing
- Run-time based inspection

- Corrective maintenance
- Metered maintenance based on hours of use, or other time of use processes (this strategy uses on-board clocks or event recorders to trigger specific tests, inspections or service)
- Other strategies, based on the use of the equipment may include inspection prior to each use, for equipment used infrequently, borrowed, or rented from vendors or others

The bio-med contractor generates a spreadsheet from the inspected inventory for each planned maintenance event. Work orders are issued for maintenance performed by in-house staff. Work done by outside contractors is tracked to ensure the work is completed in accordance with the terms of a contract.

In addition, other departments manage performance testing and maintenance of sterilizers and laboratory analysis equipment.

Safe Medical Devices Act

The Risk Management Director (RMD) is responsible for reporting all incidents in which medical equipment is suspected of contributing to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990. The RMD and appropriate clinical staff conduct investigations and collect information about potentially reportable events involving medical equipment through the incident reporting and investigation process. The RMD determines if the incident is reportable under the criteria established by the Food and Drug Administration (FDA) and completes the required report.

The Sentinel Event Process is used to investigate and document reportable incidents. The RMD is responsible for completing all reports and handling other communications with medical equipment manufacturers, and the FDA required by the Safe Medical Devices Act.

Emergency Procedures

The head of each department that uses life support or other life-critical medical equipment develops and trains staff in specific emergency procedures to be used in the event of failure or malfunction of equipment. Life support or life-critical equipment is any equipment whose failure could cause death or irreversible harm to the patient dependent on such equipment. These emergency procedures include the use of backup medical equipment. The RMD and Director of Facilities are available to assist in the development of written procedures that are followed when medical equipment fails. Each department head reviews the department-specific medical equipment emergency procedures annually.

These emergency response procedures provide instructions for staff responding to an emergency and provide information about notifying appropriate administrative staff of the emergency, actions required to protect patients from harm, contacts for spare equipment or repair services and contacts to obtain additional staff to manage the emergency.

Each department head maintains copies of applicable emergency procedures in accessible locations in their departments. Departmental staff receive orientation and ongoing education and training in emergency procedures.

Testing medical equipment prior to initial use

The Director of Facilities and the bio-med contractor manage the program of planned inspection and maintenance and ensures that all medical equipment in the inventory is tested before initial usage. MMC performs safety, operational, and functional checks. The inventory includes equipment owned by the MMC, leased, privately owned, and rented from vendors. These inspection, testing and maintenance documents are maintained in the maintenance department for review.

Testing of Life Support Equipment

The Director of Facilities and bio-med contractor ensure that scheduled testing of all life support equipment is performed in a timely manner. Reports on the completion rate of scheduled inspection and maintenance are presented to the EOC Committee for each quarter. If the quarterly rate of completion falls below 100%, the Director of Facilities will present an analysis to determine the cause of the problem and make recommendations for addressing it. (e.g. defibrillators, defibrillators, and anesthesia machines). These inspection, testing, and maintenance documents are maintained in the maintenance department for review.

Testing of Non-Life support Medical Equipment

The Director of Facilities and the bio-med contractor ensure that scheduled testing of all non-life support equipment is performed in a timely manner. Reports on the completion rate of scheduled inspection and maintenance are presented to the EOC Committee each quarter. If the quarterly rate of completion falls below 90%, the Director of Facilities will present an analysis to determine the cause of the problem and make recommendations for addressing it. These inspection, testing and maintenance documents are maintained in the maintenance department for review.

Testing of Sterilizers

A contracted technician is responsible for the safety, preventive maintenance and testing of all types of sterilizers used in the hospital. Records of load testing are maintained in their respective departments, and regular maintenance records are maintained by the maintenance department. Any improper results are documented as patient safety incidents and reported to the Risk Manager for evaluation and action.

REFERENCES:

Medical Consultants Network Inc. MCN. (2005). www.mcnhealthcare.com

ATTACHMENTS:

None

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 PERSONAL ELECTRICAL EQUIPMENT	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to provide guidelines for the safe use of personal electrical equipment within Warnerview and Mountain View Skilled Nursing Facilities -in order to reduce electrical hazards and ensure compliance with safety standards.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Warnerview and Mountain View Skilled Nursing Facilities that residents, staff, and physicians may not use personal electrical equipment or appliances unless the equipment has been reviewed and approved in accordance with established safety procedures.

PROCEDURE:
Residents

- In any case where a physician orders an electrical appliance, such as electrical heating pad, light cradle, and similar items not regularly provided by the facility for resident use, or when a resident wishes to use an appliance of his/her own' the resident or his/her legal representative must sign the "Permit ~~F~~for Using Electrical Appliances" form and release the hospital from liability for any injury to the ~~resident~~resident, which might result from use of the appliance.

- All electrical appliances should be absolutely discouraged, but if the resident insists, the appliance must be checked by the Facilities Department/Service to ensure that it is safe before it can be used by the resident.

- The Facilities Department/Service will tag the equipment with the date so as to indicate it has been checked and ~~passes~~passed inspection. The inspections are to be done during regular hours only.~~y.~~
Equipment cannot be used until it is checked.

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- No electrical equipment except that judged by the Facilities Department/Service as being in compliance with National Fire Protection Association (NFPA) standards will be used in any flammable anesthetizing location.

Hospital and Physicians

- Prior to use in the hospital, any personally owned electrical equipment must be approved by the appropriate hospital personnel.

- The Facilities Department/Service has the responsibility of determining safety requirements.

- Safety approval must be in writing.
- The Safety Committee may designate exceptions.
- When a physician wishes to use his/her personal electrical equipment, it will first be inspected by the Engineering Department/Service and if judged to comply with NFPA, ~~be so~~be labeled.

NOTE: The Facilities Department/Service recommends that no personal equipment be brought into the facility.

If the facility chooses to allow personal equipment to be used in the ~~facility~~facility, it must recognize that any equipment checked by the Facilities Department/Service and insured safety may invite liability.

REFERENCES:
None.

ATTACHMENTS:
PERMIT FOR USING ELECTRICAL APPLIANCES

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 PERSONAL ELECTRICAL EQUIPMENT	REVISED 03/2026
DEPARTMENT: FACILITIES	

PERMIT FOR USING ELECTRICAL APPLIANCES

NAME OF HOSPITAL _____

I hereby agree that in requesting _____ in my room while a patient in the above-named hospital, I do so at my own risk and hereby release said hospital from any and all responsibility for burns, injuries or property damage which may result from or because of use of said appliance.

_____

Signature, patient/parent/guardian

_____

If signed by other than patient, indicate relationship:

Date: _____ Time: _____

_____

Witness

REFERENCE #	8460.26	EFFECTIVE09/1997
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE	REVISED02/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to establish a comprehensive Preventive Maintenance (PM) Program for equipment at Modoc Medical Center (MMC). This program ensures that equipment is inspected, tested, and maintained at established intervals to promote safety, reliability, and compliance with regulatory requirements.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC), to maintain a comprehensive Preventive Maintenance Program that includes a written testing and maintenance schedule for all equipment covered under the program. Preventive maintenance shall be performed at established intervals, including annual, semi-annual, and quarterly frequencies, as applicable.

The Director of Facilities is responsible for ensuring that the Preventive Maintenance Program remains accurate, current, and ongoing.

Documentation related to the Preventive Maintenance Program shall be maintained in the Facilities Office.

Equipment shall be included in the Preventive Maintenance Program if it meets one or more of the following criteria:

- The equipment is essential for life support.
- The equipment presents a higher-than-normal risk during routine operation.
- The equipment requires an intensive maintenance schedule due to complexity.
- The equipment is supplied or maintained by an external vendor.

PROCEDURE:
Preventive Maintenance Scheduling
- At the beginning of each week, the Facilities Director or designee shall issue scheduled preventive maintenance work orders to the Facilities Lead.

Performance and Documentation of Maintenance
- Preventive maintenance shall be performed in accordance with the instructions specified on the work order.

- The assigned engineer shall document all maintenance activities and any pertinent observations on the work order.

- Upon completion of maintenance and documentation, the work order shall be returned to the Facilities Department/Service Office.

Incomplete or Deferred Maintenance

- If scheduled maintenance cannot be completed (e.g., due to parts unavailability), the reason shall be documented on the work order.

- The work order shall be returned to the Facilities Department/Service Office and placed under "Outstanding Jobs."

- Outstanding jobs shall be included in the applicable 30-day or 60-day maintenance report.

Equipment Removal

- If equipment must be removed from the user area for more than one (1) day, the engineer shall initiate a corrective maintenance work order.

- One copy of the corrective maintenance order shall be provided to the department from which the equipment was removed.

Vendor-Performed Maintenance

- When preventive maintenance is performed by an external vendor, the Engineering Department/Service shall:

    - Contact the vendor to arrange equipment pickup.

    - Instruct the vendor to perform maintenance as specified in the work order.

    - Require documentation of all maintenance and associated work on the work order.

    - Ensure the equipment is returned within 30 days, unless otherwise approved.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 07/1987
SUBJECT:	8460.26 REMOVAL OF BIO-HAZARDOUS WASTE/SHARPS	REVISED 01/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to properly remove bio-hazardous waste/sharps from facility departments.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None

POLICY:
It is the policy of Modoc Medical Center (MMC) to maintain the proper removal of bio-hazardous waste/sharps from facility departments.

PROCEDURE:

Lab

- Equipment needed
    a. Rigid, puncture resistant, covered container.
    b. Bio-Hazardous bag, if needed.
    c. Rigid, puncture resistant covered bucket, if needed
- Housekeeping personnel will wear gloves while handling any Bio-Hazardous waste.
- All Bio-Hazardous materials are to be placed in the rigid puncture resistant container unless otherwise specified. If the Red Bio-Hazardous bags are used, tie off and place inside a rigid puncture resistant container.
- Assure that the cover is secure on the container before removing the container to the Bio-Hazardous waste room.
- Transport all the containers carefully to the bio-Hazardous waste room. If using a rigid bucket, carry by the handle.
- Place the covered container in the container provided for bio-Hazardous waste material. If using a rigid bucket, uncover the container, remove the Red Bio-Hazardous bag and place immediately in the container provided for Bio-Hazardous waste material. Maintenance transports the Bio-Hazardous waste to the waste freezer where it is to be held until transported to Medical Waste Treatment Center.

- Obtain a replacement container and ~~replace~~replace it in the appropriate area and if ~~used~~used, return the rigid bucket to the lab.

Emergency Room/Clinic

- Equipment needed
  a. Rigid, puncture resistant, covered
  b. Container Bio-Hazardous waste bag
- Housekeeping personnel will wear gloves while handling any bio-hazardous waste.
- Tie off the bio-hazardous plastic bag.
- Transport the bag to the hazardous waste room and place the bio-hazardous plastic bag in the container provided for bio-hazardous materials. Maintenance transports the bio-hazardous waste to the bio-hazardous waste freezer ~~where~~where it is held until transported to the medical waste treatment center.
- Reline the bag stand with a bio-hazardous bag.

INFECTIOUS/GLASS WASTE

- Equipment needed:
  a. Rigid, puncture resistant, covered container is to be constructed to house all contents and prevent leakage of contents.
  b. Bio-hazardous plastic liner.
  ~~b.~~c. Needle Resistant Gloves when handling glass waste
- Follow the same procedure ~~Procedure~~ for transporting bio-hazardous waste to the hazardous waste room above.~~procedure.~~

DISPOSABLE SHARPS CONTAINER

- Housekeeping personnel shall wear gloves while handling any bio-hazardous waste.
- Secure the cover on the container.
- The container is taken to the bio-hazardous waste room, where it is then taken to the bio-hazardous waste freezer by maintenance.

- Obtain a replacement container and ~~placeplace~~ place it in the appropriate area.

REFERENCES:
None

ATTACHMENTS:
None

REFERENCE #	8460.26	EFFECTIVE 3/2015
SUBJECT:	8460.26 SPRINKLER DROP TEST	REVISED 01/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure the proper functioning and reliability of the sprinkler system and associated alarms at Modoc Medical Center.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to check the sprinkler alarms audible signal as well as to flush the sprinkling system out. This test will be performed quarterly.

PROCEDURE:

- Notify alarm company of test.
- Place the Fire Alarm Panel in Lock Test Mode – (This will silent all the alarms and fire doors)
- Open inspectors test valve.
- Note length of time required to activate alarm.

When drop test is complete, reset the test switch, close OSY valve. Check with alarm company to verify that alarm was transmitted.

REFERENCES:
None

ATTACHMENTS:
None

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 USE OF ELECTRICAL EQUIPMENT IN OXYGEN ENRICHED ENVIRONMENTS	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to establish safe practices for the use of electrical equipment in oxygen-enriched environments in order to prevent fire hazards and ensure patient, staff, and visitor safety.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
Oxygen-Enriched Atmosphere: An atmosphere in which the oxygen concentration exceeds 21% by volume or 160 millimeters of mercury partial pressure.

POLICY:
Electrical equipment used in areas where oxygen is being administered must be used in a manner that minimizes the risk of ignition. Equipment must meet applicable safety standards and be maintained in proper working condition to prevent electrical hazards in oxygen-enriched environments.

PROCEDURE:
General Information

Many types of electrical equipment may present a potential ignition source if electrical defects exist due to arcing or excessive temperatures generated by electrical current.

Examples of such equipment include, but are not limited to:

- Electrocardiographs
- Oscilloscopes
- Defibrillators
- Pacemakers
- Radiographic equipment
- Electronic stethoscopes
- Electrical beds
- Radios and televisions (including remote controls)
- Call button switches
- Communication devices such as hearing aids

- Electrically powered nebulizers
- Vapor generators
- Battery-powered devices such as:
  - Flashlights
  - Laryngoscopes
  - Endoscopic instruments

Approved Electrical Equipment

- Electrical equipment used within an oxygen-enriched atmosphere must be approved and listed for such use.

Equipment Not Listed for Oxygen-Enriched Environments

- Electrical equipment not marked or listed for use in oxygen-enriched environments may only be used if it is securely affixed to the bed or wall and positioned so that it will not be exposed to an oxygen-enriched atmosphere.

Equipment Control

- Electrical equipment not approved for use in oxygen-enriched environments that may be inadvertently introduced into such areas must be excluded from the site where oxygen is being administered.

Defective Equipment

- Defective electrical equipment shall be tagged and removed from service until it is repaired or discarded.

Defibrillation Precaution

- When performing cardiac defibrillation, it may be necessary to temporarily discontinue oxygen administration when safe and appropriate.

Pediatric Areas

- Special precautions must be taken in pediatric areas.

- Battery-operated toys or friction toys capable of producing sparks are not permitted in oxygen-enriched environments.

Personal Electrical Devices

Personal electrical items must be monitored and controlled in oxygen-enriched environments. Examples include:

- Electronic games
- Tape recorders
- Televisions
- Radios
- Hair dryers
- Curling irons
- Electric shavers
- Coffee makers
- Any other personal electrical devices

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8640.26	EFFECTIVE 02/2010
SUBJECT:	8640.26 BIOHAZARDOUS WASTE TRANSPORTATION MAINTENANCE	REVISED 02/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to describe the procedures for the identification, segregation, packaging, storage, transportation, treatment, and disposal of medical and hazardous waste generated at Modoc Medical Center, Mountain View, Warnerview and Canby Clinic in accordance with the State Medical Waste Management Act and applicable federal and state regulations.

AUDIENCE:
Facility Wide

BUSINESS INFORMATION
Modoc Medical Center is a 12-bed Critical Access Hospital located at 1111 N. Nagle Street, Alturas, California. Mountain View is a 50-bed Skilled Nursing Facility located at 1109 N. Nagle Street, Alturas, California. Warnerview is a 34-bed Skilled Nursing Facility located at 225 W. McDowell, Alturas, California. Canby Clinic is located at 670 County Road 83, Canby, California.

Modoc Medical Center, Mountain View and Warnerview operate seven (7) days per week, while Canby Clinic operates five (5) days per week. Collectively, these facilities generate an average of approximately 300 pounds of medical waste per month and are registered as a large quantity generator. Biohazardous waste from other generators is not accepted for consolidation. The hospital contracts with an outside, licensed medical waste hauler for disposal services.

TERMS/DEFINITION:
Medical Waste / Biohazardous Waste: Waste that may contain infectious materials, including but not limited to:

- Laboratory waste (cultures, stocks, infectious agents, vaccines)
- Waste containing recognizable fluid blood or blood products
- Waste contaminated with excretions, exudates, or secretions from isolated humans or animals
- Biohazardous waste must be contained in red plastic bags labeled "Biohazard" with the universal biohazard symbol and stored in leakproof, labeled containers.

Sharps: Devices capable of cutting or piercing skin, including needles, syringes, scalpels, blades, contaminated broken glass and ampoules. Sharps must be disposed of in approved puncture-resistant containers.

Trace Chemotherapy Waste: Materials contaminated during preparation or administration of cytotoxic/antineoplastic drugs (e.g., syringes, tubing, empty vials). Waste is placed in designated chemotherapy containers labeled for incineration.

Pathological Waste: Human or animal body parts, tissues, organs, or surgical specimens (free of preservatives) requiring incineration.

Non-RCRA Hazardous Pharmaceuticals: Pharmaceutical waste not regulated under RCRA but requiring special handling. These are placed in designated Blue RX containers.

Hazardous Waste: Any substance posing a health, fire, explosion, or reactivity hazard, including ignitable, corrosive, reactive, or toxic materials.

POLICY:
Modoc Medical Center shall maintain a comprehensive Medical and Hazardous Waste Management Program to ensure safe handling, regulatory compliance, and protection of patients, staff, and the environment.

- Facilities operate as a large quantity generator and do not accept waste from outside generators.
- Medical and hazardous waste disposal services are provided by a licensed waste hauler.
- No on-site treatment of biohazardous waste is performed.
- Waste handling, storage, and disposal records shall be maintained for a minimum of three (3) years.

PROCEDURE:
Waste Identification and Segregation

- All waste shall be segregated at the point of generation.
- Medical waste shall never be mixed with regular or hazardous waste.
- Hazardous chemical wastes shall never be mixed due to risk of reaction.

Handling

- Department managers ensure proper waste segregation and container use.
- Trained Engineering Services staff transport biohazardous waste using labeled rigid carts.
- Appropriate PPE must be worn when handling biohazardous or hazardous waste.
- Transport carts are cleaned daily using hospital-approved germicidal solutions.

Containment

- Red Bag Waste & Sharps
    - Containers must be leakproof, labeled on all sides and lids, and never overfilled.

  - Red bags must be twisted and tied before disposal.
  - Sharps containers are sealed when full and labeled with the biohazard symbol.
- Pathological Waste
  - Double-lined red containers
  - Labeled for incineration
- Trace Chemotherapy Waste
  - Yellow or chemotherapy-designated containers
  - Labeled for incineration
- Pharmaceutical Waste
  - Placed in designated pharmaceutical containers
  - Red liners are prohibited
  - IV bags with residual fluid must be sealed in ZIPLOC bags
  - Transported every 90 days and dated after closure

Collection and Storage

- Waste types shall not be mixed during collection.
- Storage areas must be locked, labeled, and monitored.
- Hazardous and medical waste shall not be stored on-site longer than 90 days.

Records Tracking

- Waste tracking documents must be signed at pickup.
- Engineering Services maintains all manifests, shipping records and certificates of treatment/disposal for three (3) years.

Treatment and Disposal

- Medical waste is transported off-site for treatment and disposal by a licensed hauler.
- Hazardous waste is removed and disposed of by licensed hazardous waste contractors.

Training and Education

- All staff receive medical and hazardous waste training:
  - At time of hire
  - Annually thereafter
- Environmental Services provides hazardous waste handling training.

Inspections

- The Facilities Director or designee inspects waste holding areas daily.
- Deficiencies are documented and corrected promptly.

Incident Reporting

- Improper handling or accidents must be reported to:
  - Facilities Director
  - Infection Control Preventionist
  - Department Supervisor
- Incident-specific education will be conducted.

Emergency Action Plan

- Alternate waste haulers may be used during emergencies.
- Medical waste may be retained for up to 7 days at ≥32°F (0°C).
- Significant hazardous spills are reported to the Safety Officer.
- Federal reportable spills are reported to the National Response Center (NRC).

LICENSED WASTE HAULER

- Stericycle
  Phone: 866-783-7422
  Account #: 3000978929

REFERENCES:

None.

ATTACHMENTS:

MEDICAL WASTE TRACKING DOCUMENT
HAZARDOUS MATERIAL AND WASTE DEPARTMENTAL REPORTING FORM

MEDICAL WASTE TRACKING DOCUMENT

Instructions: Complete each item on this form prior to transporting any Medical Waste. It must be carried in the vehicle while transporting the waste. Obtain the signature of the person who accepts the waste. Provide the receiving facility with the original. Maintain the other copy on site for a minimum of 3 years.

Facility Name: _____ Date of Transport:_____

Address: _____

Quantity of waste transported:_____ pounds.

Destination of Waste: _____

Pleas check the types of waste transported:

☐ Laboratory waste – specimen of microbiological cultures, stocks or infectious agents, live and attenuated vaccines, and culture mediums.
☐ Blood or body fluids – liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.
☐ Sharps – syringes, needles, blades, broken glass.
☐ Contaminated animals – animal carcasses, body parts, bedding materials
☐ Surgical specimens – human or animal parts or tissues removed surgically or by autopsy.
☐ Isolation waste – waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due only to the highly communicable diseases listed by the Centers for Disease Control as requiring Bio-safety Level 4 precautions.

_____ _____
Name of Transporter Title/Position

_____
Signature of Transporter

Name of Receiving Facility_____

Address of Receiving Facility_____

_____ _____
Signature of Receiving Facility Title/Position

ORIGINAL: Receiving Facility
Yellow Copy: Environmental Health Department, 202 West 4th Street, Alturas, CA 96101
Pink Copy: Generator Facility

HAZARDOUS MATERIAL AND WASTE DEPARTMENTAL REPORTING FORM

Department: _____ Date: _____

PLEASE LIST THE HAZARDOUS MATERIALS/WASTE USED OR GENERATED IN YOUR DEPARTMENT AND RETURN FORM TO SAFETY COMMITTEE

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Are there material safety data sheets for each product? Yes ☐ No ☐ If not please explain:

_____

_____

Are there material safety data sheets posted in both the areas of storage and the areas of use? Yes ☐ No ☐ If not please explain:

_____

_____

Are all hazardous materials properly labeled? Yes ☐ No ☐

Have employees received training in hazardous materials handling? Yes ☐ No ☐

_____
Signed

REFERENCE # 8460.26	EFFECTIVE 11/2006
SUBJECT: 8460.26 ELECTRICAL EQUIPMENT SAFETY	REVISED 03/2026
DEPARTMENT: FACILITIES	

PURPOSE:
The purpose of this policy is to minimize the risk of electrical injury to patients, visitors and employees of Modoc Medical Center, and to ensure that all facility electrical equipment operates safely.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
Facility equipment is divided into three classes:

- **Non-Patient**: Use is restricted to areas where patients have little or no direct contact with electrical equipment.
- **General Patient**: Use is restricted to areas where patients have or may have direct contact with non-invasive therapy and/or electrical or electronic monitoring.
- **Electrically Susceptible Patient**: Use is restricted to areas where patients have or may be subjected to invasive monitoring, or therapy using direct pathways to the cardiac muscles.
- S: Service Cord, indicating a portable power cable
- J: Junior service, meaning the cord is rated for 300 volts rather than 600 volts.
- T: Thermosplastic insulation, which is durable but has a lower temperature tolerance compared to thermoset rubber.
- O: Oil-resistant jacket, protecting the cord from oil exposure, though the insulation itself is not oil-resistant.
- W: Weather and water-resistant. Making the cord suitable for outdoor use, including exposure to sunlight, rain, and snow.

POLICY:
It is the policy of Modoc Medical Center to comply with all local, state and federal electrical safety guidelines.

PROCEDURE:

Power Cords and Electrical Supply

- All AC line-powered electrical or electronic devices shall be supplied by a suitable three-conductor power cord.
- Power ~~cords~~cords of ten feet or less shall be not less than 18-gauge wire size.
- Power cords greater than ten feet shall:
  - Be not less than 16-gauge wire size
  - Have an STO or SJTO jacket rating
  - Have a dead-front cap plug or hospital-grade quality
- Solid molded three-prong plugs shall not be utilized unless designated "Hospital Grade." Exception: May be used for office-type equipment or when authorized by Maintenance.
-

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REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 ELECTRICAL EQUIPMENT SAFETY	
DEPARTMENT:	FACILITIES	REVISED 03/2026

Electrical Safety Standards

- AC and battery-powered electrical or electronic devices shall not exceed current leakage standards.
- Any device used for testing electrical safety shall be calibrated at least annually by an outside organization.

Adapters, Extension Cords, and Line Cords

- Three-to-two wire adapters and extension cords are prohibited unless approved by Maintenance.
- Excessively long line cords shall be avoided.
  - Ten-foot cords are recommended for general use.
  - Eighteen-foot cords are recommended for Surgery.
- Adapters shall be avoided whenever possible. When required, they shall be inspected by Maintenance at least semi-annually.

Patient-Owned and Personal Electrical Equipment

- Patient-owned electrical line-operated and battery-operated equipment is not permitted.
- Personal care items such as electric razors and hair dryers are allowed but must be inspected by Maintenance prior to use.
- Heating pads, electric blankets, and portable heating devices are prohibited.

Electrically Susceptible Patient Areas

- Electric beds shall be prohibited or electrically isolated by Maintenance.
- Bedside lamps shall be properly grounded.

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Staff-Owned Electrical Equipment

Direct patient care areas

- Staff-owned electrical equipment is not permitted.

Areas adjacent to patient care (staff lounges, nurses' stations, report rooms)

- Equipment shall be inspected, approved, and labeled by Maintenance.

Non-patient care areas (office settings)

- Equipment shall have the original power cord.

- Equipment shall be physically intact.
- Equipment will not be labeled but is subject to random Maintenance inspection.

Physician-owned personal electrical/electronic medical devices

- Devices shall comply with safety standards.
- Devices shall be inspected before each use when brought into the facility.
- Devices housed in the facility shall be inspected routinely.
- Maintenance shall not service these devices unless authorized by ~~Administration~~the Administration.

Employee Training and Education

- Electrical safety training shall be provided upon hire and annually thereafter.
- Training includes:
  - Electrical safety policies and procedures
  - Proper precautions when using electrical equipment
  - Methods for removing questionable equipment from service

Maintenance Responsibilities

- Inspect and tag all new, rental, demonstration, or repaired electrical and electronic medical devices prior to release for use.
- Inspect all AC and battery-powered equipment.
- Remove from service any equipment found to be defective or exceeding leakage or grounding limits.
- Test and repair electronic devices as necessary, including:
  - Operational testing
  - Leakage and grounding tests
  - Documentation of all tests
  - Labeling of tested equipment
- Maintain equipment inspection records.
- Evaluate and maintain facility electrical systems, including:
  - Patient care areas
  - Isolation system areas
  - Line isolation monitors (logged and tested on a routine schedule)
- Conduct and document random electrical inspections as needed.

Staff Responsibilities

- Report defective equipment immediately to Maintenance.
- Visually inspect electrical equipment prior to use for:
  - Damaged plugs
  - Frayed cords
  - Abnormal operation

  - Chassis damage
  - Overheating or tingling sensations
- Report suspected defective medical devices by:
  - Notifying a supervisor
  - Following the ~~Safety-First~~Safety-First reporting process

REFERENCES:
NFPA 76-B (chapter 3); NFPA 70; NFPA 76-A.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 ELECTRICAL SAFETY DISTRIBUTION SYSTEMS	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure that electrical power distribution systems and related equipment at Modoc Medical Center are regularly evaluated to maintain safe operation, reduce electrical hazards, and ensure compliance with applicable electrical safety standards.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
Electrical Power Distribution System: The network of electrical components that distribute power throughout the facility, including electrical panels, circuits, wiring, receptacles, and associated equipment.

Current Leakage Testing: A safety test used to measure unintended electrical current that may escape from electrical equipment.

Grounding: A protective system that directs electrical current safely to the earth during electrical faults.

Isolated Power System: A specialized electrical system used in certain patient care areas designed to reduce the risk of electrical shock.

Conductive Flooring: Flooring materials designed to conduct electrical charges safely to reduce static electricity and potential hazards.

POLICY:
It is the policy of Modoc Medical Center to carry out established procedures for evaluating electrical power distribution systems to ensure safe operation and compliance with applicable electrical safety standards.

PROCEDURE:
Evaluation Frequency

Electrical power distribution systems and associated equipment shall be evaluated quarterly by the electrician or a designated representative.

Scope of Evaluation

Evaluations shall include, but are not limited to:

- Current leakage testing
- Verification of proper grounding
- Inspection of required electrical safety devices

Equipment and Areas Evaluated

The following items and systems shall be included in the evaluation process:

- Electrical receptacles for polarity, groundinggg, and mechanical security
- Renovated areas prior to occupancy
- Patient-related electrical components
- Electrical beds
- Lamps
- Extension cords
- Isolated power systems
- All other electrical equipment

Conductivity Testing

Conductivity testing shall be performed in areas containing conductive flooring and conductive furniture.

Documentation

The results of all inspections and evaluations shall be documented and maintained in ~~Facilities~~the Facilities Department/Service.

REFERENCES:
None.

ATTACHMENTS:
None.

ATTACHMENT D

Departmental Manuals

PHYSICAL THERAPY

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 3/06/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: JAY DUNN/PHYSICAL THERAPY DIRECTOR
SUBJECT: ANNUAL MANUAL REVIEW

I have completed the review for the Physical Therapy Manual Review.

The Physical Therapy Manual is in good shape and it is my recommendation that the BoD approve the manual as is. All revisions done in 2025 have been approved by the BoD and there are no further revisions at this time.

Thank you for your time and attention to the above.

Respectfully Submitted,

JAY DUNN
PHYSICAL THERAPY DEPARTMENT DIRECTOR
JD/sab

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

PHYSICAL THERAPY POLICY MANUAL
2026

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

Physical Therapy Director — Date: 03/06/2026

Chief Executive Officer — Date

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 12/20/2025
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: MED STAFF/BYLAWS
SUBJECT: ANNUAL REVIEW

I have completed my review of the Med Staff Bylaws and will have everything updated by 3/1/2026.

Thank you for your time and attention to the above.

Respectfully Submitted,

LISANNE BURKHOLDER
Chief Medical Officer

LB/sab

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MED STAFF BYLAWS YEARLY REVIEW
2025

The MED STAFF/Bylaws have been reviewed and is approved for use at Modoc Medical Center.

J Burkholder — 12/26/25

MED STAFF — Date

Chief Executive Officer — Date

Chair, Board of Directors — Date

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MEMORANDUM

DATE: 2/20/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: MED STAFF/BYLAWS
SUBJECT: ANNUAL REVIEW

I have completed the updates of the Med Staff Bylaws as noted in the 2025 review.

The Bylaws are up to date and have been reviewed and approved by Med Staff.

Thank you for your time and attention to the above.

Respectfully Submitted,

LISANNE BURKHOLDER
Chief Medical Officer

LB/sab

MODOC MEDICAL CENTER
A Public Entity
Healing Hands Close To Home
Last Frontier Healthcare District

MODOC MEDICAL CENTER YEARLY BY LAWS
2026

The Modoc Medical Center Med-Staff By-Laws have been reviewed and is approved for use at Modoc Medical Center.

MED-STAFF — Date: 3/11/26

Chief Executive Officer — Date

Chair, Board of Directors — Date

Policy Spreadsheet

CONTACT	Name	Item Status
Delinda Gover	7420.25 OPERATING ROOM ATTIRE.docx	Pending
Delinda Gover	7420.25 Scheduling of Surgery.docx	Pending
Delinda Gover	7420.26 Category I Surgical Outpatient Care.docx	Pending
Delinda Gover	7420.26 CATEGORY II SURGICAL OUTPATIENT CARE.docx	Pending
Edward Johnson	6850.26 MEDICATION STORAGE AND HANDLING.docx	Pending
Edward Johnson	8610.26 POLICY AND PROCEDURE WRITING.doc	Pending
Edward Johnson	8610.26 POLICY FORMATTING.docx	Pending
Edward Johnson	8610.26 POLICY AND PROCEDURE REVIEW PROCESS.docx	Pending
Kevin Kramer	8610.26 CAH - 483.623 Physical Plant and Environment-Life Safety from Fire.doc	Pending
Kevin Kramer	8610.26 CAH 485.635 PROVISION OF SERVICES.docx	Pending
Kevin Kramer	8610.26 ACTING ADMINISTRATOR.docx	Pending
Kevin Kramer	8610.26 CONTRACT ADMINISRATION.docx	Pending
Marty Shaffer	8460.26 8460.26 EQUIPMENT MANAGEMENT INVENTORY.docx	Pending
Marty Shaffer	8460.26 Bio Hazardous Waste Transportation Maintenance.docx	Pending
Marty Shaffer	8460.26 ELECTRIC BEDS AND EQUIPMENT.docx	Pending
Marty Shaffer	8460.26 ELECTRICAL SAFETY EQUIPMENT CONDITION.docx	Pending
Marty Shaffer	8460.26 ELECTRICAL SAFETY PREVENTING OVERLOAD.docx	Pending
Marty Shaffer	8460.26 EQUIPMENT CONDITION.docx	Pending
Marty Shaffer	8460.26 EXTENSION CORDS.docx	Pending
Marty Shaffer	8460.26 INVENTORY AND INSPECTION OF NEW EQUIPMENT.docx	Pending
Marty Shaffer	8460.26 Medical and Hazardous Waste Handling and Disposal.docx	Pending
Marty Shaffer	8460.26 Medical Equipment Management Plan.docx	Pending
Marty Shaffer	8460.26 PERSONAL ELECTRICAL EQUIPMENT.docx	Pending
Marty Shaffer	8460.26 PREVENTATIVE MAINTENANCE.docx	Pending
Marty Shaffer	8460.26 REMOVAL OF BIO HAZARDOUS WASTE.docx	Pending
Marty Shaffer	8460.26 SPRINKLER DROP TEST.dotx	Pending
Marty Shaffer	8460.26 USE OF ELECTRICAL EQUIPMENT IN OXYGEN ENRICHED ENVIRONMENT	Pending
Marty Shaffer	8640.26 BIOHAZARDOUS WASTE TRANSPORTATION MAINTENANCE.docx	Pending
Marty Shaffer	8640.26 ELECTRICAL EQUIPMENT SAFETY.docx	Pending
Marty Shaffer	8640.26 ELECTRICAL SAFETY DISTRIBUTION SYSTEMS.docx	Pending

BoD 3/26 DATED: _____ BY: _____

ATTACHMENT E

LFHD FINANCIAL STATEMENT

February 2026

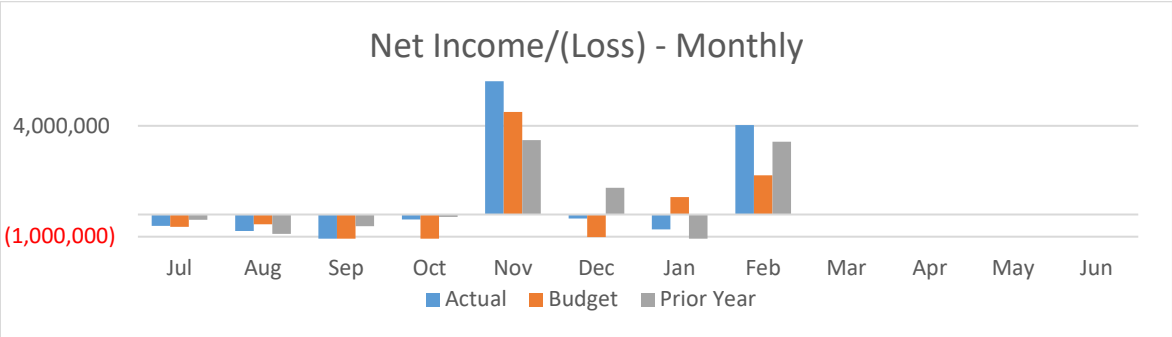
(unaudited)

Modoc Medical Center
Financial Narrative
For the Month of February 2026

Prepared by Jin Lin, Finance Director

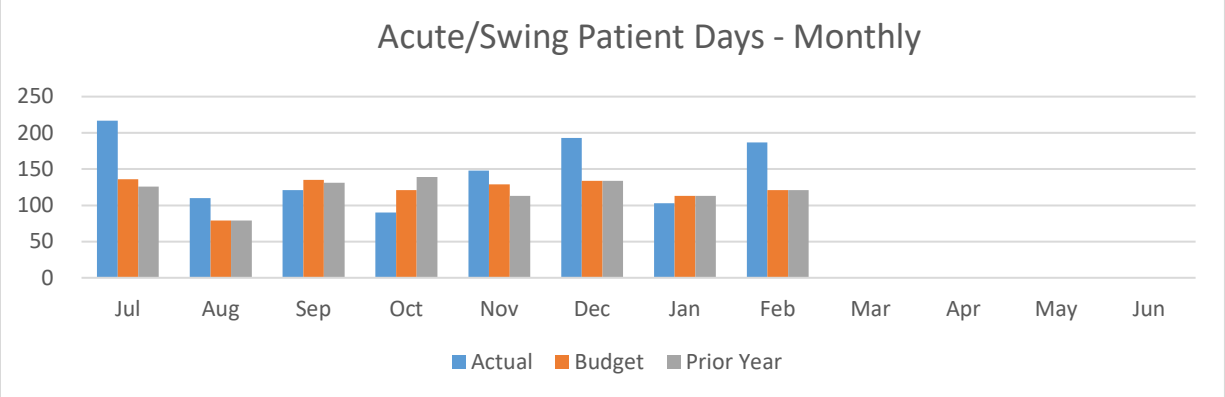
Summary

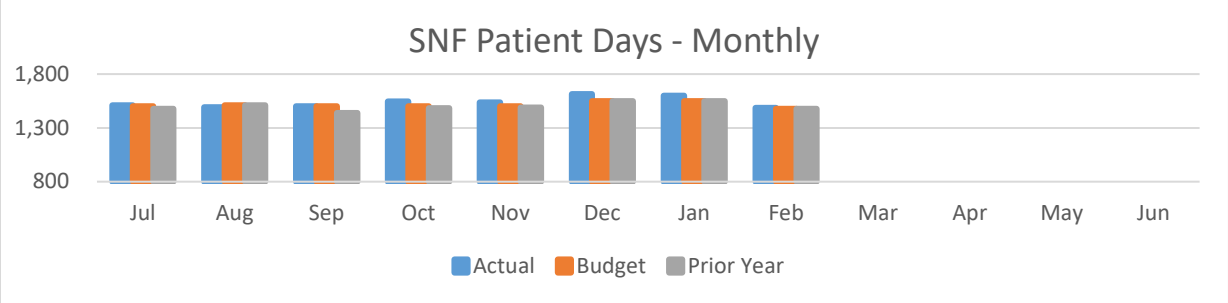
During the month of February, Modoc Medical Center reported an income from operations of $4.24 million, outperforming the budget that anticipated an operating income in February of $1.71 million. Inpatient revenue was above the budget by $480K in February. Outpatient revenue was above budget by $877K for the month. Total patient revenue was $6.02 million, above budget of $1.36 million. Modoc Medical Center reported a total net income of $4.03 million for the month, outperforming the budget that anticipated an overall budget income for the month of $1.78 million, and this difference is due to Medicare Cost Report Settlement of FY 2025 in the amount of $2.4 million MMC received.



Patient Volumes

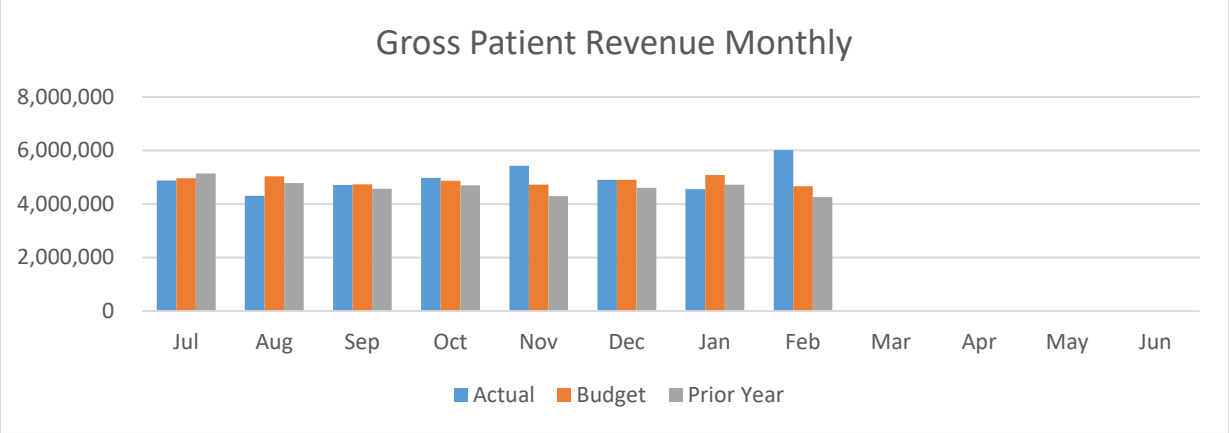
Combined Acute Days were above budget for the month by 66 days. SNF Patient Days were 1,487 for the month. Overall Inpatient and SNF Days were above budget by 76 days (1,674 actual vs. 1,598 budget). Most outpatient visits were above budget; however, ER, Amb, Canby Clinic, UT and PT were below budget.

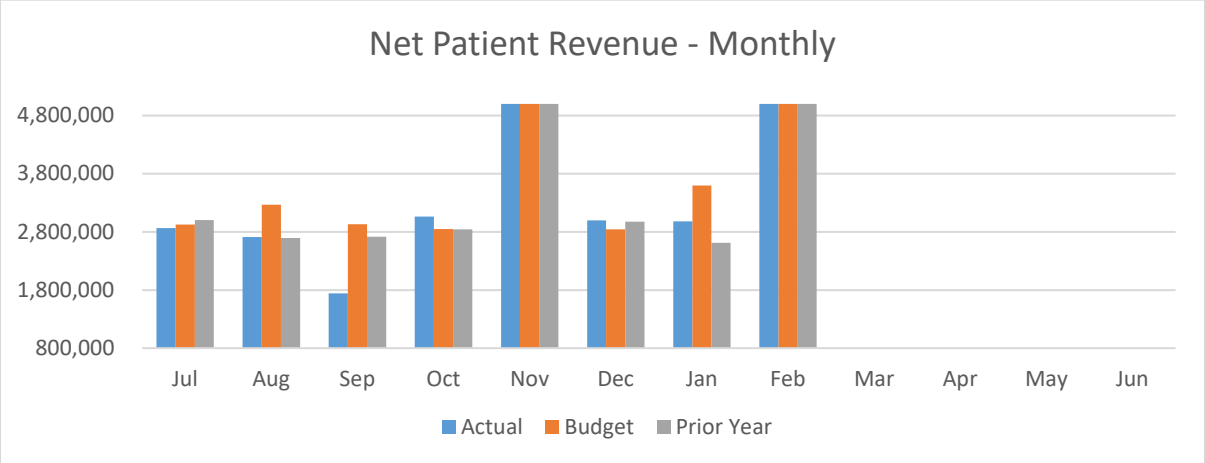




Revenues

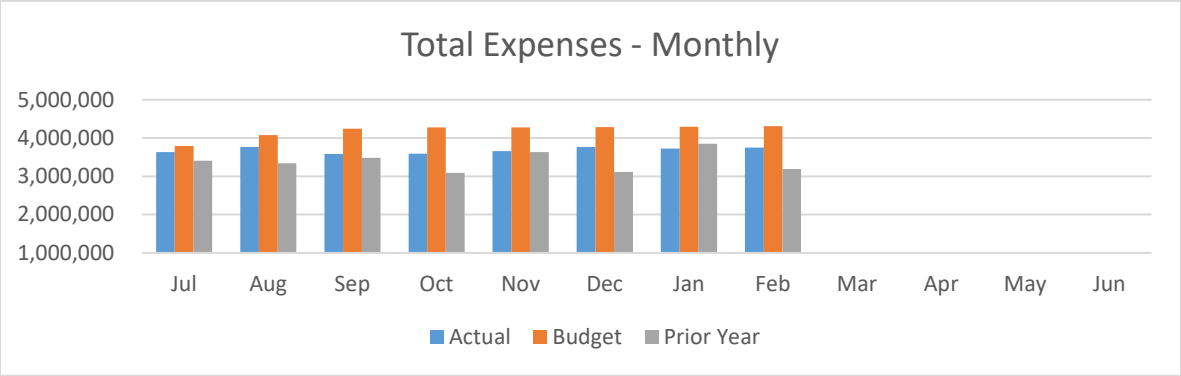
Gross revenue was above budget of $1.36 million, and net revenue was above budget in the month of February. Gross Patient Revenues were $6.02 million, compared to the budget of $4.66 million. Inpatient Revenue was $1.70 million compared to the budget of $1.22 million; and Outpatient Revenue was $4.32 million compared to the budget of $3.44 million. Total deductions from revenue were - $1.94 million, compared to budget -$1.28 million. Net patient Revenue was $7.95 million, compared to budget of $5.94 million.





Expenses

Total operating expenses were $3.75 million this month, which is $563K lower than budgeted operating expenses. The decrease was mainly in Payroll, Purchased Services, and Supplies.

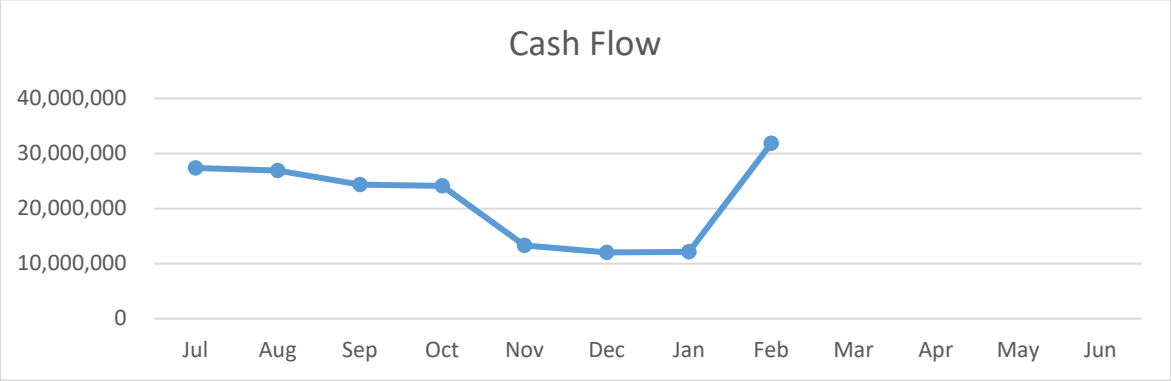


Non-Operating Activity

Non-Operating expenses for the month were as follows: accrued Interest expense from USDA Loan was $234K. Interest income of $69K was earned from CDs. The retail pharmacy showed a loss of $41K. Total non-operating net loss for the month was $209K, which was under the budget.

Balance Sheet

Cash increased in February by $20 million to $31.86 million. MMC received payment of $17 million from VRRP IGT; $2.4 million from Medicare Cost Report Settlement; and $512K from Modoc County Notes Receivable. The total current liabilities were $5.3 million. Days in Cash totaled 265. Days in AP totaled 19. Days in AR totaled 73. The current ratio was 7.49. Net AR as a percentage of gross AR was 47.27%.



Modoc Medical Center
Income Statement
For the month of February 2026

	Month	Feb-26 Budget	Variance	Prior Year Month	2026 YTD	2026 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	829,139	469,548	359,590	463,733	4,794,879	5,010,469.78	(215,591)	4,855,006
Room & Board - SNF	871,877	751,396	120,481	743,957	7,305,431	6,564,196.66	741,234	6,320,625
Total Inpatient Revenue	1,701,016	1,220,945	480,071	1,207,690	12,100,310	11,574,666	525,643	11,175,630
Outpatient Revenue	4,315,586	3,438,931	876,655	3,055,600	28,414,183	27,382,318	1,031,865	25,913,656
Total Patient Revenue	6,016,602	4,659,876	1,356,726	4,263,290	40,514,492	38,956,984	1,557,508	37,089,286
Bad Debts (580000,580011,58010	132,101	(33,792)	165,894	(95,063)	823,381	(154,388)	977,769	(1,157,246)
Contractuals Adjs	(2,093,338)	(1,265,934)	(827,404)	(1,754,932)	4,193,291	5,827,985	(1,634,693)	4,418,088
Admin Adjs (5930002-593001,598	24,770	16,897	7,873	29,005	1,085,871	135,176	950,695	3,810,369
Total Revenue Deductions	(1,936,467)	(1,282,829)	(653,638)	(1,820,990)	6,102,543	5,808,772	293,771	7,071,211
Net Patient Revenue	7,953,069	5,942,704	2,010,364	6,084,280	34,411,949	33,148,212	1,263,738	30,018,076
% of Charges	*132.2%*	*127.5%*	*4.7%*	*142.7%*	*84.9%*	*85.1%*	*-0.2%*	*80.9%*
Other Revenue	31,929	77,967	(46,037)	199,850	340,462	812,618	(472,156)	468,433
Total Net Revenue	7,984,998	6,020,671	1,964,327	6,284,130	34,752,412	33,960,830	791,582	30,486,509
Expenses								
Salaries	1,613,719	1,786,338	(172,619)	1,392,813	13,757,087	14,216,831	(459,744)	11,781,288
Benefits and Taxes	209,638	545,335	(335,697)	309,262	2,930,192	4,199,746	(1,269,554)	2,556,144
Registry	433,811	284,982	148,829	336,686	1,997,807	2,279,853	(282,047)	2,311,525
Professional Fees	518,644	428,447	90,197	366,723	3,373,362	3,186,607	186,755	3,126,327
Purchased Services	140,264	237,633	(97,370)	122,231	1,097,858	1,868,004	(770,146)	1,364,747
Supplies	340,668	413,129	(72,461)	291,609	2,825,767	3,308,796	(483,029)	2,708,757
Repairs and Maint	42,206	36,191	6,015	22,479	324,536	300,474	24,062	250,786
Lease and Rental	3,822	4,541	(719)	648	25,414	36,342	(10,928)	37,981
Utilities	90,705	79,256	11,449	77,902	562,712	634,049	(71,336)	569,600
Insurance	44,026	45,821	(1,795)	45,671	325,362	366,571	(41,209)	368,690
Depreciation	245,372	343,633	(98,260)	163,743	1,786,434	2,459,157	(672,723)	1,408,913
Other	65,455	106,427	(40,972)	63,117	599,637	711,460	(111,822)	631,093
Total Operating Expenses	3,748,330	4,311,733	(563,403)	3,192,885	29,606,170	33,567,891	(3,961,721)	27,115,850
Income from Operations	4,236,668	1,708,938	2,527,730	3,091,245	5,146,242	392,939	4,753,303	3,370,659
Property Tax Revenue	0	0	0	0	1,345,292	1,596,367	(251,075)	1,339,079
Interest Income	69,472	107,670	(38,198)	134,733	631,415	861,363	(229,948)	904,414
Interest Expense	(233,855)	(155,543)	(78,313)	64,557	(1,613,248)	(1,094,651)	(518,597)	(911,590)
Gain/Loss on Asset Disposal/Fortera		0	0		0	0	0	0
Retail Pharmacy Net Activity	(40,727)	123,795	(164,522)	5,162	715,992	969,306	(253,314)	223,943
DISTRICT VOUCHERS AND OTHER	(3,916)	(14,744)	10,828	(14,744)	(33,482)	(68,881)	35,399	(69,099)
Total Non-Operating Revenue	(209,026)	61,179	(270,205)	189,708	1,045,969	2,263,505	(1,217,535)	1,486,748
Net Income/(Loss)	4,027,642	1,770,117	2,257,525	3,280,953	6,192,211	2,656,444	3,535,768	4,857,407
EBIDA	4,506,869	2,269,292	2,237,577	3,380,138	9,591,894	6,210,252	3,381,642	7,177,910
Operating Margin %	53.1%	28.4%	24.7%	49.2%	14.8%	1.2%	13.7%	11.1%
Net Margin %	50.4%	29.4%	21.0%	52.2%	17.8%	7.8%	10.0%	15.9%
EBIDA Margin %	56.4%	37.7%	18.8%	53.8%	27.6%	18.3%	9.3%	23.5%

Modoc Medical Center
Income Statement Trend

	Feb-25	FYE 2025 YTD July-Feb	FYE 2026 YTD July-Feb	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Revenues											
Room & Board - Acute	463,733	4,855,006	4,794,879	685,444	529,453	467,429	452,283	571,794	726,928	532,410	829,139
Room & Board - SNF	743,957	6,320,625	7,305,431	841,152	893,655	878,216	946,063	942,003	992,223	940,242	871,877
			0								
Total Inpatient Revenue	1,207,690	11,175,630	12,100,310	1,526,595	1,423,108	1,345,645	1,398,346	1,513,797	1,719,151	1,472,651	1,701,016
Outpatient Revenue	3,055,600	25,913,656	28,414,183	3,351,869	2,878,680	3,369,321	3,571,943	3,919,351	3,429,157	3,578,275	4,315,586
Total Patient Revenue	4,263,290	37,089,286	40,514,493	4,878,465	4,301,788	4,714,967	4,970,289	5,433,148	5,148,309	5,050,926	6,016,602
Bad Debts	(95,063)	(1,157,246)	823,381	84,182	101,595	192,942	68,244	223,030	(104,018)	125,304	132,101
Contractual Adjs	(1,754,932)	4,418,088	4,193,291	1,918,848	1,481,549	1,894,197	1,731,019	(4,281,656)	1,908,514	1,634,160	(2,093,338)
Admin Ajds	29,005	3,810,369	1,085,871	12,361	24,241	884,264	109,742	(331,083)	344,426	17,150	24,770
Total Revenue Deductions	(1,820,990)	7,071,211	6,102,543	2,015,392	1,607,384	2,971,403	1,909,004	(4,389,709)	2,148,922	1,776,614	(1,936,467)
Net Patient Revenue	6,084,280	30,018,076	34,411,950	2,863,073	2,694,403	1,743,564	3,061,284	9,822,857	2,999,387	3,274,312	7,953,069
% of Charges	*142.7%*	*80.9%*	*84.9%*	*58.7%*	*62.6%*	*37.0%*	*61.6%*	*180.8%*	*58.3%*	*64.8%*	*132.2%*
Other Revenue	199,850	468,433	340,462	37,741	14,505	34,509	66,379	33,683	41,958	79,759	31,929
Total Net Revenue	6,284,130	30,486,509	34,752,412	2,900,814	2,708,908	1,778,073	3,127,663	9,856,540	3,041,345	3,354,071	7,984,998
Expenses											
Salaries	1,392,813	11,781,288	13,757,087	1,785,419	1,690,354	1,684,758	1,729,366	1,843,644	1,778,637	1,631,191	1,613,719
Benefits and Taxes	309,262	2,556,144	2,930,192	377,349	382,644	340,699	374,615	375,762	379,134	490,351	209,638
Registry	336,686	2,311,525	1,997,807	262,589	207,040	199,454	240,036	196,051	176,352	282,474	433,811
Professional Fees	366,723	3,126,327	3,373,362	379,442	488,717	373,455	441,028	281,514	468,475	422,087	518,644
Purchased Services	122,231	1,364,747	1,097,858	58,880	209,739	118,558	152,633	139,926	132,753	145,105	140,264
Supplies	291,609	2,708,757	2,825,767	397,284	344,376	403,531	351,006	411,097	301,980	275,824	340,668
Repairs and Maint	22,479	250,786	324,536	32,193	80,938	55,206	30,158	25,319	34,313	24,202	42,206
Lease and Rental	648	37,981	25,414	2,393	1,683	2,205	3,241	3,151	1,749	7,171	3,822
Utilities	77,902	569,600	562,712	59,208	60,628	56,867	54,083	65,332	111,339	64,551	90,705
Insurance	45,671	368,690	325,362	43,282	44,241	43,413	20,745	20,745	43,103	65,808	44,026
Depreciation	163,743	1,408,913	1,786,434	183,888	183,829	177,432	182,003	228,214	314,861	270,835	245,372
Other	63,117	631,093	599,637	70,025	77,764	135,953	16,174	67,717	86,043	80,506	65,455
Total Operating Expenses	3,192,885	27,115,850	29,606,170	3,651,953	3,771,953	3,591,532	3,595,087	3,658,471	3,828,739	3,760,105	3,748,330
Income from Operations	3,091,245	3,370,659	5,146,243	(751,139)	(1,063,045)	(1,813,459)	(467,424)	6,198,068	(787,393)	(406,034)	4,236,668
Property Tax Revenue	0	1,339,079	1,345,292	0	61,179	0	0		1,284,113	0	0
Interest Income	134,733	904,414	631,415	214,143	104,327	43,952	84,301	31,985	29,043	54,192	69,472
Interest Expense	64,557	(911,590)	(1,613,248)	(83,144)	(82,545)	(81,291)	(81,800)	(82,675)	(885,057)	(82,881)	(233,855)
Gain/Loss on Asset Disposal/Fortera		0	0	0	0	0	0				
Retail Pharmacy Net Activity	5,162	223,943	715,992	93,595	235,880	40,127	246,607	(4,584)	107,370	37,725	(40,727)
DISTRICT VOUCHERS AND OTHER	(14,744)	(69,099)	(33,482)	(7,186)	(8,218)	(7,451)	(2,202)	(4,834)	9,897	(9,573)	(3,916)
Total Non-Operating Revenue	189,708	1,486,748	1,045,969	217,408	310,623	(4,663)	246,906	(60,108)	545,366	(537)	(209,026)
Net Income	3,280,953	4,857,407	6,192,212	(533,731)	(752,421)	(1,818,122)	(220,518)	6,137,961	(242,027)	(406,571)	4,027,642
EBIDA	3,380,138	7,177,910	9,591,894	(266,700)	(486,048)	(1,559,399)	43,285	6,448,850	957,891	(52,855)	4,506,869
Operating Margin %	49.2%	11.1%	14.8%	-25.9%	-39.2%	-102.0%	-14.9%	62.9%	-25.9%	-12.1%	53.1%
Net Margin %	52.2%	15.9%	17.8%	-18.4%	-27.8%	-102.3%	-7.1%	62.3%	-8.0%	-12.1%	50.4%
EBIDA Margin %	53.8%	23.5%	27.6%	-9.2%	-17.9%	-87.7%	1.4%	65.4%	31.5%	-1.6%	56.4%

Modoc Medical Center
Balance Sheet
For the month of February 2026

	Unaudited 2/28/2026	Unaudited 1/31/2026	Unaudited 12/31/2025	Unaudited 11/30/2025	Unaudited 10/30/2025	Unaudited 9/30/2025	Unaudited 8/31/2025	Unaudited 7/31/2025	Unaudited 6/30/2025
Cash	1,502,729	419,248	932,650	537,100	1,377,232	537,347	364,654	133,445	1,343,671
Investments	29,130,345	10,469,699	8,412,132	6,112,326	16,085,319	17,212,464	18,491,661	19,210,474	25,133,123
Designated Funds	1,229,736	1,227,911	2,686,203	6,657,936	6,640,065	6,621,947	8,039,751	8,016,285	7,993,985
Total Cash	31,862,810	12,116,859	12,030,984	13,307,362	24,102,615	24,371,758	26,896,066	27,360,203	34,470,779
Gross Patient AR (Patient AR-I	11,590,925	9,971,748	9,031,770	9,100,176	8,191,503	8,552,822	9,637,386	10,084,488	10,432,654
Allowances	(6,111,852)	(5,702,060)	(5,353,141)	(5,408,452)	(4,812,248)	(5,100,262)	(5,197,898)	(5,333,160)	(5,933,536)
Net Patient AR	5,479,073	4,269,688	3,678,629	3,691,724	3,379,255	3,452,561	4,439,488	4,751,329	4,499,118
% of Gross	*47.3%*	*42.8%*	*40.7%*	*40.6%*	*41.3%*	*40.4%*	*46.1%*	*47.1%*	*43.1%*
Third Party Receivable	146,596	15,407,444	16,752,736	14,961,623	1,930,757	2,423,387	2,423,387	1,955,578	1,955,578
Other AR	753,769	1,329,133	1,521,565	1,455,046	920,000	784,190	842,542	674,415	636,825
Inventory	797,593	720,700	692,837	683,165	753,237	760,880	737,889	688,927	685,089
Prepaids	590,573	347,674	420,697	457,912	441,445	489,130	433,931	495,492	487,234
Total Current Assets	39,630,414	34,191,498	35,097,448	34,556,832	31,527,309	32,281,906	35,773,303	35,925,944	42,734,623
Land (120000-120900)	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540
Bldg & Improvements (12110	104,953,797	104,953,797	104,953,797	104,953,797	47,945,861	47,927,861	47,927,861	47,927,861	47,927,861
Equipment (124100-124204)	16,622,411	16,546,582	16,546,581	16,369,150	14,495,515	14,495,515	14,495,515	14,495,515	14,495,515
Construction In Progress (125	1,926,750	1,851,590	1,727,082	3,897,901	59,316,095	59,132,300	57,511,960	57,155,087	56,547,764
Fixed Assets	124,216,498	124,065,508	123,940,999	125,934,388	122,471,011	122,269,216	120,648,876	120,292,003	119,684,680
Accum Depreciation	(22,240,527)	(21,994,976)	(21,723,943)	(21,408,884)	(21,180,479)	(20,998,278)	(20,820,655)	(20,636,628)	(20,452,542)
Net Fixed Assets	101,975,971	102,070,533	102,217,056	104,525,503	101,290,532	101,270,938	99,828,222	99,655,375	99,232,138
Other Assets	0	0	0	0	0	0	0	0	0
Total Assets	141,606,385	136,262,031	137,314,504	139,082,335	132,817,841	133,552,844	135,601,525	135,581,319	141,966,761
Accounts Payable	2,313,771	1,312,400	1,498,228	3,344,913	3,542,040	3,561,738	3,714,391	3,222,888	8,745,420
Accrued Payroll	1,974,628	1,885,373	1,792,561	1,579,475	1,332,074	1,904,474	1,716,038	1,513,818	1,241,389
Patient Trust Accounts	11,475	11,195	11,195	11,118	11,016	10,906	10,906	10,556	10,580
Third Party Payables	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000
Accrued Interest									
Current Portion Liabilities	263,132	163,368	163,368	24,163,368	24,163,368	24,163,368	24,163,368	24,163,368	24,163,368
Other Current Liabilities/Accr	171,399	18,753	479,328	437,402	361,244	283,740	400,082	321,529	519,110
Total Current Liabilities	5,288,405	3,945,088	4,498,679	30,090,276	29,963,741	30,478,226	30,558,785	29,786,158	35,233,868
Long Term Liabilities	55,419,877	55,446,481	55,473,000	31,473,000	31,473,000	31,473,000	31,623,000	31,623,000	32,027,000
Total Liabilities	60,708,282	59,391,569	59,971,679	61,563,276	61,436,741	61,951,226	62,181,785	61,409,158	67,260,868
Fund Balance	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	71,480,156
Current Year Income/(Loss)	6,192,211	2,164,569	2,636,933	2,813,167	(3,324,793)	(3,104,275)	(1,286,153)	(533,731)	3,225,737
Total Equity	80,898,103	76,870,462	77,342,826	77,519,060	71,381,099	71,601,617	73,419,739	74,172,161	74,705,893
Total Liabilities and Equity	141,606,385	136,262,031	137,314,504	139,082,336	132,817,840	133,552,844	135,601,524	135,581,319	141,966,761

STATEMENT OF CASH FLOWS

February-26

	CURRENT MONTH	FISCAL YEAR YTD
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	4,027,642	6,192,211
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	245,551	1,787,985
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	-1,209,387	-979,957
CHANGE IN OTHER RECEIVABLES	15,836,212	1,692,038
CHANGE IN INVENTORIES	-76,894	-112,504
CHANGE IN PREPAID EXPENSES	-242,899	-103,339
CHANGE IN ACCOUNTS PAYABLE	1,001,371	-6,431,649
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	89,255	733,239
CHANGE IN OTHER PAYABLES	152,646	-347,711
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	15,795,856	-3,761,898
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-150,987	-4,531,813
CUSTODIAL HOLDINGS	280	894
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-150,707	-4,530,919
CASH FROM FINANCING ACTIVITIES		
Current Libility	99,764	-23,900,237
Long Term Liability	-26,604	23,392,877
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	73,160	-507,360
CASH AT BEGINNING OF PERIOD	12,116,859	34,470,779
NET INCREASE (DECREASE) IN CASH	19,745,951	-2,607,966
CASH AT END OF PERIOD	31,862,810	31,862,810

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending February 28, 2026

	Feb-26		Jan-26		Dec-25		Nov-25		Oct-25		Sep-25		Aug-25		Jul-25		Jun-25		May-25		Apr-25		Mar-25		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.	Act.	Bud.			
Patient-Days																											
Adults/Peds	89	*48*	49	*56*	69	*64*	56	*83*	52	*75*	47	*86*	49	*48*	53	*90*	47	*57*	51	*76*	64	*137*	49	*63*	464	530	675
Swing	98	*73*	54	*57*	124	*70*	92	*46*	38	*76*	74	*49*	61	*31*	164	*36*	87	*50*	46	*71*	28	*89*	45	*84*	705	423	911
SNF	1,487	*1,477*	1,598	*1,550*	1,615	*1,535*	1,536	*1,500*	1,546	*1,500*	1,500	*1,599*	1,493	*1,511*	1,509	*1,478*	1,412	*1,301*	1,465	*1,446*	1,340	*1,463*	1,408	*1,550*	12,284	11,833	17,909
Total "Patient Days"	*1,674*	*1,598*	*1,701*	*1,663*	*1,808*	*1,669*	*1,684*	*1,629*	*1,636*	*1,651*	*1,621*	*1,734*	*1,603*	*1,590*	*1,726*	*1,604*	*1,546*	*1,408*	*1,562*	*1,593*	*1,432*	*1,689*	*1,502*	*1,697*	13,453	12,786	19,495
ADC																											
Adults/Peds	3.18	1.55	1.58	1.81	2.23	2.06	1.87	2.68	1.68	2.42	1.57	2.77	1.58	1.55	1.71	2.90	1.57	1.84	1.65	2.45	2.13	4.42	1.58	2.03	1.91	2.18	1.85
Swing	3.50	2.35	1.74	1.84	4.00	2.26	3.07	1.48	1.23	2.45	2.47	1.58	1.97	1.00	5.29	1.16	2.90	1.61	1.48	2.29	0.93	2.87	1.45	2.71	2.90	1.74	2.50
SNF	53.11	47.65	51.55	50.00	52.10	49.52	51.20	48.39	49.87	48.39	50.00	51.58	48.16	48.74	48.68	47.68	47.07	41.97	47.26	46.65	44.67	47.19	45.42	50.00	50.55	48.70	49.07
Total "Average Daily Census"	*59.79*	*51.55*	*54.87*	*53.65*	*58.32*	*53.84*	*56.13*	*52.55*	*52.77*	*53.26*	*54.03*	*55.94*	*51.71*	*51.29*	*55.68*	*51.74*	*51.53*	*45.42*	*50.39*	*51.39*	*47.73*	*54.48*	*48.45*	*54.74*	55.36	52.62	53.41
ALOS																											
Adults/Peds	3.30		2.72		3.63		3.50		3.06		2.94		3.50		3.12		3.36		3.00		3.20		2.45		3.22	3.19	3.14
Swing	7.00		10.80		10.33		9.20		7.60		14.80		8.71		13.67		10.88		4.60		7.00		4.09		10.07	9.00	8.84
Admissions																											
Adults/Peds	27	17	18	17	19	19	16	8	17	20	16	28	14	14	17	27	14	17	17	23	20	19	20	19	144	166	215
Swing	14	6	5	6	12	9	10	10	5	5	5	8	7	5	12	6	8	7	10	12	4	10	11	10	70	47	103
SNF	3	-	2	2	-	2	5	2	-	2	-	2	1	1	5	4	3	5	4	4	1	1	2	-	16	14	26
Total "Admissions"	*44*	*23*	*25*	*25*	*31*	*30*	*31*	*20*	*22*	*27*	*21*	*38*	*22*	*20*	*34*	*37*	*25*	*29*	*31*	*39*	*25*	*30*	*33*	*29*	230	227	344
Discharges																											
SNF	1		1		2		1		1		-		1		2		4		1		1		3		9	15	18
																									-	-	-
Days in Period	28		31		31		30		31		30		31		31		30		31		30		31		243	243	365
																									-	-	-
Amulatory Service Statistics																									-	-	-
Emergency Visits	444	482	485	440	486	510	474	421	550	474	471	476	494	525	487	464	460	464	481	552	482	553	496	523	3,891	3,910	5,810
Ambulance Runs Visits	78	95	73	87	107	93	90	93	78	91	94	83	82	87	106	81	75	81	77	113	75	108	93	104	708	724	1,028
Clinic Visits	968	790	805	970	772	684	808	813	837	923	791	809	827	857	959	772	574	772	1,081	902	827	1,229	727	1,016	6,767	6,331	9,976
Canby Clinic Visits	220	243	222	290	290	251	202	264	233	268	210	225	248	325	312	301	232	301	261	274	233	331	257	217	1,937	2,328	2,920
Canby Dental	158	133	178	185	145	147	129	171	183	200	195	180	169	210	169	171	192	171	136	237	163	286	142	200	1,326	1,209	1,959
Observation Admits	4	2	7		1	5	5	4	2	2	-	5	1	6	2	2	5	2	5	5	4	5	3	4	22	28	39
Observation Care Hours	229.7	94	293.2	96	23.6	158	121.2	106	115.0	159	-	128	26.2	193	145.3	50	169.3	50	218.2	160	89.5	131	74.0	143	954	871	1,505
																									-	-	-
Ancillary Services Statistics																									-	-	-
Surgeries	4	4	4	10	3	11	4	2	3	3	10	4	3	2	2	4	5	4	11	8	2	5	3	3	33	45	54
Endoscopies	16	20	21	28	23	20	23	21	35	20	21	25	24	17	17	24	25	24	19	30	21	19	21	26	180	143	266
Surgery & Recovery Minutes	732	666	632	682	658	731	577	462	1,016	566	716	498	638	501	414	642	802	642	869	1,064	767	574	623	611	5,383	4,603	8,444
Anesthesia Minutes	1,013	1,020	904	1,058	912	1,326	933	745	1,427	898	1,089	793	1,014	565	667	946	1,404	946	1,392	1,556	864	1,076	960	943	7,959	7,255	12,579
Laboratory Tests	4,991	4,648	4,247	4,591	4,721	4,427	4,454	4,269	4,680	5,079	4379	4,805	4772	4,534	5241	4,112	4816	4,112	4543	4,832	4631	4,914	4648	4,348	37,485	37,414	56,123
EKG Tests-Acute Proc																									-	-	-
EKG Tests-Clinic Proc																									-	-	-
Radiology-Diagnostic Proc	348	301		282	287	256	236	261	307	285	244	267	267	283	330	300	266	300	297	293	257	297	262	254	2,019	2,239	3,101
Ultrasounds Proc	96	105		92	126	86	73	53	138	106	112	99	114	99	156	102	82	102	83	85	94	89	88	61	815	675	1,162
CT Scans Proc	181	153		127	182	145	160	152	149	152	168	128	181	167	196	139	150	139	150	173	138	195	168	130	1,217	1,257	1,823
MRI Proc	39				45		21	15		-				28		26	-	26		18		-	-	30	105	46	105
Physical Therapy Sessions	409	517	469	569	545	429	450	542	582	552	851	573	967	677	1,232	775	817	775	551	718	756	770	889	600	5,505	4,778	8,518
Retail Pharmacy-Scripts	3,942	2,354	4,449	2,687	4,331	2,586	3,841	2,377	5,035	2,663	4,016	2,394	3,555	2,594	3,441	2,351	3,248	2,351	3,309	2,689	2,969	2,598	2,513	2,548	32,610	20,565	44,649

MODOC MEDICAL CENTER

"FULL TIME EQUIVALENT REPORT"

Twelve Months Ending: February 28th, 2026

Department	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25	Jun-25	May-25	Apr-25	Mar-25	12 Mo Ave
Med / Surg	19.24	18.35	16.90	17.36	15.63	15.21	16.15	15.37	16.06	16.47	14.81	14.77	16.36
Comm Disease Care													#DIV/0!
Swing Beds													#DIV/0!
Long Term - SNF	61.27	59.65	37.41	64.09	59.56	56.28	57.55	55.38	53.39	55.93	53.24	54.82	55.71
Mountainview - SNF	9.79	10.26	31.66										17.24
Emergency Dept	13.66	12.26	11.60	12.19	12.93	12.49	14.13	10.59	12.51	12.64	11.62	14.17	12.57
Ambulance - Alturas	11.90	10.55	11.55	10.79	10.86	11.31	12.65	12.06	12.31	12.50	12.53	11.96	11.75
Clinic	20.74	17.92	17.28	19.78	19.45	20.43	19.71	20.32	19.93	20.31	19.52	18.89	19.52
Canby Clinic	9.48	9.04	10.54	11.49	12.06	11.47	10.55	10.89	9.80	10.95	10.66	12.18	10.76
Canby Dental	4.60	4.43	4.66	5.11	4.75	4.86	4.33	3.85	4.37	5.29	4.80	3.72	4.56
Surgery	4.45	3.67	4.33	5.05	4.12	3.97	3.93	4.11	3.70	3.98	4.01	4.21	4.13
IRR													#DIV/0!
Lab	8.32	8.65	8.51	8.90	8.94	9.08	9.07	8.21	8.74	8.78	9.32	9.15	8.81
Radiology	6.49	6.05	6.86	7.13	5.37	5.05	5.67	5.85	3.65	4.12	4.45	4.35	5.42
MRI													#DIV/0!
Ultrasound	1.42	1.70	1.39	1.33	1.37	1.31	1.28	1.33	1.13	1.27	1.36	1.29	1.35
CT	1.58	1.34	1.51	1.81	1.29	1.62	1.72	1.67	1.47	2.10	1.93	1.92	1.66
Pharmacy	2.12	2.01	2.05	2.00	1.96	2.16	1.83	1.33	1.09	1.17	1.24	1.30	1.69
Physical Therapy	7.35	6.30	6.61	7.38	6.40	4.84	6.75	6.88	6.41	5.46	5.74	6.19	6.36
Other PT													#DIV/0!
Dietary	18.14	19.07	13.72	16.43	12.85	12.25	13.15	14.01	11.48	12.87	13.82	13.99	14.32
Dietary - MV SNF	3.10	2.33	5.89										3.77
Dietary Acute	7.52	7.35	7.48	7.08	8.43	8.17	7.77	6.76	7.36	7.81	7.69	8.39	7.65
Laundry	1.02	1.01	1.00	1.10	1.00	1.01	1.03	1.01	0.90	1.02	1.01	1.02	1.01
Activities	5.87	5.21	5.11	5.72	5.67	4.74	4.64	4.43	4.41	4.50	4.12	3.59	4.83
Social Services	1.96	2.16	1.79	1.97	2.02	1.82	1.95	1.43	1.65	2.12	1.97	2.04	1.91
Purchasing	2.98	3.01	3.01	3.01	2.92	3.00	3.01	3.01	3.02	2.96	3.11	3.16	3.02
Housekeeping	18.65	16.81	17.10	15.12	13.97	13.67	14.00	13.78	13.94	13.82	14.45	14.52	14.99
Maintenance	5.99	6.03	6.06	5.93	6.05	5.80	5.16	5.82	5.99	5.96	5.99	6.04	5.90
Data Processing	4.21	4.16	4.07	4.87	4.68	4.69	4.73	4.58	4.63	4.68	4.76	4.26	4.53
General Accounting	3.86	4.21	4.14	3.92	3.94	3.71	3.99	3.92	3.40	3.38	3.64	3.89	3.83
Patient Accounting	8.45	9.48	9.13	9.30	8.46	7.67	7.17	8.25	8.95	8.85	9.86	8.98	8.71
Administration	3.44	3.21	3.38	3.37	3.49	3.43	3.53	3.40	3.65	3.25	3.41	3.32	3.41
Human Resources	2.12	2.89	2.99	3.01	2.97	2.85	2.92	1.98	2.01	2.00	2.01	2.01	2.48
Medical Records	8.81	8.52	8.58	8.70	7.76	7.96	8.30	8.51	8.51	8.57	8.70	8.74	8.47
Nurse Administration	2.77	2.93	2.91	2.78	3.07	3.02	3.02	2.88	2.80	3.05	3.11	3.02	2.95
In-Service	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.94	0.87	1.01	0.99
Utilization Review	1.50	1.44	1.48	1.49	1.49	1.44	1.48	1.41	1.44	1.49	1.39	1.47	1.46
Quality Assurance	0.50	0.50	0.50	0.50	0.51	0.50	0.50	0.50	0.51	0.50	0.50	0.50	0.50
Infection Control	0.60	0.59	0.59	0.61	0.69	0.64	0.64	0.39	0.70	0.46	0.61	0.48	0.58
Retail Pharmacy	6.41	7.15	6.41	6.39	6.67	6.17	5.94	4.96	4.50	5.03	4.96	4.13	5.73
TOTAL	**291.31**	**281.24**	**279.20**	**276.71**	**262.33**	**253.62**	**259.25**	**249.87**	**245.41**	**254.23**	**251.21**	**253.48**	**259.45**

ATTACHMENT F

ADr. Richert Professional Services Agreement 2026-2027

PROFESSIONAL SERVICES AGREEMENT

This **PROFESSIONAL SERVICES CONTRACT** ("Agreement") is entered into as of the Effective Date, by and between **MODOC MEDICAL CENTER** ("MMC") and **EDWARD P. RICHERT, MD, INC.** ("Professional Corporation"). MMC and Professional Corporation are sometimes referred to in this Agreement as a "Party" or collectively, as the "Parties." Other capitalized terms are defined in this Agreement, including the Decision-Making Guidance, attached as **EXHIBIT E.**

I. RECITALS

A. MMC is a licensed acute care hospital facility in Alturas, California, providing inpatient, outpatient and other health care services to Alturas and surrounding communities. MMC owns, maintains and operates, in conjunction with its general acute hospital ("Hospital") a skilled nursing facility ("SNF"), a rural health clinic ("Clinic") and other services that are, to provide professional medical and ancillary services to the population residing in MMC'S geographic area, and MMC desires to assure adequate physician coverage for services provided at the Hospital, SNF, and Clinic.

B. Professional Corporation is a professional medical corporation that employs **EDWARD P. RICHERT, MD** ("Physician"), who is duly licensed to practice medicine in California, and is qualified to provide professional medical services, as described in this Agreement.

C. MMC believes that high standards of patient care can be achieved if Physician assumes the responsibilities set forth in this Agreement and desires to obtain professional medical services from Physician through this Agreement with Professional Corporation, as an independent contractor for the patients of the Hospital and Clinic, and for the residents of the SNF at the locations listed in **EXHIBIT A** or as they may be relocated to another location within reasonable proximity to such locations, and Physician desires to furnish such services upon the terms and conditions set forth in this Agreement.

THEREFORE, THE PARTIES AGREE:

1. PHYSICIAN RESPONSIBILITIES

1.1 **Professional Services**. Physician shall personally provide the following services, consistent with the policies and procedures of MMC, to the Hospital, SNF, and Clinic and patients or residents thereof, provided that Physician's obligations hereunder are limited to the provision of services within Physician's professional capabilities.

A. **Medical Services.** Physician shall provide professional health care services to patients and residents of MMC Physician's medical subspecialty. Professional health care services include Medicare services, Medi-Cal services, workers compensation services, commercial insurance services, private payer services, and charity care. If, with the Joint Approval of MMC and the Medical Executive Committee, one or more allied health professionals shall be engaged to provide services to MMC's patients and residents, Physician shall share in providing professional supervision of allied health professionals employed by MMC in the Hospital, SNF, and Clinic without additional compensation. Physician shall cooperate with MMC to enable the MMC's participation in the Medicare, Medi-Cal, workers compensation services and commercial payor programs. Physician shall provide services to all patients, including Medicare, Medi-Cal and workers compensation services beneficiaries, in a non-discriminatory manner and in accordance with all applicable laws and MMC policies and procedures. Physician shall provide in addition to the foregoing services, the services described in **EXHIBIT B.**

B. **Schedule**. Physician will provide professional services for the number of hours per week and number of weeks per year as set forth in **EXHIBIT D**.

C. **Inpatient Services**. Physician shall share in attending to SNF and Clinic patients who are hospital inpatients except in cases when the care of the patient has been assumed by a hospitalist.

1.2 **No Substitutions**. Physician shall personally perform services under this Agreement. Neither Professional Corporation nor Physician shall engage a substitute or subcontractor to provide these services, except with the Joint Approval of MMC and the Medical Executive Committee on a case by case basis, which Joint Approval may be withheld or conditioned in MMC's and the Medical Executive Committee's discretion. Any discontinuation of service by Physician, or any attempted substitution of Physician or any attempted delegation of Physician's obligations under this Agreement, without the required approval consent, shall be deemed a material breach of Physician's obligations. Any approved substitute or subcontractor physician shall be subject to the provisions of Section 7.1 (Licensure and Standards) and shall be deemed to be a "Physician," as defined in and subject to the applicable provisions of this Agreement, and shall comply with the terms of this Agreement. Physician shall be solely responsible to pay all compensation due and owing to any approved subcontractor or substitute used outside the terms outlined in **EXHIBIT C** if hours of service in **EXHIBIT D** are not met.

1.3 **Exclusivity; Non-Competition.**

A. Physician shall give first priority to performing all professional medical services to MMC patients or residents consistent with the terms of this Agreement and Physician shall not undertake to perform any non-MMC activities if they would interfere with Physician's performance of Physician's obligations under this Agreement. Except as provided in **EXHIBIT C**, Physician may only engage in a non-MMC activity during MMC's business hours with the prior written consent of a responsible representative of MMC, who may condition such consent upon requiring assignment and remittance to MMC of any compensation received by Physician in connection with such activity.

B. Physician shall not:

(i) provide services of the kind required by this Agreement to any facility or entity located in Alturas, California without the prior written consent of MMC, and

(ii) directly or indirectly own, operate, manage, be employed by or contract with any entity or organization that provides similar and/or competitive services within a twenty-five (25) mile radius of MMC, without the prior written consent of MMC and except as provided in **EXHIBIT C**.

C. On request of MMC, not more often than quarterly, Physician shall attest in writing that Physician is in full compliance with this section.

D. The Parties recognize that if any provision of this section is breached, in whole or in part, by Physician, then MMC will be irreparably harmed thereby. In the event of such breach, MMC shall be entitled, upon application to any court of proper jurisdiction, to a temporary restraining order or preliminary injunction to restrain and enjoin Physician from such violation without prejudice as to any other remedies MMC may have at law or in equity. If any restriction contained in this section is held by any court to be unenforceable, or unreasonable, as to time, geographic area or business limitation, then such provisions shall be and are hereby reformed to the maximum time, geographic area or business limitation permitted by applicable laws.

1.4 **Limitation on Use.** All items and services provided by MMC to Physician pursuant to the terms of this Agreement shall exclusively be used by Physician to satisfy Physician's contractual obligations hereunder. Without limiting the foregoing, such items, including MMC premises, shall not be used by Physician in the operation of a private practice of medicine or any activity unrelated to the treatment of MMC patients or residents.

1.5 **Notification of Certain Events and Noncompliance.**

A. Professional Corporation shall notify MMC in writing as soon as possible, and within a maximum of five (5) days, after Professional Corporation becomes aware that: (a)

Physician has become the subject of, or materially involved in, any investigation, proceeding, or disciplinary action by any state or federal health care program, any state's medical board or professional board, any agency responsible for professional licensing, standards or behavior, or MMC's medical staff, or (b) Professional Corporation or Physician has become the subject of any legal action or legal proceeding arising out of the provision of services under this Agreement.

B. Professional Corporation shall notify MMC in writing within twenty-four (24) hours after Physician becomes aware of any event occurring that would materially alter the status or ability of Physician's compliance with this Article 1 (Physician Responsibilities), including, without limitation, the imposition of any integrity agreement, consent decree or settlement agreement with any state or federal agency having jurisdiction over Physician.

1.6 Financial Conflict of Interest. Professional Corporation shall immediately report to MMC any financial conflict or potential financial conflict of interest of Professional Corporation or Physician with the interests of MMC and shall give full disclosure of the facts pertaining to any relationship, transaction or other activity of Professional Corporation or Physician, or an immediate family member of Physician, that may be reasonably construed to involve a financial conflict of interest with MMC or that would have an adverse effect on Professional Corporation's or Physician's satisfactory performance of Professional Corporation's or Physician's obligations under this Agreement.

1.7 Promoting Interoperability, MIPS, and Other Incentive Programs.

A. **EHR Incentive Programs.** Physician shall use best efforts to participate in, and qualify for the maximum payments under, the Medicare EHR Incentive Program, and if applicable the Medicaid EHR Incentive Program as described in 42 Code of Federal Regulations Part 495, in part by becoming proficient in use of Clinic's EHR system and participating in EHR training programs. Proceeds received by MMC pursuant to such programs that are attributable to Physician's qualification shall be retained by MMC.

B. Other Incentive Programs. At the request of MMC, Physician shall participate in a program sponsored by the federal or state governments, commercial third party payers and other parties to incentive MMC and Physician to improve quality of services, utilize appropriate technology or otherwise enhance services provided at the Clinic.

2. HIPAA/STATE PRIVACY LAW COMPLIANCE; LEGAL COMPLIANCE

2.1 Compliance with Privacy Standards.

A. MMC, Professional Corporation and Physician are each Covered Entities as defined under the Health Insurance Portability and Accountability Act ("HIPAA"). MMC, Professional Corporation and Physician will use and disclose "protected health information," as defined in HIPAA, as amended, and the regulations thereunder,

and patient confidential information exclusively for treatment, payment Clinic health care operations, and as otherwise authorized by HIPAA and state law.

B. Professional Corporation and Physician shall take all reasonable steps to use and disclose protected health information obtained in the course of providing services to MMC patients and residents in a manner such that the security and privacy of such information will be maintained and use appropriate safeguards to prevent use or disclosure of the information other than as described herein. Specifically, Professional Corporation and Physician shall:

(1) Use and disclose protected health information solely for the benefit of MMC or for MMC's internal administration or management, and shall not use any such information for purposes unrelated to providing services to Clinic patients or disclose any such information to third parties except as required by law or as explicitly authorized by MMC.

(2) Ensure that all of Professional Corporation's and Physician's agents, employees, subcontractors or affiliates to whom Professional Corporation or Physician provides protected health information or confidential patient information agree to the same restrictions and conditions for use and disclosure of protected health information that apply to Physician.

(3) Amend records, account for disclosures by Professional Corporation and Physician of Protected Health Information, and make records available so that the individual to whom the protected health information pertains may review, access and obtain a copy of such record, consistent with the policies and procedures of MMC.

(4) Abide by MMC's policies and procedures for patient information privacy and security and notify MMC promptly in the event Professional Corporation or Physician becomes aware of that any confidential patient information or protected health information has been compromised or accessed in a legally impermissible or unauthorized manner.

C. Professional Corporation and Physician shall provide to MMC on request at any time a statement of assurance from Professional Corporation and Physician that Professional Corporation and Physician will manage all protected health information and confidential information related to MMC patients and residents in a manner such that the security and privacy of such information will be maintained. Failure to abide by the provisions of this section is a material breach of this Agreement.

2.2 Compliance Program

A. Professional Corporation and Physician acknowledges that MMC has implemented a Compliance Program for the purpose of ensuring that the provision of, and billing for, care provided to Hospital, SNF, and Clinic patients and residents are in

compliance with applicable federal and state laws ("Compliance Program"). Professional Corporation and acknowledge that each of them has received information relating to the Compliance Program, including MMC's Code of Ethics. Professional Corporation and Physician shall adhere to, abide by and support the Compliance Program. Physician shall participate in training and education sessions relating to the Compliance Program as requested by MMC.

B. Professional Corporation and Physician each agree, represent and warrant that Professional Corporation and Physician shall maintain full compliance with all applicable federal, state and local laws and regulations, including without limitation laws and regulations regarding billing for services. Nothing in this Agreement shall be construed to require MMC or Professional Corporation and Physician to make referrals of patients to the other. No payment is made under this Agreement in return for the referral of patients or in return for the ordering, purchasing or leasing of products or services from MMC.

2.3 Warranty. As of the execution date of this Agreement, Professional Corporation and Physician agree, represent and warrant that neither Professional Corporation nor Physician

A. Has been convicted of a criminal offense related to healthcare (or Professional Corporation and Physician have been officially reinstated into the federal healthcare programs by the Office of Inspector General of the Department of Health and Human Services and provided proof of such reinstatement to MMC);

B. Is currently under sanction, exclusion or investigation (civil or criminal) by any federal or state agency or is ineligible for federal or state program participation; or

C. Is listed on the General Services Administration's list of parties excluded from federal procurement and non-procurement programs. Professional Corporation and Physician shall immediately notify MMC if Professional Corporation or Physician becomes involved in a pending criminal investigation or proposed civil debarment or exclusion related to any federal or state healthcare program.

3. MMC RESPONSIBILITIES

3.1 MMC Services.

A. Space. MMC shall make available to Physician reasonably necessary facilities for the operation of SNF, Clinic, and other services. Such space shall include an office furnished with a desk.

B. Equipment. MMC shall have Shared Decision-Making Authority (with a formal recommendation from the SNF and Clinic Medical Directors) to select and shall acquire such equipment as may be reasonably necessary for the proper operation and conduct of Hospital, SNF and Clinic.

3.2 **General Services**. MMC shall furnish ordinary janitorial services, maintenance services, and utilities, including telephone service, as may be required for the proper operation and conduct of Hospital, SNF and Clinic.

3.3 **Supplies**. MMC shall have Shared Decision-Making Authority (with the SNF and Clinic Medical Directors) over the selection of and shall purchase and provide all supplies as may be reasonably required for the proper treatment of Hospital, SNF and Clinic patients and residents, including prescription pads printed with Physician's name. Physician shall inform MMC of supply needs in a timely manner and shall manage the use of supplies in an efficient manner that promotes quality and cost-effective patient care.

3.4 **Business Operations**. MMC shall be responsible for all business operations related to operation of the Hospital, SNF and Clinic, including personnel management, billing and payroll functions.

3.5 **MMC Performance**. The responsibilities of MMC under this Article shall be subject to MMC's discretion and its usual purchasing practices, budget limitations and applicable laws and regulations. Finance and budgeting decisions will be made upon MMC's and the Clinic Medical Director's Joint Approval.

3.6 **Professional Liability Insurance**. Except as otherwise provided **in EXHIBIT F**, MMC shall maintain professional liability insurance that provides coverage for any act of Physician that may have occurred during the term of this Agreement while providing the services contemplated hereunder notwithstanding the termination or expiration of the term of this Agreement. Subject to MMC's and the Medical Executive Committee's Joint Approval, such policies must have limits of liability per each Physician of at least one million dollars ($1,000,000) per claim and three million dollars ($3,000,000) annual aggregate "claims made" insurance coverage. MMC will provide Directors and Officers liability insurance for coverage of activities for duties performed as a Director under **EXHIBIT B**. Upon termination of this Agreement, either in the event that this Agreement is terminated pursuant to Section 6.2 (Termination) or in the event that the term of this Agreement expires and is not renewed, MMC shall continue the current policy, obtain prior acts coverage or "extended discovery period" or "extended reporting period" coverage, or otherwise take steps to insure that no lapse of coverage occurs for the period of time covered by this Agreement.

3.7 **Workers Compensation**. Physician shall not be afforded coverage under MMC's workers compensation indemnity program.

4. COMPENSATION

4.1 **Compensation for Professional Services**. Professional Corporation shall be entitled to compensation as set forth in **EXHIBIT D**.

4.2 **Benefits**. Professional Corporation shall not be entitled to any benefits provided by MMC.

4.3 **Continuing Medical Education**. Neither Professional Corporation nor Physician shall be entitled to reimbursement for continuing medical education expense.

4.4 **Recordkeeping**. Professional Corporation and Physician shall cooperate with the MMC administrator to provide access to a report of daily direct patient care hours and non-direct patient care hours as required for MMC's annual cost report. Additional reports will include appropriate documentation of patient services provided by Physician to enable MMC timely and accurately to bill and collect for such services, including preparation and submission of charge sheets to responsible parties.

4.5 **Limitations.** Except as specifically set forth in this Article, neither Professional Corporation nor Physician shall have any claims under this Agreement or otherwise against MMC for any compensation, benefits or reimbursement of expenses or costs incurred in connection with this Agreement or Professional Corporation's or Physician's performance of its obligations hereunder.

5. BILLING FOR PROFESSIONAL SERVICES

5.1 **Assignment**. Professional Corporation and Physician hereby assign to MMC all claims, demands and rights of Professional Corporation and Physician to bill and collect for all professional services rendered to MMC patients and residents, regardless of site of service. Neither Professional Corporation nor Physician shall bill or collect for any services rendered to MMC patients or residents, and all receivables and billings shall be the sole and exclusive property of MMC. Any payments made pursuant to a payor agreement (including co-payments made by patients) shall constitute revenue of MMC. In the event any payment is made to Professional Corporation or Physician pursuant to any payor agreement, Professional Corporation and Physician shall promptly remit such payment directly to MMC. Professional Corporation and Physician shall cooperate in the completion of any documents or forms necessary to document the assignment set forth in this section.

5.2 **MMC Responsibility**. MMC shall be solely responsible for billing and collecting for all professional services provided to MMC patients and residents, and for managing all MMC receivables and payables, including those related to Medicare and Medi-Cal beneficiaries. The Medical Executive Committee shall have Exclusive Decision-Making Authority in determining policies related to assigning billing codes for Professional Services.

6. TERM AND TERMINATION; SUSPENSION

6.1 **Term**. The term of this Agreement shall begin on the Effective Date and shall continue through and until March 31, 2027 unless earlier terminated as provided in this Agreement.

6.2 **Termination**. Notwithstanding the provisions of Section 6.1 (Term), this Agreement may be terminated:

A. By either MMC or Professional Corporation, effective on or after the first anniversary of the Effective Date, upon ninety (90) days written notice to the other Party.

B. By either MMC or Professional Corporation in the event of a material breach by the other Party, and in such event, the non-breaching Party shall have the right to terminate this Agreement after providing fifteen (15) days' written notice to the breaching Party, unless such breach is cured to the satisfaction of the non-breaching Party within the fifteen (15) days.

C. By either MMC or Professional Corporation upon written notice to the other Party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits, restricts, limits or in any way substantially changes the arrangement contemplated herein or which otherwise significantly affects either Party's rights or obligations under this Agreement.

D. By MMC upon written notice to Professional Corporation in the event Professional Corporation or Physician is charged with or convicted of a crime involving moral turpitude or Professional Corporation or Physician is charged with or convicted of any act or thing that will tend to degrade Professional Corporation or Physician in society or bring Professional Corporation or Physician into public contempt, scorn or ridicule, or that will tend to shock, insult or offend the community or ridicule public morals or decency.

6.3 Effect of Termination. Upon any termination or expiration of this Agreement:

A. All rights and obligations of the Parties shall cease except (i) those rights and obligations that have accrued and remain unsatisfied prior to the termination or expiration, and (ii) those rights and obligations that expressly survive termination or expiration of this Agreement;

B. Professional Corporation and Physician shall vacate MMC premises as soon as practicable, no later than seven (7) business days after the effective date of termination, removing any and all of Professional Corporation's and Physician's personal property, and MMC may remove and store, at Professional Corporation's expense, any personal property that Professional Corporation or Physician has not so removed;

C. Professional Corporation and Physician shall immediately return to MMC all of MMC's property, including equipment, supplies, furniture, furnishings and patient records (subject to Section 11.2 [Records]), in Professional Corporation's or Physician's possession or under Professional Corporation's or Physician's control; and

D. Neither Professional Corporation nor Physician shall do anything or cause any other person to do anything that interferes with MMC's efforts to engage any other person or entity for the provision of professional medical services, or interferes in any way with any relationship between MMC and any other person or entity who may be engaged to provide services to MMC.

6.4 **Suspension.** MMC may suspend with pay Professional Corporation and Physician on written notice to Professional Corporation from performance of this Agreement if any matter or event described in Section 6.2.D. has occurred and is continuing, such suspension to extend only for such time as MMC may reasonably require to investigate such matter or event and determine whether it constitutes a basis for termination of this Agreement.

6.5 **No Hearing Rights.** Expiration or termination of this Agreement for any reason shall not provide Physician with the right to a "fair hearing" or any other similar rights or procedures. Notwithstanding the foregoing, Physician shall be entitled to hearing rights in accordance with MMC policies and procedures in the event that any expiration or termination of this Agreement should result in a report being made concerning Physician to the Medical Board of California or the National Practitioner Data Bank.

6.6 **Non-Renewal.** In the event that this Agreement is terminated pursuant to Section 6.2 (Termination) prior to the expiration of the term or any renewal term, the Parties shall not enter into any agreement between them for the same or substantially the same services for one (1) year after the termination.

6.7 **Rights Upon Termination.** Upon any termination or expiration of this Agreement, all rights and obligations of the Parties shall cease except those rights and obligations that have accrued or expressly survive termination.

6.8 **Survival.** The provisions of Sections 3.6 (Professional Liability Insurance), 5.1 (Assignment), 5.2 (MMC Responsibility), 6.5 (No Hearing Rights), 9.2 (Indemnification), 11.1 (No Sharing of Proprietary Information), 11.2 (Records), 11.3 (No Existing Obligations Preventing Agreement), 11.4 (Confidential Proprietary and Trade Secret Information of Others), 11.5 (Access to Records), 11.7 (Arbitration and Dispute Resolution), 11.9 (Attorneys' Fees), 11.11 (Choice of Law), and 11.13 (Notices) shall survive the termination of this Agreement.

7. PROFESSIONAL STANDARDS

7.1 **Licensure and Standards.** Physician shall:

A. Be licensed to practice medicine in the State of California without restriction;

B. Be certified as a participating physician in the Medicare and Medi-Cal programs;

C. Comply with all policies, bylaws, rules and regulations of MMC and its medical staff, including those related to documenting all advice to patients and proper sign-off of lab and X-ray reports;

D. Be a member in good standing of the medical staff of MMC;

E. Participate in continuing education as necessary to maintain licensure and the current standard of practice; and

F. Comply with all applicable laws, rules and regulations of any and all governmental authorities, and applicable standards and recommendations of the Joint Commission.

8. NON-PHYSICIAN PERSONNEL

All non-physician personnel required for the proper operation and conduct of Hospital, SNF, and Clinic shall be employed and paid by MMC, not physician. MMC shall establish and classify all non-physician positions and shall designate the persons assigned to each non-physician position. MMC shall retain Shared Decision-Making Authority with The Medical Executive Committee over selecting key administrative or non-physician positions. Relating to the performance of non-key administrative or non-physician personnel, MMC shall have Exclusive Decision-Making Authority to control, select, schedule and discharge such employees, and to take any direct disciplinary measures as needed.

9. RELATIONSHIP BETWEEN THE PARTIES

9.1 **No Control Over Methods, Medical Decision-making**. It is the intent of the Parties to comply with all applicable limitations imposed by California Business and Professions Code §§ 2052 and 2400 (commonly referred to as "the prohibition on the corporate practice of medicine") (the "Prohibition"). MMC shall not have or exercise control or direction over the methods by which Physician performs professional services pursuant to this Agreement or Physician's medical decision-making and, notwithstanding any other provision of this Agreement or otherwise, MMC shall cooperate with Physician to enable them to exert appropriate control over such methods and carryout such decision-making. All work performed pursuant to this Agreement shall be in strict accordance with currently approved methods and practices in Physician's professional specialty and in accordance with the standards set forth in this Agreement. The sole interest of MMC is to insure that such services are performed and rendered in a competent and cost effective manner.

10. PROGRAM ADMINISTRATION

10.1 **Medical Executive Committee**. Consistent with Medical Staff bylaws and hospital policy, the Medical Executive Committee is charged with oversight of the medical decision-making at MMC ("Medical Executive Committee"). If appointed to the Medical Executive Committee, Physician shall serve without additional compensation.

10.2 **Compliant Policies and Procedures**. MMC and the Medical Executive Committee shall develop policies and procedures to ensure compliance with the Prohibition, and the principles illustrated in **EXHIBIT E**. On request of the Medical Executive Committee, Physician shall attend meetings of the Medical Executive Committee and participate in the Medical Executive Committee's activities.

10.3 **Operational Guidelines**. The Hospital, SNF and Clinic shall be operated according to current policies, procedures and guidelines. The Parties acknowledge that MMC shall have

Consultative Decision-Making Authority (with the Medical Executive Committee) to amend such policies, procedures and guidelines may be amended by MMC, at any time in order to accommodate the patient or business needs of the Hospital, SNF and Clinic.

10.4 **Standards of Conduct.** Physician shall abide by MMC's Standards of Conduct in the Medical Executive Committee's bylaws. MMC shall have Consultative Decision-Making Authority (with the Medical Executive Committee) to amend the Standards of Conduct from time to time.

11. GENERAL PROVISIONS

11.1 **No Sharing of Proprietary Information.** MMC and Professional Corporation and Physician mutually acknowledge that they or their agents may obtain or have access to certain information that is confidential, including but not limited to patient information, medical records, confidential financial, operational, business and planning information, Hospital, SNF and Clinic procedures and manuals, know-how, and trade secrets (the "Proprietary Information") whether such information is disclosed orally, visually, or in writing, and whether or not bearing any legend or marking indicating that such information or data is confidential or proprietary. Professional Corporation and Physician shall keep such Proprietary Information confidential and shall not directly or indirectly disclose such Proprietary Information to a third party, except as required to perform their obligations hereunder, or as required by law, or with the prior written consent of MMC. The foregoing sentence shall not apply to information:

A. Provided to voluntary accreditation agencies, government agencies, or third party payers as required by law or consented to by MMC;

B. Reasonably required by other health care providers involved in a particular patient's case;

C. Which Physician can show was known to Professional Corporation or Physicians prior to disclosure by MMC; or

D. Which is or becomes public knowledge through no fault of Professional Corporation or Physician. Neither Professional Corporation nor Physician shall use any Proprietary Information in a manner adverse to the interests of MMC and recognizes MMC's right to obtain judicial relief, including injunctive relief and damages, for any violation of this provision.

Professional Corporation and Physician shall return to MMC all Proprietary Information and all copies thereof, in their or their employee's or contractor's possession or control and permanently erase all electronic copies of such Proprietary Information promptly upon the written request of MMC, or the termination or expiration of this Agreement, which obligation shall override any conflicting obligation to maintain records or documents under this Agreement to the extent such records or documents contain Proprietary Information. Physician shall not copy, duplicate or reproduce any Proprietary Information without the prior written consent of MMC or as otherwise permitted under this Agreement.

11.2 **Records.** All files, charts and records, medical or otherwise, generated by Physician or any other medical professional in connection with services furnished pursuant to this Agreement are the property of MMC. Physician shall maintain medical records according to MMC policies and procedures and in accordance with community standards, provided that, through such policies and procedures, MMC exercises no control or direction over Physician's clinical decisions. Each Party shall retain the confidentiality of all records and materials in accordance with all applicable state and federal laws. MMC shall permit Physician to have access during or after the term of this Agreement to medical records generated by Physician as necessary in connection with claims, litigation, investigations or treatment of patients. Such obligation shall only extend for the period of time that MMC normally retains such records. Physician shall be entitled to maintain and utilize such medical records in Physician's provision of patient care to those patients of the Clinic who authorize MMC to provide a copy to Physician. MMC shall provide such copies on receipt of written authorization in accordance with MMC's applicable procedures and upon receipt of payment, all in accordance with Civil Code Section 123110.

11.3 **No Existing Obligations Preventing Agreement.** Professional Corporation and Physician represent and acknowledge that neither Professional Corporation nor Physician is under any obligation (whether contractual or otherwise) to any former employer or third party that would prevent Professional Corporation or Physician from performing the services contemplated under this Agreement and otherwise to satisfy all of Professional Corporation's or Physician's duties and obligations hereunder. Professional Corporation agrees to defend and indemnify MMC for all costs, expenses, demands and judgments that may occur as a result of Professional Corporation's or Physician's breach of this Section 11.3 (No Existing Obligations Preventing Agreement).

11.4 **Confidential Proprietary and Trade Secret Information of Others.** Professional Corporation and Physician each represent that Physician has disclosed to MMC any agreement to which Professional Corporation or Physician is or has been a party regarding the confidential information or trade secrets of others and Professional Corporation and Physician understand that performance of services under this Agreement will not require Professional Corporation Physician to breach any such agreement. Neither Professional Corporation nor Physician shall disclose protected confidential information or trade secrets of third parties to MMC nor induce MMC to use any such protected confidential information or trade secrets received from another under an agreement or understanding prohibiting such use or disclosure.

11.5 **Access to Records.** To the extent required by Section 1861(v)(I)(I) of the Social Security Act, as amended, and by valid regulation which is directly applicable to that section, Professional Corporation and Physician agree to make available upon valid written request from the Secretary of HHS, the Comptroller General, or any other duly authorized representatives, this Agreement and the books, documents and records of Professional Corporation and Physician to the extent that such books, documents and records are necessary to certify the nature and extent of MMC's costs for services provided by Professional Corporation.

Professional Corporation and Physician shall also make available such subcontract and the books, documents, and records of any subcontractor if that subcontractor performs any of Professional Corporation's or Physician's duties under this Agreement at a cost of ten thousand dollars ($10,000) or more over a twelve (12) month period, and if that subcontractor is affiliated with or related to Professional Corporation or Physician.

Such books, documents, and records shall be preserved and available for four (4) years after the furnishing of services by Professional Corporation and Physician pursuant to this Agreement. If Professional Corporation or Physician is requested to disclose books, documents or records pursuant to this Section 11.5 (Access to Records) for purposes of an audit, Professional Corporation shall notify MMC of the nature and scope of such request, and shall make available, upon written request of MMC, all such books, documents or records.

This section is intended to assure compliance with Section 1861 of the Social Security Act, as amended, and regulations directly pertinent to that Act. The obligations of Professional Corporation under this section are strictly limited to compliance with those provisions, and shall be given effect only to the extent necessary to insure compliance with those provisions. In the event that the requirements of those provisions are reduced or eliminated, the obligations of the Parties under this section shall likewise be reduced or eliminated.

11.6 **Amendment**. This Agreement may be amended at any time by mutual agreement of the Parties, but any such amendment must be in writing, dated, signed by the Parties and attached hereto. Notwithstanding the foregoing, in the event MMC intends to seek tax-exempt financing, Professional Corporation and Physician agree to amend this Agreement as may be necessary for MMC to obtain such financing.

11.7 **Arbitration and Dispute Resolution.**

A. **Non-Medical Disagreements**. In the event that disagreements arise between the Parties concerning performance under this Agreement, or on other matters, such disagreements will be discussed with the Chief Executive Officer of MMC.

B. **Medical Disagreement**. Any questions or disagreements concerning standards of professional practice or the medical aspects of the service furnished in the Hospital, SNF, and Clinic shall be resolved by the Medical Staff.

C. **Arbitration**. Following exhaustion of all dispute resolution procedures provided for under the terms of this Agreement, the Parties shall submit such disputes to binding arbitration in accordance with the applicable arbitration rules of the American Arbitration Association. The proceeding shall be held in Modoc County.

11.8 **Assignment**. Professional Corporation shall not assign, sell, transfer or delegate any of Professional Corporation's rights or duties, including by hiring or otherwise retaining additional physicians to perform services pursuant to this Agreement, without the prior written consent of MMC.

11.9 **Attorneys' Fees.** If any legal action or other proceeding is commenced which is related to this Agreement, the losing Party shall pay the prevailing Party's reasonable attorneys' fees and expenses incurred in the preparation for, conduct of or appeal or enforcement of judgment from the proceeding. The phrase "prevailing Party" shall mean the Party who is determined in the proceeding to have prevailed or who prevails by dismissal, default, settlement or otherwise.

11.10 **Captions.** The captions used in this Agreement are for convenience only and shall not affect the interpretation of this Agreement.

11.11 **Choice of Law.** This Agreement shall be construed in accordance with, and governed by, the laws of the State of California.

11.12 **Exhibits.** All Exhibits attached and referred to herein are fully incorporated by this reference.

11.13 **Notices.** All notices or other communications under this Agreement shall be sent to the Parties at the addresses set forth on the signature page of this Agreement or such other address as a Party provides pursuant to notice. Notices given by mail deposited in a mail facility located in Modoc County shall be deemed received two (2) business days after mailing.

11.14 **Prior or Other Agreements.** This Agreement represents the entire understanding and agreement of the Parties as to those matters contained in it. No other oral or written understanding shall be of any force or effect with respect to the matters contained in this Agreement, unless attached to this Agreement as an exhibit or subsequent amendment.

11.15 **Referrals.** This Agreement does not create any obligation or requirement that MMC shall make any referral of patients to Professional Corporation or Physician and/or Professional Corporation or Physician shall make any referral of patients to MMC. The payment of compensation hereunder is not based or conditioned in any way on referrals of patients to MMC, Hospital, SNF Clinic or any other entity.

11.16 **Severability.** If any provision of this Agreement is determined to be illegal or unenforceable, that provision shall be severed from this Agreement, and the remaining provisions shall remain enforceable between the Parties.

11.17 **Waiver.** No waiver of any provision of this Agreement shall be effective against either Party unless it is in writing and signed by the Party granting the waiver. The failure by either Party to exercise any rights under this section shall not operate as a waiver of such rights.

11.18 **Authority and Execution.** By their signature below, each of the Parties represents that it has the authority to execute this Agreement and does hereby bind the Party on whose behalf the execution is made.

11.19 **Independent Representation.** Each Party has had the opportunity to be represented by and to have this Agreement reviewed by its own separate legal, accounting, and tax

counsel. The Parties to this Agreement have been represented by separate independent legal, accounting and tax counsel. Each Party has looked to such independent counsel representing that Party for advice regarding this Agreement. No Party makes or represents to the other any representation of law or fact except as specifically provided in this Agreement.

11.20 **Other Agreements**. This Agreement may be one of other agreements between MMC and Professional Corporation or Physician or an immediate family member of Physician. MMC maintains a master list of such agreements, together with true and complete copies of such agreements, that is available for review by the Secretary of the Department of Health and Human Services in accordance with the requirements of 42 CFR § 411.357(d)(1)(ii).

11.21 **Effective Date**. The "Effective Date" as used in this Agreement means such specified on the signature page(s) hereof.

11.22 **Counterparts**. This Agreement may be executed in multiple counterparts, each of which together shall be deemed one and the same instrument.

[Signature Page Follows]

SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties have executed this Agreement as of April 1, 2026 (the "Effective Date").

"MMC"
Modoc Medical Center

By: _____
Kevin Kramer
Its: Chief Executive Officer

Date: _____

Address for Notices:

Administration
Modoc Medical Center
PO Box 190
Alturas, CA 96101

"PROFESSIONAL CORPORATION"
Edward P. Richert, MD, Inc.

By: _____
Edward P. Richert, M.D.
Its: President

Date: _____

Address for Notices:

Edward P. Richert, M.D.
Edward P. Richert, M.D., Inc.
710 East 5th Street
Alturas, CA 96101

Joinder of Physician

Physician hereby joins in this Agreement for the purpose of acknowledging receipt of a true and complete copy of this Agreement and to signify Physician's agreement to abide by and be bound by the provisions of this Agreement applicable to Physician.

_____
Edward P. Richert, M.D.

EXHIBIT A

LOCATIONS

Modoc Medical Center Family Practice Clinic

1111 N. Nagle Street

Alturas, CA 96101

Warnerview Convalescent Hospital

225 W. McDowell Avenue

Alturas, CA 96101

Modoc Medical Center

1111 N. Nagle Street

Alturas, CA 96101

Mountainview Skilled Nursing Facility

1109 N. Nagle Street

Alturas, CA 96101

Home Visits that are billed under MMC's NPI number thereby having rights to charges billed.

Other hospitals as a means of enhancing skillsets or proctoring that are billed under MMC's NPI number.

EXHIBIT B

FURTHER DESCRIPTION OF SERVICES

Physician shall:

A. Participate in utilization review program as reasonably requested by MMC;

B. Participate in risk management and quality assurance programs as reasonably requested by MMC;

C. Assist MMC administration and management with preparation for and conduct of any inspections and onsite surveys of facilities conducted by government agencies or accrediting organizations, as reasonably requested by MMC;

D. Cooperate with MMC in all litigation matters affecting Physician or MMC, consistent with advice from Physician's legal counsel;

E. Share supervision of all staff nurse practitioners and physician assistants while providing professional services according to the requirements set by the State of California;

F. Serve as Medical Director of the Skilled Nursing Facility (SNF);

G. Participate in long term planning of Modoc Medical Center to ensure the needs of the community's health are being met;

H. Participate with Administration and other physicians and mid-level practitioners in developing and updating any Physician and Nurse Practitioner practice agreements. This will facilitate coordination between participating physicians, mid-level practitioners, and MMC staff to better delineate shared medical practice responsibilities;

I. Actively participate on various committees and advisory organizations in compliance with the bylaws, guidelines, policies, and rules of the Medical Staff.

J. Supply medical services at the SNF and Clinic as needed.

EXHIBIT C

EXCEPTIONS TO EXCLUSIVITY OF SERVICES

County Medical Officer. Physician holds position of Medical Officer for the County of Modoc. Administration acknowledges this exception to exclusive services to Modoc Medical Center and concedes so long as the appointment does not interfere with the provisions of services to be provided in this Agreement.

EXHIBIT D

HOURS OF SERVICE; COMPENSATION AND BENEFITS

A. **Hours of Service**. Physician shall provide Professional Services to primarily SNF residents. Physician may also see patients in the clinic and hospital as needed or as scheduled. It is anticipated that Physician will work 6-7 days every other week, when MMC is able to find a second healthcare provider to help provide coverage to the Skilled Nursing Facility. Physician shall be available to supervise other providers or provide direct services during 46 weeks of the year. It is understood that Physician will not be available at all for 6 weeks per year, which will be set aside for vacation. Physician shall provide any necessary on-call coverage for SNF and clinic, depending upon his schedule. Physician shall provide a schedule of availability of professional service coverage 30 days prior to the beginning of each month. Time away will be coordinated with office staff to provide necessary coverage during Physician's absence.

B. **Base Compensation**. Physician shall be paid $1100.00 per day that Physician provides services under this contract. Physician shall submit an invoice for services provided by the 15th of the following month. The invoice will be paid by the last day of the month in which the invoice is submitted.

C. **Extra ½ Day Compensation**. In addition to the base compensation listed above if Physician is asked to work extra ½ days during the course of this contract, Physician will be reimbursed at a rate of $550.00 per ½ day of work provided in excess of the contracted amount of hours in this agreement.

D. **Form 1099**. Compensation to Physician shall be reported on IRS form 1099.

E. **Benefits**. Physician shall not be entitled to benefits in accordance with standard practices applied to independent contractors.

F. **Continued Medical Education**. Physician shall not be entitled to reimbursement of CME expenses and is required to utilize time outside of the required weeks of provided service for this contract period.

G. **Clinic On-Call Coverage.** Physician shall be paid a stipend of $300 per week that Physician provides on-call coverage for the clinic after hours call service. Participation in this after hours call service is not required but may be scheduled if the Physician desires to participate in the call service.

EXHIBIT E

DECISION-MAKING GUIDANCE

This Agreement contains provisions conferring decision-making authority on the Parties. In order that the relationship created and implemented pursuant to this Agreement complies with the California prohibition against the corporate practice of medicine, certain decisions are listed as requiring, the Parties have adopted the following principles:

Exclusive Decision-Making Authority: The Party with "Exclusive Decision-Making Authority" has no obligation to consult with the other, even on an informal basis.

Consultative Decision-Making Authority: The Party with "Consultative Authority" is encouraged to informally seek input from the other; nevertheless such Party retains final decision-making authority.

Shared Decision-Making Authority: The Party with "Shared Decision-Making Authority" over a particular decision retains the power to make the final decision, however such Party shall seek a recommendation from the other through a formal process.

Joint Approval: A decision requiring "Joint Approval" requires both Parties to agree upon formal consultation.

The following table sets forth guidance to interpreting the Parties' respective decision-making authority in the context of this Agreement.

Practicing Physicians Make Ultimate Decision			**Neither Party May Solely Make Ultimate Decision**	**Lay Entity Makes Ultimate Decision**		
No Duty to Consult	**Informal Advice**	**Formal Recommendation**	**Formal Consultation and Agreement**	**Formal Recommendation**	**Informal Advice**	**No duty to Consult**
↓ **Exclusive**	↓ **Consultative**	↓ **Shared**	↓ **Joint**	↓ **Shared**	↓ **Consultative**	↓ **Exclusive**
• Setting purely medical practice policies • What conditions can be referred to another physician specialist • What diagnostic tests are	• Practice parameters • Making treatment decisions that involve bioethical issues • Credentialing for specific procedure:	• Establishing bioethics policies • *Credentialing-establishing the standards • *Credentialing-acting on an individual application • *Developing a UR & QA plan • Implementing a UR & QA plan • Enforcing the UR & QA plan (except termination)	• How many hours a physician should work • Non-clinical decisions concerning medical records • Level and scope of malpractice coverage • *Whether and when to utilize limited license practitioners	• Approving annual budget • Contractual relationships with third-party payors • Types of technology which should be employed	• Coding and billing procedures • Controlling administrative data	• Compensation for allied health and lay staff • Selecting purely administrative staff that do not hold key positions

Practicing Physicians Make Ultimate Decision			Neither Party May Solely Make Ultimate Decision	Lay Entity Makes Ultimate Decision		
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appropriate for a particular condition • What gets included in a particular patient's medical records • Whether a particular patient visit requires a particular billing code • Communications of a purely clinical nature with patient • Determination as to whether an emergency medical condition exists • Which CME courses should be taken • To whom a physician can refer	establishing general standards and as applied to individuals • Handling impaired physicians • Terminating physicians from practice arrangements on discretionary grounds, i.e., quality of care and business concerns, failure to comply with UR procedures, "without cause"	• Developing drug formularies • Selecting key administrative-medical officers • *How many patients a physician should see • Controlling medical data	• Selecting independent LLPs and "physician extenders" • Settling cases for all parties named • Marketing • Establishing grievance policies	• Selecting key administrative positions • Purchasing, replacing and repairing equipment • *How much patients should pay		
				***Note:** In these "shared" decisions, approval of the recommendations must not be withheld absent convincing justification transmitted in writing.		

EXHIBIT F

PROFESSIONAL LIABILITY INSURANCE ALTERNATE PROVISIONS

No alternate provisions are noted at this time.