



AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Thursday, April 30, 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.) L. Burkholder – CMO Report to the Board
- B.) 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

- A.) A. Doss – Quality and Risk Report to the Board

REGULAR SESSION

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

- A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – March 26, 2026, Attachment A
- B.) D. King - Adoption of LFHD Board of Directors Special Meeting Minutes – April 16, 2026, Attachment B
- C.) T. Ryan - Medical Staff Committee Meeting Minutes – March 25, 2026 Attachment C
 - Medical Staff Committee Meeting Minutes – February 25, 2026
 - OP Infusion Committee Meeting Minutes – 3/10/2026
 - Patient Safety/Safe Lifting Committee Meeting Minutes – 3/18/2026

- Surgery Committee Meeting Minutes – 3/10/2026
- EOC Committee Meeting Minutes – 1/6/2026
- Quality Council Meeting Minutes – 10/8/2025
- Pathology Report – No Report

C.) E. Johnson – Policy and Procedures

Attachment D

BUSINESS OFFICE

8350.26 Employee Discount Policy (Redlined revised 3-12-26)

SURGERY/OPERATING ROOM

- 7420.26 Draping of the Operative Field
- 7420.26 Fire Safety in the Operating Room and Procedure Room
- 7420.26 Instructions for Case Technique General Surgery
- 7420.26 Narcotic Reconciliation in the Surgery Department
- 7420.26 Surgery Department Assignment and Staffing Ratio

SNF

6580.26 Service Animal Policy-MMC

FACILITIES/EOC

- 8460.26 Blood Bank Alarm System
- 8460.26 Conducting bi-weekly tests of emergency diesel generators
- 8460.26 Emergency Generator Failure
- 8460.26 Equipment Management Orientation Education
- 8460.26 Equipment Safety Operator’s Responsibility
- 8460.26 Equipment Safety Preventative Maintenance
- 8460.26 Equipment Safety Reporting Malfunction
- 8460.26 Failure HVAC System
- 8460.26 Failure of Fire Alarm System
- 8460.26 Failure of Plumbing System

FACILITIES/EOC (CONTINUED)

- 8460.26 Failure of Water Distribution System
- 8460.26 Fire Alarm system Failure -Back up Plan
- 8460.26 Guidelines for Procedure for Failure of Essential Equipment
- 8460.26 Loss of Utilities
- 8460.26 Management of Utility System Failure
- 8460.26 Personal Protective Equipment
- 8460.26 Utilities Management Emergency Power Maintenance
- 8460.26 Utilities Management Emergency Power
- 8460.26 Utilities Management Inventory
- 8460.26 Utilities Management Program

MED/SURG

- 6170.26 Admission from the Emergency Department
- 6170.26 Admission to Hospital Policy and Procedure
- 6170.26 Photography and Videotaping

EMERGENCY DEPARTMENT

7010.26 Blood and Blood Component-Informed Consent Policy and Procedure

7. CONSIDERATION/ACTION

- | | |
|--|--------------|
| A.) E. Johnson – Departmental Manuals | Attachment E |
| B.) J. Lin – March 2026 LFHD Financial Statement (<i>unaudited</i>) | Attachment F |
| C.) A. Willoughby – MXDR Information Security Proposal | Attachment G |
| D.) K. Kramer – Geothermal Grant Agreement with SHN | Attachment H |
| E.) K. Kramer – Independent Contractor Agreement - Green Stanley Lunch Pale (Tom Mitchell) | Attachment I |

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

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

Attachment J

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –February 25 , 2026

B.) R. Boulade – K. Kramer, CEO Evaluation

(Per Evidence Code 54957)

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –March 26, 2026
(Per Evidence Code 1157)

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – February 25, 2026

B.) R. Boulade – K. Kramer, CEO Evaluation

(Per Evidence Code 54957)

10. MOTION TO ADJOURN – R. Boulade – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE -
(www.modocmedicalcenter.org) ON April 24, 2026.

ATTACHMENT A

Adoption of LFHD Board of Directors Regular Meeting Minutes

March 26, 2026



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, March 26, 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; Jin Lin, Finance Director; Denise King, LFHD Clerk**

Staff absent:

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

Keith Weber moved that the agenda be approved as presented. **Mike Mason** 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

- Ongoing recruitment for key permanent provider positions:
 - Two physicians (Canby Clinic and Alturas Clinic)
 - Replacement for Wendy
 - FNP/PA for Canby Clinic
 - FNP/PA for Skilled Nursing Facility
- Emergency Department staffing:
 - Current locum provider Tom Mitchell has expressed interest in a permanent position
 - Discussions underway with his agency to facilitate transition

Security Incident

- Incident response remains ongoing
- Legal activity:
 - Some affected patients have retained legal counsel and initiated litigation
- Review process:
 - Approved manual review of all accessed files by threat actor
 - Estimated timeline: approximately 3 months
 - Outcome will determine the total number of impacted individuals
- Legal/Insurance:
 - Insurance carrier has assigned defense counsel to manage claims and communications
- Financial impact:
 - Estimated organizational out-of-pocket expense: \$50,000
 - Remaining costs covered by insurance

- Evaluating potential long-term impact on insurance premiums

Cost-Based Ambulance Services

- Pursuing Medicare approval to bill EMS services as cost-based
- Legal counsel engaged with experience in similar successful efforts
- Collaboration with Surprise Valley Healthcare District on shared initiative

ERHC Grant with USDA

- Opportunity to submit receipts for partial reimbursement of equipment purchases
- Plan to pursue partial disbursement to generate interest income
- Remaining funds to support the upcoming generator purchase and installation later this summer

Other Items

- Energy / Solar Exploration
 - Initial exploration of solar array installation for campus
 - Current electricity costs approximately \$30,000 per month
 - Evaluating:
 - Total project cost
 - Potential return on investment (ROI)
 - Availability of applicable tax credits
- SVHCD / IGT Communication Efforts
 - Coordinating with the County on development of an article regarding SVHCD and IGT funding efforts
 - Article pending completion and submission for publication

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

Warnerview

- Maintained a 4-star CMS rating, reflecting continued quality of care
- Current census: 16
- No discharges during the reporting period
- Preparations underway for a resident’s 100th birthday celebration in April
 - Planning committee established to coordinate the event.

Mountain View

- Census 44
- Admission 3
- Discharges 1 (one to death)

Acute

- Inpatient Unit
 - Average daily census: 3.18
 - Average Length of Stay (ALOS): 3.30 days
- Swing Bed Program
 - Average daily census: 3.50
 - ALOS: 7.00 days
- Admissions
 - Acute: 27
 - Swing: 14
- Surgical Volume
 - Total procedures: 25

ER

- Total patient visits: 444
- Average daily census: 15.8
- Emergency Department nurse job description has been finalized
 - Scheduled for presentation at the April staff meeting
 - Will subsequently be presented to the Union for review
 - Informal discussions ongoing; staff feedback continues to be gathered

Ambulance

- Total of 78 runs for the month.
 - An increase of 5 runs from last month.

Pharmacy

- Total prescriptions filled: 3,942 (slight decrease from prior month)
- Staffing update:
 - Retail Pharmacist Darryl Moore resigned

- Ryan Yang appointed as Interim Pharmacy Manager
- Recruitment efforts ongoing
 - Recent candidate completed a site visit; offer anticipated

Physical Therapy

- Total patient sessions: 409 (decrease from prior month)
- Current staffing supplemented by two Physical Therapist Assistants (PTAs)
- Continued recruitment efforts for a licensed Physical Therapist

Lab

- Total tests performed: 4,991 (increase from prior month)
- Implementation of new Cepheid diagnostic platform in progress
- Expanded testing capabilities will include:
 - Gonorrhoeae and Chlamydia
 - Bacterial Vaginosis, Yeast, and Trichomoniasis
 - Strep A, COVID-19, Influenza A & B, RSV (PCR testing)
 - MRSA detection

Wound Care Nurse Program

- Program is now operational and performing well
- Strategic efforts underway to increase external referrals and service volume
- Ongoing evaluation of billing processes for nursing-based wound care services

Infusion

- Blood drive held on March 18
 - Surpassed collection goal by 7 units
 - Donations collected:
 - 15 whole blood units
 - 6 Power Red units
 - 1 red cell/plasma donation
 - Total: 29 units collected (potential to impact up to 43 lives)
- Future blood drives will transition to the bloodmobile
 - This will preserve infusion unit capacity for patient care services

Other Items

- Good Catch Award
 - The Good Catch Award recognizes employees who take proactive steps to prevent potential harm before it happens. It is given to individuals or teams who identify a safety concern, speak up, and take action to intervene—ultimately stopping an issue from impacting a patient, visitor, or staff member. The award highlights the importance of everyday awareness and reinforces a culture where safety, accountability, and prevention are valued and celebrated across all roles in the organization.

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

Accounting

- Controller position:
 - Jennifer continues to provide part-time support for the position.
- W-2 Corrections:
 - W-2C forms received for 178 employees requiring corrections
 - Organization offered a \$75 stipend to employees who had already filed taxes (with proof of filing)

Purchasing

- Department operations remain stable
- No concerns or issues reported at this time

Floater

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

Permanent/Travel Staff

- We currently have 320 total staff
- We have a total of 21 travelers, both Acute and SNF.
- 7 new hires started in February, and 20 hires are pending.

Compliance

- Performance Evaluations 87% compliant

- TB 90% complaint
- Physicals 95% compliant

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

- February Performance
 - Total revenue: \$5.29M
 - Cash collections: \$2.18M
 - Highest Average Daily Revenue (ADR): \$165,964
- March Performance (to date)
 - Cash collections: \$2.55M
 - AR decreasing
 - ADR approaching \$167,000
 - DNFB significantly reduced
 - Organization remains in recovery mode
- Billing / Reimbursement Updates
 - CMS issue largely resolved
 - Remaining 38 claims (~\$250K)
 - Reimbursement not at risk; minor delays only
- Accounts Receivable Risk
 - \$500K tied to Sheriff's Office
 - Delays due to budget constraints
 - New Financial Manager in place

Clinics

- Program Achievement
 - Graduated from the modified PHP QIP program
 - Returned to the full reimbursement program
- Performance Highlights
 - Breast cancer screening: 77 / 92 target
 - Multiple measures near top thresholds
- Operational Improvements
 - Ongoing process refinement and workflow improvements
- Telehealth Expansion
 - Exploring same-day telehealth clinic (Canby)
 - Vendor: OneRoom Health (\$555K)
 - Additional vendor comparisons in progress

Maintenance

- Highway 299 & Nagle Intersection Project
 - Exploring streetlight installation options
 - Alternative: place a light on hospital property
 - Coordination with the City is ongoing

F.) Board Member Reports

- **Carol Madison** – Would like us to look into why Blue Shield doesn't have us listed as an in-network provider.
- **Paul Dolby** – Nothing to report.
- **Mike Mason** – Curious if the Quality Council will be moved because of Spring Break – Denise will follow up with Alicia and let Mike know.
- **Rose Boulade** – Attended the Finance Meeting.
- **Keith Weber** – Attended the Finance Meeting.

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

B.) T. Ryan - Medical Staff Committee Meeting Minutes – February 25, 2026

- 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

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

Keith Weber moved that the Consent Agenda be approved, Paul Dolby seconded, and the motion carried with all present voting “aye.”

7. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals

Ed Johnson, CNO, presented the Departmental Manuals to the Board, providing an overview of the manuals and the associated review processes while addressing questions from Board members. He also introduced the department managers in attendance. Dr. Burkholder, who was present, gave a brief introduction and summarized the key updates and changes made to the manuals.

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

B.) J. Lin – February 2026 LFHD Financial Statement (unaudited)

J. Lin, Finance Director, presented the February 2026 LFHD Financial Statement provided in the Board meeting packet and answered the questions the Board had.

Paul Dolby moved to accept the February 2026 LFHD Financial Statement as presented, **Carol Madison** seconded, and the motion carried with all present voting “aye.”

B.) K. Kramer – Budget Amendment for Clinic Expansion Drawings

Kevin Kramer, CEO, presented the **Budget Amendment for Clinic Expansion Construction Drawings** to the Board, outlining the proposed engagement of Nichols, Melburg, and Rossetto (NMR) to develop the plans. He reviewed the estimated cost of approximately \$365,000 and the request to amend the budget by \$400,000 to cover the work, noting that completing the drawings would help accelerate the project timeline and allow for earlier bid solicitation and informed decision-making. He then addressed questions from the Board.

Carol Madison moved to accept the **Budget Amendment for Clinic Expansion Drawings** as presented, **Keith Weber** seconded, and the motion carried with all present voting “aye.”

C.) K. Kramer - Dr. Richert Professional Services Agreement 2026-2027

Kevin Kramer, CEO presented the **Dr. Richert Professional Services Agreement 2026-2027** provided to the Board and answered any questions the Board had.

Keith Weber moved to accept **Dr. Richert Professional Services Agreement 2026-2027** as presented, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:36 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Rose Boulade, Chair**, at 4:36 pm.

7. 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, 2026.** 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:
 - **Kristine Tagwerker, CRNA** – Recommends appointment of Allied Health status/privileges in the Anesthesia category.

The Executive Session of the Board of Directors was adjourned at 4:46 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Rose Boulade, Chair**, at 4:50 pm.

8. 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, 2026.**

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

11.) MOTION TO ADJOURN

Carol Madison moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:51 pm, **Paul Dolby** 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 April 30, 2026, at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:

Denise R. King
Last Frontier Healthcare District Clerk

Date

DRAFT

ATTACHMENT B

Adoption of LFHD Board of Directors Special Meeting Minutes April 16, 2026



SPECIAL MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, April 16, 2026, at 2:30 pm
Mountain View Marketing Conference Room
Alturas, California

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

CALL TO ORDER

Rose Boulade, Chair called the special meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (BOD) to order at 2:42 pm. The meeting location was in the Marketing Conference Room at Mountain View Skilled Nursing Facility in Alturas, California.

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

No flag was present to do the pledge.

2. AGENDA – Additions/Deletions to the Agenda

Carol Madison moved that the agenda be approved with the amendment of changing the Motion to Adjourn to R. Boulade - Chair, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

3. PUBLIC COMMENT

No Public Comment.

4. DISCUSSION

REGULAR SESSION

5. CONSIDERATION / ACTION

A.) K. Kramer – Payroll System

Kevin Kramer, CEO, presented a proposal to transition the organization’s payroll system from Paycom to ADP, highlighting that the overall cost would be comparable on an annual basis while providing equivalent functionality along with additional features and capabilities. He reviewed the benefits of the transition, outlined the proposed pricing structure, and addressed questions from the Board regarding the change.

Carol Madison made a motion to approve the transition to ADP as the payroll system, **Paul Dolby** seconded the motion and the motion carried with all present voting “aye.”

5.) MOTION TO ADJOURN

Carol Madison moved to adjourn the Special Meeting of the Last Frontier Healthcare District Board of Directors at 2:52 pm, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

The next regular meeting of the Last Frontier Healthcare District’s Board of Directors will be held on Thursday,

April 30, 2026, at 3:30 pm in the Alturas City Council Chambers at City Hall in Alturas, California.

Respectfully Submitted:

Denise King
Last Frontier Healthcare District Clerk

Date

ATTACHMENT C

Medical Staff Committee Meeting Minutes March 25, 2026



DATE: APRIL 30, 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 March 25, 2026, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee Meeting Minutes – February 25, 2026

B. COMMITTEE REPORTS

1. EOC Committee Meeting Minutes – 01/06/2026
2. Patient Safety/Safe Lifting Committee Meeting Minutes – 03/18/2026
3. OP Infusion Committee Meeting Minutes – 03/10/2026
4. Surgery Committee Meeting Minutes – 03/10/2026
5. Quality Council Committee Meeting Minutes – 10/08/2025

C. PATHOLOGY REPORT – No Report



**MEDICAL STAFF COMMITTEE MEETING
February 25, 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

Ed Johnson- CNO
Vahe Hovasapyan- Pharmacist
Alicia Doss- Risk Management
Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1210 by Dr. Burkholder, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of January 28, 2026.	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. OP Infusion Committee Meeting Minutes, 02/10/2026. B. Surgery Committee Meeting Minutes, 02/10/2026.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 01/22/2026	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Last meeting I discussed the heart failure disease management program; everybody has received feedback except for Dr. Hagge due to being out of the office. That being, the feedback discussed where they might improve care of their patients and April will be our next time for me to do a deep dive to see how well people are documenting and whether patients are on 3 or 4 drugs as indicated by their type of heart failure and we are aiming to	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>reach a 60% threshold of compliance with that. With that said, one of the Providers I have already looked at is already at 90% and some are at 0% due to being out of the office. This data was from looking at the visits since the last education that we did in October, so we have the whole range from 0% to 90%. I am hoping we will all come up to speed with that. The next look will be on diabetes and A1Cs to give people a list of their diabetics, so more to come on that. Hopefully this will get people documenting on each visit about heart failure and diabetes and those patients who have it. In general, we are trying to get our Providers to document every time they see someone, how they are managing their chronic conditions. This doesn't mean the Provider has to discuss the management with the patient, but they must look at the chart and make sure they are still on the meds that they think they're on and if the condition is growing, to then order testing and ensure it gets completed in a timely manner. I also sent out new supervision assignments with Dr. Edmonds leaving so Dr. Hage, Dr. Richert, and myself each have 4 or 5 people to review for annual reviews plus the monthly random chart reviews. I believe Kevin has sent out contracts with the Cardiologists. We are trying to see if we can get them here one Friday a month and then we expand that as time goes by. We are working hard to recruit locum folks as we do not have that many permanent people applying for Canby PA/FNP. I have had 3 interviews this week and there is more to come. We interviewed a wonderful candidate today and I sure hope she says yes. We currently have locums Dr. Kemmer out at Canby right now and we are looking for a PA/FNP to help support him. After his departure, he has Dr. Fernandes filling his position.</p>	
<p>V. EMERGENCY ROOM REPORT</p>	<p>Nothing to Report.</p>	
<p>VI. CEO REPORT</p>	<p>Absent.</p>	
<p>VII. CNO/SNF REPORT</p>	<p>Currently, I did a IV Pump review. It looks like we have 24 pumps. 5 of the 24 are out for service and the rest of them are in house. We too have 4 pumps on order because they are in need of batteries. I did</p>	<p>Report at next meeting</p>

SUBJECT	DISCUSSION	ACTION
	<p>an update on the tele piece. Apparently, they're saying that our central station maxes out at 16 monitors. Right now, we have the OR being monitored with that central station. We have 5 in the PR which means we would have 11 available for a queue. The mask mandate ended in Mountain View on February 9th. The mask mandate ended in Warnerview on February 23rd. The Alturas blood drive is going to be March 18th from 9:30 to 1:30 in the Infusion area.</p>	
<p>VIII. PHARMACY REPORT</p>	<p>Currently, in the Retail Pharmacy, we resolved the CURES reporting that's supposed to record all the narcotic dispensing to the pharmacy. Apparently since September they had an issue that they had been able to resolve. That being, we finally were able to track down the right person to get this done. Long story short, we had a bunch of narcotics that were not being recorded to CURES and now it has been resolved. I just want to let everybody know that California just passed a law about gender affirming care and testosterone no longer being reported to CURES. So, if a Provider is ordering testosterone, they are not going to be able to find the dispensing on CURES which is a problem for them. We are still having some ongoing issues with the registers and credit card transactions where on the patient side, it says the transaction is complete but on the register and clerk end, it is just the same screen noting asking the patient for the transaction so they end up charging the patient twice and then we have to reimburse them. We have placed multiple tickets in for this and have requested more details because it really is a problem and it takes a lot of time and confidence away from the Pharmacy. We were told they needed to update some of our software, so we updated the servers and everything else and we are still having these ongoing issues we are trying to resolve. We have a new investigation from the board regarding a drug dispensing error that occurred where a patient received Eliquis meant for another patient with the same name. When they were picking up the drug, they do not speak English and therefore were unable to confirm their date of birth so they picked up Eliquis meant for another patient, took a couple of doses and then they went to the other Pharmacy in town and through that patient, a complaint report</p>	<p>Report at next meeting</p>

SUBJECT	DISCUSSION	ACTION
	<p>was submitted so now we are dealing with this. The patient was examined by a doctor and was fine, so we are just trying to get everything squared away with the report. We are also looking for a Retail Pharmacy Manager and, in the meantime, Eric and I will go there and help Ryan, our Pharmacist in there. We have 30 days from February 14th to find a Pharmacist or assign an interim while we find a permanent candidate because every Pharmacy needs to have a Pharmacist in charge and that is essentially responsible for anything that occurs in the Pharmacy. On the Inpatient Pharmacy side, we had our Omnicell upgrade today. I am going to be testing everything to ensure it all runs smoothly after the server upgrades. We tried to install the flex lock for the outpatient infusion refrigerator so the medications could be pulled from there so that is in the works as well. We are also dealing with a bit of a 340B issue with controlled substance ordering. We were ordering all through our 340B account which is much lower prices so I have to work on a report and figure out how much we need to repay back to these manufacturers and then go through the whole process again.</p>	
<p>NEW BUSINESS IX. POLICY REVIEW & APPROVAL</p>	<p>The following New Business was presented for review/approval:</p> <ol style="list-style-type: none"> 1. Updated Policies, February 2026 (10) 	<p>After review and discussion, a recommendation was made to implement the Updated Policies (10) presented February 2026. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.</p>
<p>X. ADJOURNMENT</p>	<p>The meeting was adjourned at 1250.</p>	



Lisanne Burkholder, MD Chief Medical Officer

03/25/2026
Date



EOC COMMITTEE MEETING
Tuesday, January 6th, 2026 at 11:00 am
Education Conference Room, Modoc Medical Center

MINUTES

Present:

Absent:

- **Dan Vierra**
- **Adam Willoughby**
- **Michael Appletoft**
- **Hao Lin**
- **Suzanne R. Johnson**
- **Sandra Brown**
- **Judy Jacoby**
- **Jeremy Wills**
- **Delinda Gover**
- **Susan Sauerheber**
- **Jonathan Crnkovic**
- **Jay Dunn**
- **Amber Vucina**
- **Raven Sparks**
- **Lance P. Chrysler**
- **Marty Shaffer**
- **Ed Johnson**
- **Julie Carrillo**

- Alicia Doss**
- Megan Morris-Wright**
- Shelly Bailey**
- Megan Hays**
- Vahe Hovasapyan**
- Jeremy Murray**

Subject	Discussion	Action
A. Call to Order		
B. Approval of the Agenda	M Shaffer – The EOC Committee meeting was called to order at 11:00 am	Approved
C. Discussion Items		
1. Education/Training	Ed J. <ul style="list-style-type: none"> • Health Stream • Train the Trainer 	Annual HealthStream training runs from January 12, 2025, to March 31, 2025, with Clinical and Non-Clinical versions available. CPR training will be switched

Subject	Discussion	Action
		to the American Red Cross.
2. Emergency Management	J Wills Emergency Management	
3. Fire& Life Safety	D Vierria Fire Drills	Fire drills are up to date. Annual inspections were completed by Certified Fortress.
4. Haz Mat / Waste Management	D Vierria Medical Waste L Chrysler Haz Material	Updated medical waste management plan; Canby Clinic passed the annual medical waste inspection. Uploading additional MSDS sheets for Mountain View.
5. Medical Equipment/ Training / Safe Medical Device	M Shaffer 1. New Equipment 2. Battery Backup Equipment Replacement Schedule.	We have received the portable concentrator and the eye machine. Looking for new remote monitoring devices for freezers/refrigerators and updated vital signs machines.
6. Policy & Procedure Manual	M Shaffer 1. Policy & Procedure	In progress.
7. Water Management Program Committee Update	M Shaffer 1. Update on Water Management Program 2. Canby water management plan	One out of five water samples showed low levels of Legionella. We are addressing the issue. Canby's Water Management Plan now includes quarterly and annual testing of well water for nitrates, nitrites, and coliform bacteria.
8. Safety	A Vucina 1. First Aid Injuries 2. Claim Injuries EOC Rounds are due in November 4th. 1. Jon C. / Dan V. – Alturas Clinic. 2. Jullie C. / Dan V. – Canby Clinic. 3. Judy J. / Jeremy M. – Acute Kitchen area. 4. Suzan J. / Raven S. – Warnerview Kitchen area. 5. Delinda G. / Michael A. – Surgery area. EOC Rounds are due for January 6th. 2026 1. Jay D. / Amber V. – Physical Therapy 2. Vahe H. / Michael A. – Retail pharmacy 3. Megan W. / Jeremy W. – Administration areas 4. Alisia D. / Dan V. – Maintenance areas 5. Suzan J. / Michael A. – Laundry areas	Two first-aid injuries and three claimable injuries have been reported. There is a crack in the flooring under the dishwasher in the Mountain View kitchen, and two handwashing sinks are not functioning. The handwashing sink in Warnerview requires scrubbing, and the area above the pantry needs dusting.

Subject	Discussion	Action
	<p>EOC Rounds due March 3rd, 2026</p> <ol style="list-style-type: none"> 1. Suzana J. / Dan V. – SNF Floor 2. Susan S. / Marty S. – Acute/ Er. Floor 3. Shannon K. / Marty S. – Lab area 4. Shelly B. / Marty S. – Radiology area <p>Code Blue/ Staff Assist testing Surgery/Radiology areas.</p>	<p>The evacuation map in the Physical Therapy area needs to be updated.</p> <p>The light sensor in the procedure room requires maintenance.</p> <p>Staff assist/ Code Blue has been tested.</p>
<p>9. Security</p>	<p>M. Shaffer</p> <ol style="list-style-type: none"> 1. Door Locks / Card Readers 2. Security Cameras 	<p>Security cameras have been installed in the Acute Employee Dining Room.</p> <p>New security cameras ordered for Canby Clinic.</p>
<p>10. Utilities Management</p>	<p>D Vierria Generators Power Outages</p> <p>M Shaffer</p> <ol style="list-style-type: none"> 1. Other Utilities 	<p>Two power outages since the last meeting.</p> <p>New generator installed in Physical Therapy; an additional unit is being procured for Acute critical area (Lab, Pharmacy, Clinic)</p>
<p>Adjournment</p>	<p>The next EOC meeting will be held on Tuesday, March 3rd, 2026, at 11:00 am in the education conference room.</p>	



MINUTES

PATIENT SAFETY/SAFE LIFTING COMMITTEE MEETING

3/18/2026 at 1:00 p.m.

Modoc Medical Center – 1111 N. Nagle Street
Education Room, Alturas, California

Present:

- Jay Dunn, Chair
- Ed Johnson, CNO
- Sandra Brown, Admin to CNO
- Megan Hays, DNO
- San Juanita Wagner, Staff Development

- CeCe Toaetolu, SNF-Nurse Manager

Absent:

- Julie Carrillo, Manager Canby Clinic
- Susan Sauerheber, ER Nurse Manager
- John Crnkovic, Manager Alturas Clinic

- Megan Morris-Wright, EMS Director
- Judy Jacoby, IC Nurse
- Amber Vucina, Chief HR Officer

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order by Jay Dunn at 1:03 pm in the Education Room.		
2. Agenda Approval	<ul style="list-style-type: none"> • Jay Dunn approved Agenda items 	All present-approved
3. Minutes	<ul style="list-style-type: none"> • 1/2026 	Attached-Approved
4. Old Business	<ul style="list-style-type: none"> • See attached Minutes 	Attached
5. New Business		
A. Good Catch Patient Safety Recognition Award	<ul style="list-style-type: none"> • We tell staff that if they see something, to say something. This will be seen as a reward for speaking up. • The award will be given as the “Good Catch” occurs. Ed will create rules, Sandy will be the one taking the Good Catch submissions and finalizing the form for next meeting. You all were able to see the trophy (very nice) 😊 This should be fun! 	
B. INCREASED FALLS IN THE SNF	<ul style="list-style-type: none"> • 12-15 in March so far • Behavior contributes to falls 	

Subject	Discussion	Attachment
	<ul style="list-style-type: none"> • Wheelchairs being assessed as many are old and brakes/locks need checked. Tire tread being inspected and replaced as needed. • More activities-perhaps gardening at Mountain View by the coy pond. 	
Roundtable:		
7. Adjournment	The next Meeting will be 5/20/2026 @ 1:00 at Education Conference Room.	



AGENDA

PATIENT SAFETY/SAFE LIFTING COMMITTEE MEETING

Wednesday, 3/18/2026 at 1:00 pm
 Modoc Medical Center
 Education Room Alturas, California

Subject	Discussion	Attachment
1. Call to Order		
2. Agenda Approval	Jay Dunn approved Agenda Items	All present approved the presented Agenda.
3. Minutes	<ul style="list-style-type: none"> • 01/2026 Minutes 	See attached
4. Old Business	<ul style="list-style-type: none"> • See attached Minutes for Old Business 	See attached
5. New Business	<ul style="list-style-type: none"> • Good Catch Award • Increased falls at Mt. View 	
6. Roundtable		
7. Adjournment	The next Patient Safety/Safe Lifting Committee Meeting will be Wednesday, May 20, 2026 @ 1:00 p.m., in the Education Conf. Room.	



MINUTES OP INFUSION COMMITTEE MEETING

Tuesday, 3/10/2026 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
- Rylee Pedotti, Marketing Coordinator
- Susan Sauerheber, Committee Chair
- Delinda Gover Perez, Surgery Manager

Absent:

- Lisanne Burkholder, M.D.

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 here (2/2026)
4. Old Business	As noted on Minutes and discussed at 2/2026 OP Infusion Committee Meeting	
5. New Business		
	<ul style="list-style-type: none"> • Review Financials from Jin Lin 	Attached
	<ul style="list-style-type: none"> • Review Rylee proposed flyer 	
	<ul style="list-style-type: none"> • Physicians have to do consent form 2 fold infusion and lab 	
	<ul style="list-style-type: none"> • Linda to be at Health Fair to discuss what we can currently infuse 	
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, 4/14/2026 @ 8:30 a.m. in the Infusion Department	



AGENDA OP INFUSION COMMITTEE MEETING

3/10/2026 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	<ul style="list-style-type: none"> Attached from 2/2026 	All present approved the Minutes From 2/2026
4. Old Business		
	<ul style="list-style-type: none"> See Attached Minutes from 2/2026 	Attached
5. New Business		
	<ul style="list-style-type: none"> Attached financials from Jin Lin for review Open discussion for any other questions or comments 	Attached
6. Roundtable		
7. Adjournment	The next OUTPATIENT INFUSION COMMITTEE Meeting will be 4/13/2026, at 8:30 am in the Infusion Dept.	



MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 3/10/2026, at 8:30-9:30 a.m.
 Modoc Medical Center – 1111 N. Nagle Street
 Infusion Department Alturas, California

Present:

- Susan Sauerheber, Nursing Manager
- Sandra Brown
- Linda Sawyer, RN
- Ed Johnson, CNO
- Shirley Hughes, Infusion Clerk
- Sidney Barns, Surgery Tech
- Delinda Gover Perez, Committee Chair

Absent:

- Edward Richert, M.D.
- Dale Syverson, M.D.
- Kevin Kramer, CEO
- Katrina Murray, Surgery Tech
- Marty Shaffer, Facilities/EOC
- Lianne Burkolder, M.D.

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 2/2026	
4. Old Business	See attached Minutes	
5. New Business	<ul style="list-style-type: none"> • Eye Surgery scheduled Thursday • Financials reviewed from Jin Lin • Dr. Syverson ordered medications in a.m. prior to surgery and 1st one was still not ready. Second surgery with some follow up it was ready. (just need more communication) 	

Subject	Discussion	Attachment
	<ul style="list-style-type: none"> No new issues with equipment 	
7. Adjournment	The next Surgery Meeting will be Tuesday, 4/14/2026 @ 8:30 a.m. in the Infusion Room.	



AGENDA

SURGERY COMMITTEE MEETING

3/10/2026 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	<ul style="list-style-type: none"> • Attached from 2/2026 	All present approved the Minutes From 2/2026
4. Old Business		
	<ul style="list-style-type: none"> • See Attached Minutes 2/2026 	Attached
5. New Business		
	<ul style="list-style-type: none"> • Review attached information from Jin Lin • Thursday-eye surgeries • Open for discussion-comments and questions 	Attached
6. Roundtable		
7. Adjournment	The next SURGERY COMMITTEE Meeting will be 4/13/2026, at 8:30 am in the Infusion Dept.	



QUALITY COUNCIL COMMITTEE
 Wednesday, October 8th, 2025, at 3:30 pm
 Education Conference Room, Modoc Medical Center

MINUTES

Present:

- A. Doss, QI Manager
- Kevin Kramer, CEO
- Susan Sauerheber, Acute/ER Nursing Manager
- Ruth Moeller, Alturas Clinic FNP
- Barbera Howe, RDN
- Ed Johnson, CNO
- Denise King, Executive Assistant
- Keith Weber, Board Member

Absent:

- Dr. Burkholder

Subject	Discussion	Action
A. Call to Order	Alicia Doss – The Quality Council meeting was called to order at 3:30 pm in the Education Conference Room, Modoc Medical Center.	
B. Approval of Minutes	Alicia Doss – Quality Council Meeting Minutes from August 14, 2025, were approved.	
C. New Business		
1. QI Teams	<ul style="list-style-type: none"> • Medication management. • Understanding medications when released. • No dashboard yet – still in the early stages. • Meeting next week and the week after. 	
2. RMS Portal Update	<ul style="list-style-type: none"> • Hoping by next meeting we will have something to look at. 	
3. LTC QI Update	<ul style="list-style-type: none"> • Ed Johnson presented the dashboard. • UTI's are going down. • A lot of providers are starting with UTI medications without a culture. • Temp logs were added to the café where they need to be taken – last two logs received 100% from Barbara's tracking. 	

Subject	Discussion	Action
	<ul style="list-style-type: none"> • Hair and beard nets – looking at getting ones that cover the whole face rather than just the hair areas. • Ed will include dashboards. 	
4. Comments/Questions/Concerns	<ul style="list-style-type: none"> • No comments, questions, or concerns. 	
E. Adjournment	Alicia Doss closed the Quality Council meeting at approximately 3:50 pm.	The next Quality Council meeting will be on February 11, 2026, at 3:30 pm in the Education Conference Room.

ATTACHMENT D

Policy and Procedures



MEMORANDUM

DATE: 4/24/2026
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):

BUSINESS OFFICE

8350.26 Employee Discount Policy (Redlined revised 3-12-26)

SURGERY/OPERATING ROOM

7420.26 Draping of the Operative Field
7420.26 Fire Safety in the Operating Room and Procedure Room
7420.26 Instructions for Case Technique General Surgery
7420.26 Narcotic Reconciliation in the Surgery Department
7420.26 Surgery Department Assignment and Staffing Ratio

SNF

6580.26 Service Animal Policy-MMC

FACILITIES/EOC

8460.26 Blood Bank Alarm System
8460.26 Conducting bi-weekly tests of emergency diesel generators
8460.26 Emergency Generator Failure
8460.26 Equipment Management Orientation Education
8460.26 Equipment Safety Operator's Responsibility
8460.26 Equipment Safety Preventative Maintenance
8460.26 Equipment Safety Reporting Malfunction
8460.26 Failure HVAC System
8460.26 Failure of Fire Alarm System
8460.26 Failure of Plumbing System

FACILITIES/EOC (CONTINUED)

8460.26 Failure of Water Distribution System
8460.26 Fire Alarm system Failure -Back up Plan
8460.26 Guidelines for Procedure for Failure of Essential Equipment
8460.26 Loss of Utilities
8460.26 Management of Utility System Failure
8460.26 Personal Protective Equipment
8460.26 Utilities Management Emergency Power Maintenance
8460.26 Utilities Management Emergency Power
8460.26 Utilities Management Inventory
8460.26 Utilities Management Program

MED/SURG

6170.26 Admission from the Emergency Department
6170.26 Admission to Hospital Policy and Procedure
6170.26 Photography and Videotaping

EMERGENCY DEPARTMENT

7010.26 Blood and Blood Component-Informed Consent Policy and Procedure

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

PERFORMANCE IMPROVEMENT/QUALITY ASSURANCE

Memorandum
Annual Review Signature Page

UTILIZATION REVIEW

Memorandum
Annual Review Signature Page

COMPLIANCE

Memorandum
Annual Review Signature Page

AMBULANCE DEPARTMENT

Memorandum
Annual Review Signature Page

**Review of Department Yearly Manual Memo and Yearly Signature Page
(continued)**

EMERGENCY MANAGEMENT DEPARTMENT

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.

BUSINESS OFFICE

REFERENCE # 8350.25 #33	EFFECTIVE 09/14
SUBJECT: 8350.25 EMPLOYEE DISCOUNT POLICY	REVISED 05/202503/2026
DEPARTMENT: BUSINESS OFFICE	

2. Administration of Employee Discount

- a. During the course of registration, the Admitting Clerk will determine whether the patient is a benefit-eligible employee of LFHD, or that the patient is a member of a benefit-eligible employee's family/household by referring to the Eligible Employee Discount Spreadsheet.
 - i. If the Admitting Clerk or Dental Coordinator can verify employment and/or eligibility for the employee discount at time of service, he/she shall register the eligible person with their primary and secondary insurance information, whether obtained through MMC or provided independently or through another source. For all employees that have obtained gap insurance through MMC, the gap insurance company shall be loaded as the secondary insurance on the claim. Last Frontier Healthcare District will be entered as the last insurance on the encounter.
- b. The outsourced Business Office partner will bill employee accounts as they would normally.
- c. Accounts that have been billed to the gap insurance company will be switched to a self-pay financial class by the cash poster after the gap insurance carrier has paid on the claim. After payment has been received by the gap insurance, the account will be eligible to be written off under this policy. These accounts will be reviewed by patient financial services regularly to verify that payment was received from the gap insurance company and the accounts are ready to be written off.
- d. Employees that do not carry gap insurance through MMC shall qualify for their accounts to be written off after their insurance(s) makes payment on their accounts.
- e. If an employee or a member of his/her family/household receives a statement from LFHD and he/she believes the employee discount should apply, it is his/her responsibility to provide proof of eligibility to patient financial services. Employees are encouraged to contact their supervisor or the Chief Human Resources Officer to assist in determining eligibility.

Formatted: Underline

Formatted: Underline

Formatted: Underline

Formatted: Indent: Left: 0.69"

Formatted: Indent: Left: 0.56"

3. Service Exclusions

a. Retail Pharmacy

e-b. Skilled Nursing Facility (SNF)



REFERENCES

- 42 U.S.C. Section 1320a-7b(b)(3)(B)-Exception to the Anti-Kickback Statute for Employment Situations.
- 42 C.F.R. Section 1001.952(i)-Reiteration of the Exception as published by OIG.

REFERENCE # 8350.25 #33	EFFECTIVE 09/14
SUBJECT: 8350.25 EMPLOYEE DISCOUNT POLICY	REVISED 05/202503/2026
DEPARTMENT: BUSINESS OFFICE	

PURPOSE

The purpose of this policy is to establish guidelines that will direct the actions of the Business Office in processing claims and requesting payment for services provided to benefit-eligible employees and their dependents at Modoc Medical Center (MMC).

TERMS/DEFINITIONS

Family/Household - Spouse, domestic partner, and dependents as claimed on the employee's income tax from the prior year. If a new dependent or spouse is added to a household in the current time period that is not listed on the prior year's income tax form, other forms of documentation may be accepted.

Benefit-Eligible Employee - A permanent part-time or permanent full-time employee. A permanent part-time employee works a minimum of 48 hours per two-week pay period. A permanent full-time employee works a minimum of 70 hours per two-week pay period.

POLICY

In an effort to provide for the general well-being of its employees, it is the policy of the Last Frontier Healthcare District (LFHD) to extend an employee discount to all benefit-eligible employees and members of their family/household who receive services at MMC.

PROCEDURE

1. Qualifications and Extent of Discount

- a. To qualify for the employee discount, the beneficiary must:
 - i. At the time of service, be a permanent part-time or permanent full-time employee of MMC or a member of a benefit-eligible employee's family/household; and
 - ii. Retain third-party insurance coverage from any of the following:
 1. Health or Dental insurer (LFHD-sponsored Blue Cross, LFHD-sponsored Cypress, or otherwise);
 2. Medicare; or
 3. Medi-Cal; and
 - iii. Receive services that are deemed medically necessary and covered by the benefits package of the third-party carrier, as determined by the third-party carrier.
- b. If all the criteria above are met, the following will apply:
 - i. Any amounts determined by the third-party carrier to be deductible, co-insurance, co-pay and/or share of cost shall be waived.
 - ii. Any amounts determined by the third-party carrier to be non-covered, and the responsibility of the member shall not be waived.

**SURGERY/
OPERATING ROOM**

REFERENCE # 7420.26	EFFECTIVE: 04/2009
SUBJECT: 7420.26 DRAPING OF THE OPERATIVE FIELD	REVISED: 02/2026
DEPARTMENT: OPERATING ROOM	

PURPOSE:

The purpose of this policy is to define the proper technique in draping the operative field.

Formatted: Left

AUDIENCE:

Department Staff

POLICY:

It is the policy of Modoc Medical Center (MMC) that each patient shall be draped to have optimum protection from contamination during surgical procedures that require a sterile field.

PROCEDURE:

EQUIPMENT

- Sterile drapes specific ~~for~~to the surgery case being performed.
- Sterile towels.
- Sterile drapes for squaring off the surgical site.
- Towel clamps.

PREPARATION

- A double thickness draping will be necessary when using sterile towels or sterile disposable drapes.
- Arrange the sterile draping material in order of use to minimize anesthesia time.
- Have all necessary materials needed for specific physician preference.

APPLICATION

- The cleansed operative site is covered with a sterile towel or disposable sterile drapes for squaring off.
- Stand on the opposite side of the physician, not reaching over the sterile area.
- Drape from the area of incision outward (clean area to dirty). -Cuffing the drape over gloves eliminates the chance of contamination from unsterile areas ~~covering~~covered with the drapes.

REFERENCE # 7420.26	EFFECTIVE: 04/2009
SUBJECT: 7420.26 DRAPING OF THE OPERATIVE FIELD	REVISED: 02/2026
DEPARTMENT: OPERATING ROOM	

- Once the drape is in **placeplace**, do not move it. If necessary, it may be removed completely. Do not move towards the incision site when removing.
- Cover the patient completely to complete the sterile field.
- Draping extremities:
 - Cover the patient completely.
 - Use a plastic sterile sheet under the extremity.
 - Next, cover the extremities with sterile extremity drapes.
 - A sterile tubular stockinet may be applied over the extremity being operated on.
 - Other extremity drapes should be applied after the trunk and non-surgical extremities are covered.

REMOVING THE DRAPES AFTER THE PROCEDURE IS COMPLETED

- The surgical area should be covered and protected while removing the surgical drapes.
- Unclamp the drapes and remove them away from the patient.
- Discard the drapes in a proper receptacle.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 FIRE SAFETY IN THE OPERATING ROOM AND PROCEDURE ROOM	REVISED:	02/2026
DEPARTMENT:	OPERATING ROOM		

PURPOSE:

~~The purpose of this policy is to heighten the awareness of potential fire risk for all patients in the Operating Room and Procedure Room.~~

Formatted: Justified

- ~~To identify the actual fire risk assessment and associated fire safety strategies for specific procedures.~~
- The purpose of this policy is to heighten awareness of potential fire risks for all patients in the Operating Room (OR) and Procedure Room (PR) and to identify the fire risk assessment and appropriate fire safety strategies associated with specific procedures.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

None

- ~~Operating Room (OR)~~
- ~~Procedure Room (PR)~~

POLICY:

~~It is the policy of Modoc Medical Center (MMC) that all OR and PR staff are aware of the safety measures required to decrease the risk of fire and how to manage a fire should one ignite. It is the policy of Modoc Medical Center (MMC) that all OR and PR staff are knowledgeable of the safety measures required to reduce the risk of fire and are prepared to respond appropriately should a fire occur.~~

PROCEDURE:

~~Operating rooms and procedure areas have an inherent high risk of fires because the 3 components of the fire triangle are present in close proximity.~~

- ~~Fuel: drapes, prep solutions, etc.~~
- ~~Ignition Source: cautery, lasers, light cords etc.~~
- ~~Oxygen: oxygen enriched atmosphere, anesthesia gases.~~

Operating rooms and procedure areas have an inherent risk of fire because the three components of the fire triangle are present in close proximity.

Formatted: Space Before: 12 pt, After: 12 pt

- Fuel: drapes, prep solutions, etc.
- Ignition Source: cautery, lasers, light cords, etc.

Formatted: List Paragraph, Space Before: 12 pt, After: 12 pt, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 FIRE SAFETY IN THE OPERATING ROOM AND PROCEDURE ROOM	REVISED:	02/2026
DEPARTMENT:	OPERATATING ROOM		

~~—Oxygen: oxygen enriched atmosphere, anesthesia gases~~

~~•I WILL FIX THE SPACING AT THE END.~~

Formatted: List Paragraph, Space Before: 12 pt, After: 12 pt, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 FIRE SAFETY IN THE OPERATING ROOM AND PROCEDURE ROOM	REVISED:	02/2026
DEPARTMENT:	OPERATATING ROOM		

FUEL:

Formatted: Indent: Left: 0", First line: 0", Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

- When an alcohol-based solution is used, use minimal amounts of the solution and allow sufficient time for fumes to dissipate before draping.
- Observe drying time (minimum 3 minutes). -Do not drape the patient until the flammable prep is fully dry.
- Do not allow pooling of any prep solution (including under the patient).
- Remove bowls of volatile solution from the sterile field as soon as possible after use.

Formatted: Font: Bold, All caps

- utilize standard draping procedures.
- Configure surgical drapes to allow sufficient venting of oxygen delivered to the patient.

IGNITION SOURCE:

- Protect all heat sources when not in use (place cautery pencil in holster, laser in standby mode, etc.).
- Activate heat source only when the tip is in the line of sight.
- Deactivate heat sources before the tip leaves the surgical site.
- Check all electrical equipment before use.

INSTRUCTIONS FOR FIRE RESPONSE:

- Anesthesia Provider: Take charge of team response effort. Stop flow of oxygen; convert to room air if feasible, until the fire is under control.
- Surgeon: Remove the burning material away from the patient. Smother the fire with a wet towel. Disconnect all surgical equipment, eg, cautery and insufflators. Cover any open wound with a sterile barrier drape or sterile towels.
- Scrub Tech: Pour sterile saline or water from the back table onto the fire or smother with wet towels. Push the back table away from the field.
- Circulator: Activate the emergency alert system by pressing the Code Red alarm. Extinguish burning materials. Direct personnel to the OR. Instruct staff to shut off the fan to the OR. The controls for air and oxygen are on the panel outside of the OR. Remove the panel cover and shut off oxygen and medical air if appropriate. Unplug electrical devices involved. Obtain a fire extinguisher.

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 FIRE SAFETY IN THE OPERATING ROOM AND PROCEDURE ROOM	REVISED:	02/2026
DEPARTMENT:	OPERATING ROOM		

- Move the patient on the surgical table to a safe area. Make sure that necessary monitoring equipment, oxygen tanks, and additional equipment are available to support the patient.
- Keep the OR doors closed.
- Notify administration and take appropriate steps to notify family members. Be supportive of their needs and keep them informed.
- Save all the materials involved and devices for later investigation.

REFERENCES:

AORN 2025 EDITION, FIRE SAFETY 3., PAGE 169 AND 170

ATTACHMENTS:

None

•

Formatted: No bullets or numbering

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 FIRE SAFETY IN THE OPERATING ROOM AND PROCEDURE ROOM	REVISED:	02/2026
DEPARTMENT:	OPERATING ROOM		

- Utilize standard draping procedures.
- Configure surgical drapes to allow sufficient venting of oxygen delivered to the patient.

IGNITION SOURCE:

- Protect all heat sources when not in use (place cautery pencil in holster, laser in standby mode, etc.).
- Activate heat source only when active the tip is in the line of sight.
- Deactivate heat sources before the tip leaves the surgical site.
- Check all electrical equipment before use.

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

INSTRUCTIONS FOR FIRE RESPONSE:

- Anesthesia Provider: Take charge of team response effort. Stop flow of oxygen; convert to room air if feasible, until the fire is under control.
- Surgeon: Remove the burning material away from the patient. Smother the fire with a wet towel. Disconnect all surgical equipment, eg, cautery and insufflators. Cover any open wound with a sterile barrier drape or sterile towels.
- Scrub Tech: Pour sterile saline or water from the back table onto the fire or smother with wet towels. Push the back table away from the field.
- Circulator: Activate the emergency alert system by pressing the Code Red alarm. Extinguish burning materials. Direct personnel to the OR. Instruct staff to shut off the fan to the OR. The controls for air and oxygen are on the panel outside of the OR. Remove the panel cover and shut off oxygen and medical air if appropriate. Unplug electrical devices involved. Obtain a fire extinguisher.
- Move the patient on the surgical table to a safe area. Make sure that necessary monitoring equipment, oxygen tanks, and additional equipment is available to support the patient.
- Keep the OR doors closed.
- Notify administration and take appropriate steps to notify family members. Be supportive to their needs and keep them informed.
- Save all the materials involved and devices for later investigation.

Formatted: Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 FIRE SAFETY IN THE OPERATING ROOM AND PROCEDURE ROOM	REVISED:	02/2026
DEPARTMENT:	OPERATING ROOM		

—

—

REFERENCES:

—

AORN 2025 EDITION, FIRE SAFETY 3., PAGE 169 AND 170

—

ATTACHMENTS:

—

• NONE

Formatted: Space Before: 12 pt, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

Formatted: Heading 1 - Policy, Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5"

REFERENCE #	7420.26	EFFECTIVE: 04/2009
SUBJECT:	7420.26 INSTRUCTION FOR CASE TECHNIQUE-GENERAL SURGERY	REVISED: 03/2026
DEPARTMENT:	OPERATING ROOM	

PURPOSE:

The purpose of this policy is to provide instructions for case techniques in general surgery.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

Electric Surgical Unit (ESU)
Electronic Health Record (EHR)

POLICY:

It is the policy of Modoc Medical Center (MMC) prior to the commencement of surgery each day ~~the~~ The following steps will be performed by the Operating Room staff.

Formatted: Space Before: 0 pt

Formatted: Heading 1 - Policy

Formatted: Space Before: 0 pt

PROCEDURE:

Preparation before the patient enters the surgical suite

Circulator:

- Check the working order of the lights, monitors, and the electric surgical unit (ESU).
- Check other equipment i.e., suction machines (including full setup), sequential compression devices, and warming devices.
- Assist the scrub technician as needed with gowning, extra supplies, counting of instruments, sharps, sponges; and any other applicable soft goods.

Scrub Technician:

- Damp dust all flat surfaces with an approved germicidal.
- Remove excess furniture and equipment.
- Check supplies for completeness.
- Assist with room cleaning.
- Collect, place, and open supplies for the surgical procedure to be performed. Check the expiration dates and the verification of sterility.
- Select sutures and blades
- Set up the back table and the mayo stand.
- Check the surgical wraps for any defects before placing the tray on the back table.
- Count with the circulating nurse.
- Prepares the mayo stand with the most frequently used instruments and sutures.

Care of the patient prior to induction

REFERENCE #	7420.26	EFFECTIVE:	04/2009
SUBJECT:	7420.26 INSTRUCTION FOR CASE TECHNIQUE-GENERAL SURGERY	REVISED:	03/2026
DEPARTMENT:	OPERATING ROOM		

Care of the patient prior to induction

Circulating Nurse:

- Check the patient's chart for completeness and getobtain verbal verbal report from the preoperative nurse.
- Check the patient's name band, date of birth, allergies, correct site, and correct procedure.
- Move the patient to the operating room. The patient may be transferred there by being carried, on a gurney, in a wheelchair, or by ambulating with a staff member.
- Assist the patient onto the surgery table; using proper safety precautions; secure the arms and trunk with safety straps. Explain to the patient the reason behind the use of the safety safety straps.
- Adjust the lights over the operating area. Stand by the patient's side at the head of the table and assist the anesthesia provider as needed.
- Maintain a quiet environment and do not leave the room during the induction time.
- Be alert for breaks in sterile technique as the patient is draped.
- Connect suction tubing and ESU cables when handed off by the scrub technician.
- Assist the scrub technician in moving the sterile field into place.
- Place a sponge bucket in an area easily accessible for the scrub technician.
- Use the sponge counter bag to keep count of the sponges.
- Adjust the lights.

Scrub Technician:

- Gown and glove other members of the team.
- Assist with draping as needed.
- Move in the mayo stand, back table, and basins. Position the stand and table so that you do not have to turn your back on the sterile field.
- Hand off cables and tubing to the circulating nurse.

During Surgery

Circulating Nurse:

- Keep sponges and tapes picked up and in view of the anesthesia so she/he can ascertain blood loss.
- Fill out pathology forms, implant logbook, and any other paper forms.
- Keep the room neat and clean at all times.
- Always be alert to the needs of the operating team. Stay in the room. -If it is necessary to leave, communicate this with the operating team and the anesthesia provider. Exit using the door to the ante room.
- Maintain the sponge count, needle, and instrument count per procedure.
- Care for specimens per procedure. Place the order for pathology in the electronic health record (EHRher).
- Have the dressings ready and assist with the application.

REFERENCE #	7420.26	EFFECTIVE: 04/2009
SUBJECT:	7420.26 INSTRUCTION FOR CASE TECHNIQUE-GENERAL SURGERY	REVISED: 03/2026
DEPARTMENT:	OPERATING ROOM	

Scrub Technician:

- Guard sterility of the surgical field. Avoid unnecessary talk and movement.
- Anticipate the needs of the surgeon and his assistant.
- Keep the instruments organized and clean; hand the instruments to the surgeon properly and return them to the proper place. Protect the sharps by placing them in a neutral zone.
- Maintain a count of the sponges, sharps, and instruments.
- Supply the needle and suture, only after the used needle or suture is returned. If any sharp is broken, all pieces must be accounted for.
- If irrigation is requested, use warm Saline or antibiotic solution of the surgeon's choice. Make sure to confirm all solutions and their expiration date with the circulating nurse. A label identification must be attached to medication cup or bowl.
- If medication is requested by the surgeon. It must be confirmed with the circulating nurse. Verify the correct medication and expiration date. A label identification must be attached to medication cup or bowl.
- Care for all specimens per procedure.
- Clean the incision area with a damp sterile sponge and apply the dressing as ordered by the surgeon.

After completion of the Surgery

Circulating Nurse:

- Bring the gurney into the operating room. Assist with ~~the~~ patient transfer. Use a transfer device, if ~~needed~~~~needed~~, such as the Hover Mat or Roller Board.
- Be alert for drainage bags and tubes. Protect the patient from injury during the transfer.
- Transport the patient to the Post Anesthesia Care Unit (PACU), with the anesthesia provider. Report to the PACU nurse.
- If there is no PACU nurse, the circulating nurse will recover the patient.
- Assist the scrub technician with cleaning the room.
- Take the specimens to the laboratory.
- Replace all suction containers and tubing.

Scrub Technician:

- Remove the instruments for the operative field, wash, soak, and rinse the instruments. Follow the procedure for sterilizing the instruments.
- Remove all the drapes. Discard any paper products. Place all linen in the soiled linen container.
- Remove all trash and linen from the operating room and place it in the appropriate receptacle.

REFERENCES:

None

REFERENCE # 7420.26	EFFECTIVE: 04/2009
SUBJECT: 7420.26 INSTRUCTION FOR CASE TECHNIQUE-GENERAL SURGERY	REVISED: 03/2026
DEPARTMENT: OPERATATING ROOM	

ATTACHMENTS:

None

REFERENCE #	7420.26	EFFECTIVE: 08/2009
SUBJECT:	7420.26 NARCOTIC RECONCILIATION IN THE SURGERY DEPARTMENT	REVISED: 02/2026
DEPARTMENT:	OPERATING ROOM	

PURPOSE:

The purpose of this policy is to provide instructions to staff regarding narcotic reconciliation.

AUDIENCE:

Department Staff

TERMS/DEFINITION:

~~OR: Operating Room~~

~~PACU: Post Anesthesia Care Unit~~

POLICY:

It is the policy of Modoc Medical Center (MMC) to maintain an accurate record of narcotics administered in the Surgery Department.

PROCEDURE:

- Narcotics in the Surgery Department will be kept under a double lock system.
- The keys to the anesthesia medication cart will be kept in a secure area.
- Narcotic counts will always be reconciled by two (2) licensed nurses and/or a licensed nurse and an anesthesia provider.
- On days of surgery, the narcotic count will be reconciled at the end of the surgery day.
- Narcotics will also be counted at least weekly when no surgeries are performed.
- Narcotics used in the post anesthesia care unit (PACU), should be removed from the Omnicell under the patient's name when able.
- In the event of a narcotic discrepancy, a Risk Event will be completed, and the Hospital in-house Pharmacist will be notified.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7420.26	EFFECTIVE:	06/2009
SUBJECT:	7420.26 SURGERY DEPARTMENT ASSIGNMENT AND STAFFING RATION	REVISED:	02/2026
DEPARTMENT:	OPERATATING ROOM		

PURPOSE:

The purpose of this policy is to define the Nursing Staff ~~ratio per patient~~ patient ratio in the Surgery Department.

Formatted: Justified

AUDIENCE:

Department Staff

Formatted: Justified

TERMS/DEFINITION:

POLICY:

It is the policy of Modoc Medical Center (MMC) that each patient will have the correct nurse per patient ratio.

PROCEDURE:

- A registered nurse (RN), will be in charge of assessing and administering peri-operative care.
- During each individual surgery there will be a minimum of one Surgical Scrub Tech per case.
- Each surgical case will have one registered nurse to act as the Circulating Nurse for each patient.
- Additional staff including RN's and/or licensed vocational nurse (LVN's), may be utilized to assist the circulating nurse as the need arises.
- Two registered nurses will be assigned to the post anesthesia care unit (PACU), room at a maximum of 1:2 patient ration regardless of the type of anesthesia (see policy for staffing of the PACU. Additional RN's and LVN's may be utilized under the supervision of the PACU RN.

REFERENCES:

NONE

ATTACHMENTS:

NONE

SNF

REFERENCE # 6580.26	EFFECTIVE 03/2026
SUBJECT: 6580.26 SERVICE ANIMAL	REVISED
DEPARTMENT: SKILLED NURSING FACILITY	

PURPOSE:

It is the purpose of this policy to ensure:

- Compliance with California Title 22 and federal regulations.
- Protect the rights of patients and visitors with disabilities.
- Maintain a safe, sanitary, and therapeutic environment.
- Maintenance of infection control standards.
- Safe and orderly facility operations.
- Provide clear guidance to staff regarding service animals.

AUDIENCE:

Facility Wide

TERMS/DEFINITIONS:

Service Animal -

An animal that is individually trained to perform tasks for a person with a disability. The task must be directly related to the person's disability.

Examples include:

- Guiding individuals who are blind.
- Alerting individuals who are deaf.
- Assisting during seizures.
- Providing mobility support.
- Interrupting psychiatric or neurological episodes.

Emotional support animals, therapy animals, and companion animals are not considered service animals under ADA or Title 22.

POLICY:

It is the policy of Modoc Medical Center (MMC) that the facility shall permit patients and visitors with disabilities to be accompanied by a service animal in accordance with:

- **Americans with Disabilities Act (ADA), 28 CFR §35 and §36**
- **California Code of Regulations, Title 22, Division 5**
- **Civil Code § 54, et seq.**
- **Health & Safety Code §1250, et seq.**
- **42 CFR §483.10 (Resident Rights)**

Formatted: Font: Not Bold

Service animals are permitted in all areas of the facility where patients and visitors are normally allowed, except where exclusion is required to maintain a safe, sanitary, or sterile environment under Title 22 infection control standards.

PROCEDURE:

A. Permitted Inquiries (ADA-Compliant)

Staff may ask ONLY the following two questions if the need for the service animal is not obvious:

REFERENCE # 6580.26	EFFECTIVE 03/2026
SUBJECT: 6580.26 SERVICE ANIMAL	REVISED
DEPARTMENT: SKILLED NURSING FACILITY	

1. Is the animal required because of a disability?
2. What work or task has the animal been trained to perform?

Staff may NOT:

- Ask about the person's specific disability.
- Require medical documentation.
- Require a special identification card or certification.
- Ask that the animal demonstrate its task or skill.

B. Areas of Access

Service animals are permitted in:

- Resident or patient rooms
- Activity areas
- Common areas
- Dining areas (excluding food preparation zones unless they are communal)
- Therapy rooms
- Outdoor spaces

Restricted areas (per Title 22 infection control and safety standards)/ Service animals are NOT permitted in:

- Food preparation areas unless they are communal food preparation areas
- Clean supply rooms
- Operating rooms
- Sterile procedure rooms
- Medication preparation areas
- Isolation rooms where transmission-based precautions are in place

The Infection Preventionist shall evaluate any clinical concerns as they arise and additional restrictions may be placed on service animals based on circumstance and need within the facility.

C. Patient Responsibilities

The patient (or responsible party) must:

- Maintain control of the animal at all times, using a harness or leash, or voice commands only if a harness or leash interferes with the service animal's work or a patient's disability prevents using such items.
- Ensure the animal is housebroken.
- Provide food, water, and daily care.
- Ensure vaccinations and licensure requirements are met according to state law, and provide veterinary documentation of such upon request.
- Arrange alternative care if the patient becomes unable to manage the animal.
- Clean up and properly dispose of waste.
- Ensure the animal does not disrupt care or safety.

The facility is not responsible for feeding, walking, grooming, or supervising the animal.

D. Infection Control (Title 22 Compliance)

REFERENCE # 6580.26	EFFECTIVE 03/2026
SUBJECT: 6580.26 SERVICE ANIMAL	REVISED
DEPARTMENT: SKILLED NURSING FACILITY	

In accordance with **CCR Title 22 infection control requirements and CDC Guidelines**, the facility shall ensure:

- The animal appears clean and well-groomed.
- The animal shows no signs of infectious disease.
- The animal does not have open wounds.
- The animal is in compliance with state rabies vaccination requirements.
- Staff members perform hand hygiene following contact with the animal.

The animal shall not:

- Sit or lie on clean linens not provided for the use of the person with a disability.
- Contact sterile equipment.
- Access patient beds not assigned to the person with a disability unless medically necessary and documented.

E. Removal Criteria (ADA & Title 22)

A service animal may be removed from the facility if:

- The animal is vocal towards other people and is not quiet and the patient is unable to resolve this.
- The animal acts aggressively towards other people or harms other people.
- The animal is not housebroken.
- The animal poses a direct threat to health or safety.
- The animal significantly disrupts facility operations.
- Infection control risks that result from the animals presence cannot be mitigated.

If removal is necessary, the patient will be offered the opportunity to receive services without the service animal present.

F. Allergies and Fear of Dogs

Allergies or fear of dogs are not valid reasons to deny access to a service animal. Reasonable accommodations (such as separation of individuals with allergies) will be made when possible.

G. Documentation

Staff are encouraged to document the following items in the medical record regarding service animals:

- Presence of a service animal.
- The task the animal performs as described by the patient when ADA questions were asked.
- Any incidents or infection control concerns pertaining to the service animal.

Medical records will not include details of the disability unless voluntarily disclosed by the patient.

H. STAFF EDUCATION

All staff will receive education regarding:

- ADA requirements
- Proper interaction with service animals
- Infection control considerations that pertain to service animals
- Appropriate documentation practices regarding service animals

REFERENCE # 6580.26	EFFECTIVE 03/2026
SUBJECT: 6580.26 SERVICE ANIMAL	REVISED
DEPARTMENT: SKILLED NURSING FACILITY	

- Familiarity with this policy

REFERENCES:

- Americans with Disabilities Act (ADA), 28 CFR § 35 & 36
- Centers for Medicare & Medicaid Services (CMS)
- CDC Infection Control Guidelines

ATTACHMENTS:

Appendix A

Appendix A

California Title 22–Aligned Service Animal Responsibility Agreement

Facility Name: _____

Patient Name: _____

Room #: _____

Service Animal Name: _____

Breed/Description: _____

Acknowledgment of Responsibility

I understand and agree to the following conditions in accordance with ~~California Title 22 regulation~~ the authorities cited in this policy and attest that the following information is true for my service animal:

1. Control

The service animal will remain under my control (leash, harness, or effective voice control) at all times.

2. Housebreaking & Sanitation

- The animal is housebroken.
- Waste will be immediately cleaned and disposed of in designated receptacles.
- Any accident will be reported to nursing staff.

3. Health Requirements

- Vaccinations, including rabies (per California law), are current.
- The animal is free of parasites and communicable diseases.

REFERENCE # 6580.26	EFFECTIVE 03/2026
SUBJECT: 6580.26 SERVICE ANIMAL	
DEPARTMENT: SKILLED NURSING FACILITY	REVISED

- Veterinary documentation will be provided upon request.
- The animal will not enter restricted clinical areas.

4. Care

I understand that the facility is not responsible for any of the following activities that must be performed for my service animal:

- Feeding
- Walking
- Grooming
- Veterinary care

If I cannot provide care, I will arrange for immediate removal and understand that the facility may also require for my service animal to be removed.

5. Liability

I accept responsibility for the following liability if it is caused by my service animal:

- Property damage
- Cleaning costs beyond routine housekeeping
- Injury caused by the animal

6. Emergency Removal Plan

In the event of hospitalization, transfer, or death please contact the following individuals to care for and remove my service animal:

Primary Contact: _____

Phone: _____

Secondary Contact: _____

Phone: _____

Signature

I acknowledge that failure to comply with this agreement may result in removal of the service animal consistent with ADA, ~~and~~ Title 22 regulations, ~~and the other authorities cited in this policy.~~

Patient: _____ Date: _____

Responsible Party: _____ Date: _____

Facility Representative: _____ Date: _____

FACILITES/EOC

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 BLOOD BANK ALARM SYSTEM	
DEPARTMENT: FACILITIES	REVISED 04/2026

PURPOSE:

The purpose of this policy is to ensure the safe storage of blood and blood products by maintaining proper **bB**lood **bB**ank refrigerator temperatures and outlining required actions when temperatures exceed acceptable limits.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

Blood Bank Refrigerator: A temperature-controlled unit used for the storage of blood and blood products.

Acceptable Temperature Range: The required storage temperature for blood products, maintained between 2°C and 6°C.

Temperature Alarm: An audible alert system that activates when the refrigerator temperature rises above 6°C.

Alternate Blood Bank Location: A designated, approved storage location used to maintain blood product safety during equipment failure or repairs.

POLICY:

It is the policy of Modoc Medical Center (MMC), to maintain **bB**lood **bB**ank refrigerator temperatures between 2°C and 6°C at all times. Any temperature excursion above 6°C shall trigger an alarm and require immediate action to protect blood products, ensure regulatory compliance, and maintain patient safety.

PROCEDURE:

When the **bB**lood **bB**ank refrigerator temperature rises above 6°C and the alarm sounds at the Nurses' Station, the following steps shall be taken immediately:

Silence the Alarm

- Disengage the alarm by pressing the push switch to silence the audible alert.

Notify Engineering

- Contact the Engineering Department to report a possible power failure or equipment malfunction.

Notify Laboratory Leadership

- Immediately notify the Laboratory Director or the laboratory technician on call.

Notify Nursing Leadership

- Inform the Nursing Supervisor on duty at the time of the alarm.

Escalation if Repairs Are Delayed

- If repairs cannot be completed promptly by in-house Engineering or service personnel, contact the Laboratory Manager.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 BLOOD BANK ALARM SYSTEM	
DEPARTMENT: FACILITIES	REVISED 04/2026

Alternate Storage

- The Laboratory Manager is responsible for arranging and overseeing the transfer of blood products to an approved alternate **b**Blood **b**Bank location during repairs.

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 CONDUCTING BI-WEEKLY TESTS OF EMERGENCY DIESEL GENERATORS	REVISED 04/2026
DEPARTMENT:	FACILITIES	

PURPOSE:

The purpose of this policy is to ensure the reliable operation of emergency diesel generators by establishing standardized procedures for routine testing, inspection, and fuel monitoring of the generators powering Modoc Medical Center (MMC) facilities. These procedures are designed to verify generator readiness during utility power failures and to ensure compliance with hospital facilities operational and safety requirements.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMMMCC), to maintain emergency diesel generators in a constant state of readiness through scheduled testing, inspection, documentation, and fuel monitoring. All assigned personnel maintenance staff assigned to perform generator testing and maintenance shall be familiar with and adhere to the procedures outlined in this policy. Generator testing shall be coordinated with affected departments to minimize disruption to patient care.

PROCEDURE:

Generator Testing and Notification

- Emergency diesel generators shall be tested under hospital load conditions for 30 minutes each month.
- Testing shall normally be conducted at 0630 hours to minimize disruption to hospital operations.
- Proper log entries shall be completed following each test.
- If a holiday or extenuating circumstance prevents testing as scheduled, the responsible personnel shall coordinate a revised test date and time with the Nursing Supervisor, or other staff and notify all affected departments of the change in generator testing schedule.
- The following departments shall be notified at least 30 minutes prior to the start of testing in the hospital facility:
 - Surgery
 - Special Care Units
 - Emergency Department
 - Nursing Supervisor
- If a department requests a delay in testing, that department shall be notified again immediately after the requested delay period.

Procedure for Starting or Testing Emergency Generators

Prior to starting or testing the generator:

- Check the engine oil level and add oil if necessary to reach the proper level on the dipstick.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 CONDUCTING BI-WEEKLY TESTS OF EMERGENCY DIESEL GENERATORS	REVISED 04/2026
DEPARTMENT:	FACILITIES	

- Check the coolant level and maintain it near the top of the heat exchanger tank or radiator upper tank.
- Inspect the battery to ensure:
 - Battery top is clean and dry
 - Terminals are tight
 - Electrolyte level is correct
 - No corrosion is present
- Inspect all electrical connections to ensure they are correct and secure.
- Ensure the generator unit is free of tools or other objects that could interfere with operation.
- Verify that the selector switch is in the AUTO position.

Diesel Fuel Level Monitoring

- Diesel fuel levels shall be checked daily.
- Fuel levels shall be measured using a graduated dipstick to determine the number of gallons in each tank.
- Diesel fuel levels shall be documented in the appropriate log.

REFERENCES:

None.

ATTACHMENTS:

[MAINTENANCE LOG](#)

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 CONDUCTING BI-WEEKLY TESTS OF EMERGENCY DIESEL GENERATORS	REVISED 04/2026
DEPARTMENT:	FACILITIES	

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 EMERGENCY GENERATOR FAILURE	REVISED 04/2026
DEPARTMENT:	FACILITIES	

Formatted Table

PURPOSE:

The purpose of this policy is to ensure a clear and coordinated response to restore power or secure backup power, and as well as outlines responsibilities for notifying key personnel, securing equipment, and determining the cause of generator failure.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC), in the event of failure of the emergency generators during an electrical power outage, that the following procedure outlined below will be followed.

PROCEDURE:

- Notify the Director of Facilities or designee, Administrator and Director of Nursing immediately that there has been a total power outage. Check and secure all equipment.
- The Director of Facilities or his/her designee will call Peterson Power at 800-963-6446 for immediate service on the generators and/or portable backup generator delivery. A pre-emergency agreement has been completed with them.
- Initiate an Emergency Call Plan to call in additional personnel for support as necessary.
- Maintenance workers on duty will ensure battery operated lights are functioning at each nurses' station. Spare batteries and flashlights are located in Purchasing. Maintenance workers will assist in distributing spare flashlights to nursing personnel.

ATTEMPT TO DETERMINE THE REASON OR FAILURE:

Generator engine failure

Follow the manufacturer's instructions to manually start generator.

- Check the starter system.
- Check the fuel tank to ensure there is adequate fuel. If not, refuel tank from the main supply. Call fuel supplier for STAT delivery of fuel, if necessary.
- If additional fuel must be delivered or the starter system is not functioning, call the power company to determine the length of time for the power outage. Notify the House Supervisor as to when the external or emergency power will be restored, whichever is first.

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 EMERGENCY GENERATOR FAILURE	
DEPARTMENT:	FACILITIES	REVISED 04/2026

Formatted Table

Control panel malfunction or transfer switch malfunction

- If generator can be started, check transfer switch to see if it has been tripped.
- Transfer switch not tripped - check for fault indicators on control panel. No fault indicators throw transfer switches manually. DO NOT ATTEMPT TO THROW TRANSFER SWITCH MANUALLY IF THERE IS A FAULT LIGHT INDICATOR.
- If you are unable to throw the transfer switch manually or a fault is indicated on the control panel, call an electrician immediately. Contact utility company to determine the length of down time and notify House Supervisor as to when the external or emergency power will be restored.
- If transfer switch can be thrown, notify House Supervisor that the hospital is now on emergency power.

Contaminated fuel source

- Check the fuel for contamination if there is no malfunction of the generator or the transfer switch. If fuel is contaminated, notify the Director of Facilities or designee. The director will direct personnel to call the generator supplier for portable generator, as necessary.
- Notify the House Supervisor when the power will be restored.
- If back-up generator fails, there are portable generators, extension cords, and lights that can be utilized from Disaster storage.

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 EQUIPMENT MANAGEMENT ORIENTATION/EDUCATION	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:

The purpose of this policy is to ensure that all personnel at Modoc Medical Center (MMC) are properly trained in the safe and effective use of equipment within their assigned departments, thereby reducing risk of injury, equipment damage, and operational errors.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of ~~Modoc Medical Center~~ (MMC) that:

- All new personnel shall receive orientation on the equipment used in their assigned department prior to independent operation.
- All personnel shall receive annual in-service training on the use and safety of departmental equipment.
- Department Directors are responsible for ensuring required orientation, and annual in-service training is completed, documented, and reported to the Safety Committee.

PROCEDURE:

New Employee Orientation

- Upon hiring or transfer, personnel shall receive department-specific equipment orientation before using any equipment independently.
- Orientation shall include proper operation, safety precautions, emergency ~~procedures, and procedures~~ and reporting of malfunctions.

Annual In-Service Training

- The facilities department shall conduct annual in-service training covering safe operation, updates, and changes to equipment or procedures.
- Attendance is mandatory for all applicable personnel.

Documentation

~~EQUIPMENT MANAGEMENT
ORIENTATION/EDUCATION~~
8460.26 EQUIPMENT
MANAGEMENT ORIENTATION/EDUCATION

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 EQUIPMENT MANAGEMENT ORIENTATION/EDUCATION	
DEPARTMENT:	FACILITIES	REVISED 03/2026

- Completion of orientation and annual in-service training shall be documented by the department.
- Records shall include employee name, date of training, equipment covered, and trainer signature or verification.

Oversight and Reporting

- The Department Director shall review training records for completeness and compliance.
- Training compliance shall be reported to the Safety Committee as required.

REFERENCES:

None.

ATTACHMENTS:

EQUIPMENT USER / MAINTAINER TRAINING
EQUIPMENT USER ERROR OR FAILURES
BIOMEDICAL ENGINEERING DEPARTMENT SERVICE REQUEST
QUARTERLY REPORT OF EQUIPMENT AND UTILITY MANGEMENT INCIDENCE
EQUIPMENT OR UTILITY FAILURE / USER ERROR FOLLOW-UP REPORT

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 EQUIPMENT MANAGEMENT ORIENTATION/EDUCATION	
DEPARTMENT:	FACILITIES	REVISED 03/2026

EQUIPMENT MANAGEMENT
ORIENTATION/EDUCATION
8460.26 EQUIPMENT
MANAGEMENT ORIENTATION/EDUCATION

REFERENCE # 8460.26	EFFECTIVE 11/2006
SUBJECT: 8460.26 EQUIPMENT SAFETY OPERATOR'S RESPONSIBILITY	REVISED 03/2026
DEPARTMENT: FACILITIES	

PURPOSE:

The purpose of this policy is to ensure that operators are aware of potential risks, can recognize abnormal operating conditions, and take proactive steps to maintain safe and reliable equipment operation.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to require that all equipment be operated in a safe manner. Operators must follow established precautions and safety measures to prevent equipment damage, minimize operational risks, and ensure the safety of personnel.

PROCEDURE:

Operator Responsibilities

Operators shall:

- Remain alert to conditions that may damage equipment or cause injury.
- Be familiar with normal equipment sounds and operation to recognize abnormal conditions.
- Promptly investigate and report any abnormal operation to the Facilities Department/Services, including but not limited to:
 - Erratic meter readings
 - Electrical flashing or arcing
 - Burning odors
 - Unusual grinding or mechanical noises
 - Any other signs of improper operation

Equipment Space and Access

- Adequate space shall be maintained around and above all mechanical equipment and electrical services to allow for safe operation, inspection, and maintenance.

Ongoing Safety Monitoring

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 EQUIPMENT SAFETY OPERATOR'S RESPONSIBILITY	
DEPARTMENT:	FACILITIES	REVISED 03/2026

The following general safety factors should be continuously monitored to ensure safe equipment operation:

- Minimal leakage current
- Proper grounding of equipment
- Acceptable conductivity levels in Operating Rooms
- Accuracy of critical timing devices
- Secure and adequate physical mounting of installed equipment
- Proper operation of safety valves
- Electrical cords maintained in safe, serviceable condition
- Calibration of systems where accuracy is essential for patient treatment or diagnosis

REFERENCES:

None.

ATTACHMENTS:

None.

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

PURPOSE:

The purpose of this policy is to ensure that preventive maintenance is performed on all equipment at Modoc Medical Center (MMC) in order to prolong equipment life, maintain a safe ~~operation, and operation and~~ ensure reliability and efficiency of equipment used in patient care and hospital operations.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

Preventive Maintenance (PM): Scheduled inspection, cleaning, testing, lubrication, adjustment, and servicing of equipment to ensure proper operation and to prevent equipment failure.

Medical Maintenance Personnel: Engineering or biomedical staff responsible for performing equipment inspections, testing, and maintenance.

POLICY:

It is the policy of Modoc Medical Center (MMC) that preventive maintenance will be performed on all equipment in accordance with manufacturer recommendations and facility maintenance schedules. Proper equipment care will be maintained to promote safe operation, reduce equipment failures, and extend the life of hospital equipment.

Employees are responsible for the proper care and handling of equipment during and after use. Equipment must be maintained in a clean and safe condition, and any malfunction or abnormal operation must be reported immediately to a supervisor.

Preventive maintenance inspections will be performed routinely by medical maintenance personnel, and documentation of all maintenance activities will be maintained by the Engineering Department.

The Preventive Maintenance Program is intended to support reliable equipment operation, extend equipment life, reduce emergency repair needs and maintain safety for patients and staff.

PROCEDURE:

Employee Care of Equipment After Use

Employees using equipment are responsible for performing basic care after use, including:

- Checking fluid levels and replenishing or draining as necessary.
- Checking pressure levels and reducing pressure when required to prevent stress on gaskets or diaphragms.

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

- Inspecting batteries and charging or replacing them if they are weak.
- Turning off equipment and disconnecting power when applicable.
- Properly storing power cords and accessories.
- Cleaning equipment and associated accessories.
- ~~Storing~~Store~~Storing~~ equipment in a manner that protects it from damage.

Equipment operators must not attempt repairs beyond those authorized as part of normal operating procedures.

Routine Equipment Cleaning

Routine cleaning and dusting of equipment is considered a high priority because it:

- Reduces corrosion and obstruction of moving components.
- Promotes efficient operation of equipment.
- Maintains a professional appearance ~~of~~in equipment and work areas.
- Slows the clogging of cooling air filters.

Reporting Equipment Issues

Personnel must remain alert for signs that equipment may not be functioning properly. These may include:

- Unusual smells
- Unusual sounds
- Visible damage
- Abnormal operation

Any concerns must be reported immediately to a supervisor so that the issue can be evaluated by maintenance personnel.

Preventive Maintenance Inspections

EQUIPMENT SAFETY PREVENTATIVE MAINTENANCE
8460.26 EQUIPMENT SAFETY PREVENTATIVE MAINTENANCE

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

A scheduled maintenance program will be established for each piece of equipment according to ~~manufacturer~~manufacturer's recommendations. Preventive maintenance activities may include inspection, cleaning, lubrication, tightening, and adjustment.

Medical maintenance personnel will inspect equipment every 90 days as part of the Preventive Maintenance Program.

Maintenance Documentation

Records of preventive maintenance inspections and servieingservice will be maintained in the Facilities Office.

Central Service Equipment

Time may be reserved each day for the care and maintenance of fixed equipment used in Central Service. Equipment care should be treated as an ongoing and continuous responsibility.

Equipment Operating Instructions

Operating instructions must accompany each piece of equipment issued to hospital departments to ensure proper use and handling.

REFERENCES:

None.

ATTACHMENTS:

- INCOMING EQUIPMENT CHECKLIST
- APPLICATION FOR EQUIPMENT ACCEPTANCE
- EQUIPMENT TESTING LOG



Incoming
Equipment Checklis

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

INCOMING EQUIPMENT CHECKLIST

DEVICE: _____ DEPARTMENT: _____

MANUFACTURER: _____ MODEL: _____

- 1. Safety test - visual check for freight damage _____
- 2. Approval label (UL) _____
- 3. Operational test - performs per specifications _____
- 4. Operating instructions included _____
- 5. Maintenance service documents _____
- 6. Written warranty _____
- 7. Equipment Management Number Assigned _____

Equipment evaluated for inclusion/exclusion in the Equipment Management Program:

Included - Explain: _____

Excluded - Explain: _____

Engineer: _____ Date: _____

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

REFERENCE # 8460.26	EFFECTIVE 01/1997
SUBJECT: 8460.26 EQUIPMENT SAFETY REPORTING MALFUNCTION	REVISED 03/2026
DEPARTMENT: FACILITIES	

PURPOSE:

The purpose of this policy is to establish a standardized process for reporting and responding to equipment malfunctions ~~in order to~~ ensure patient safety, minimize service interruptions, and maintain reliable operation of equipment at Modoc Medical Center (MMC).

AUDIENCE:

All Staff

TERMS/DEFINITION:

Patient ~~c~~Care ~~e~~Equipment: ~~a~~Any medical device or equipment used directly in the diagnosis, treatment, monitoring, or care of a patient.

Non-~~p~~Patient ~~c~~Care ~~e~~Equipment: ~~e~~Equipment not used directly for patient diagnosis or treatment, including facility, administrative, and support equipment (excluding laboratory equipment).

Equipment ~~m~~Malfunction: ~~a~~Any failure, irregular operation, or performance issue that prevents equipment from operating as intended or poses a safety risk.

Emergency ~~e~~Equipment ~~m~~Malfunction: ~~a~~A malfunction that poses an immediate risk to patient safety or could compromise patient care if not addressed promptly.

Work ~~o~~Order ~~r~~Request: ~~a~~A formal request submitted through WorxHub to report equipment malfunctions or maintenance needs.

POLICY:

It is the policy of ~~MMC-Modoc Medical Center~~ that all equipment malfunctions are reported promptly and addressed according to the procedures outlined below to ensure patient safety and uninterrupted operations.

PROCEDURE:

Reporting Categories

Equipment malfunctions and maintenance requests shall be reported under one of the following categories:

- Patient ~~c~~Care ~~e~~Equipment
- Non-~~p~~Patient ~~c~~Care ~~e~~Equipment

The Facilities Department shall be contacted for both patient care and non-patient care equipment issues.

Equipment Malfunctions – Patient Care Equipment

When a malfunction is suspected, the following steps shall be taken:

REFERENCE #	8460.26	EFFECTIVE 01/1997
SUBJECT:	8460.26 EQUIPMENT SAFETY REPORTING MALFUNCTION	REVISED 03/2026
DEPARTMENT:	FACILITIES	

- Verify proper operation by double-checking procedures to determine whether the issue is a true equipment malfunction or a procedural error.
- If the malfunction persists, submit a work order request through WorxHub on a computer desktop.

Emergency Situations

If the malfunction is considered an emergency:

- Initiate appropriate clinical emergency procedures to ensure patient care is not compromised.
- Notify the Director of Facilities and report the malfunction.
- Obtain an estimated repair time and determine whether replacement equipment is available.
- Refer to the Worx Hub work order for contact information related to repair services or potential electrical safety concerns.

Equipment Malfunctions – Non-Patient Care Equipment

When a malfunction occurs with any non-patient care equipment (excluding laboratory equipment):

Submit a work order request through Worx Hub on a computer desktop.

REFERENCES:

None.

ATTACHMENTS:

WORXHUB WORK ORDER REQUEST

REFERENCE # 8460.26	EFFECTIVE 01/1997
SUBJECT: 8460.26 EQUIPMENT SAFETY REPORTING MALFUNCTION	REVISED 03/2026
DEPARTMENT: FACILITIES	

Work Order

New Work Order

General Info

* required field

Application **Priority ***

Maintenance ▼

[Select] ▼

Subscribe to email updates

Location *

Begin typing to select a location ✖ 🏠

Due Date Due Today

3/9/2026

Appt Start

Appt End

Description * 📘 Pick Template

Details

Task List (Tasks Completed: 0 of 0)

[+ Add New Task](#)

Category *

[Select] ▼

Subcategory *

Select a Work Order Ca... ▼

Source of Work *

[Select] ▼

Requestor

Is Compliance Related

Requestor Phone

Save ▼

Print Work Order ▼

Cancel

Labor: No labor assigned ▼

Asset: No assets selected ▼

Meters: No meters linked ▼

Completion Details: Incomplete ▼

Costs ▼

Signatures: No signatures ▼

Safety Notes: None set ▼

Attachments: No related items ▼

Email Notifications ▼

Surveys & Inspections: 0 attached ▼

Log: No entries ▼

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 FAILURE HVAC SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

PURPOSE:

The purpose of this policy is to ensure a prompt, coordinated, and effective response to partial or total [heating, ventilation, and air conditioning](#) (HVAC) system failures at Modoc Medical Center (MMC), in order to maintain safe environmental conditions, support patient care, and minimize disruption to clinical operations.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to take immediate and appropriate action in the event of a failure of all or part of the HVAC system to maintain safe and acceptable environmental conditions for patients, staff, and visitors.

PROCEDURE:

Air Conditioning

- Verify whether the chillers are operating properly. Inspect the unit for:
 - Control panel malfunctions
 - Electrical issues
 - Mechanical failures
 - Air restrictions in the cooling tower
 - Adequate water flow in the cooling tower
 - Proper operation of chilled water circulating pumps
 - Proper operation of condenser water pumps
- If [the facilities Engineering d](#)Department or service personnel are unable to identify or resolve the issue, contact the Director of Facilities, or designee, to arrange for outside contractor support.
- Notify the Nursing Supervisor and Administration of the system failure and status.

Heating

- Geothermal systems serve as the primary heating source. Boilers serve as secondary or redundant heating [for the MMC campus, including Mountainview.at Acute Care, Clinic, and Mountain View.](#) Warnerview and Canby Clinic rely solely on boilers.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 FAILURE HVAC SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

- If no heating flow is occurring, check the following:
 - System flow
 - Valve placement
 - Bleed off excess air as needed
 - Contact the school district if applicable
- Inspect boilers for proper operation, including:
 - Fuel supply valve operation
 - Boiler control panel malfunctions
 - Boiler water levels
- If boilers are operating properly, check temperatures at heat exchangers. If temperatures are outside acceptable ranges, inspect and adjust temperature controls as necessary.
- Verify operation of hot water circulating pumps.
- If the system failure is due to boiler malfunction, refer to the Boiler Failure / R.F. McDonald policy.
- If the failure is due to hot water circulating pumps or heat exchangers, perform necessary repairs. If [facilities Engineering](#) department or service personnel are unable to resolve the issue, contact the Director of Facilities or designee for further direction.
- Notify the Nursing Supervisor and Administration.

Ventilation

- Inspect supply and exhaust fans to ensure proper operation.
- Check the ventilation system for:
 - Electrical failures
 - Mechanical failures
 - Obstructions in the filtration system
 - Fire dampers that may be closed
- In the event of a failure affecting the Central HVAC System and the Building Automation System (BAS), contact FM Booth.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 FAILURE HVAC SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

- If the water chiller cooling tower requires a prolonged shutdown, arrangements will be made with Johnson Controls portable emergency air services to provide temporary HVAC support until repairs are completed.

Note: Pre-consultation with emergency HVAC service providers is recommended to ensure proper equipment sizing and connection capabilities in the event temporary systems are required.

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 FAILURE OF FIRE ALARM SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

PURPOSE:

The purpose of this policy is to ensure consistent notifications and timely repairs of the fire alarm system in the event of malfunction and/or failure.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC), that in the event of a malfunction and/or of the fire alarm/sprinkler system, the following procedure will be followed.

~~er system, the following procedure will be followed.~~

PROCEDURE:

- Notify the fire department.
- Notify Director of Facilities.
- Notify Sheriff’s Office at 233-4416.
- If repairs are beyond scope of Engineering Department staff, call Certified Fortress Fire Systems company. Telephone 530-592-9547 or 530-898-8218.
- The Director of Facilities will post fire watch and use call list to inform Engineering Department staff of problem and when to report for fire watch duties. A log will be kept of all fire watches activities.
- Notify administration and all departments of anticipated down time downtime.
- Notify Security who will assist with fire watch activities.
- Notify fire department, alarm company, administration and all departments when repairs have been completed.
- Check with alarm company to ensure alarm signal is being received.
- Discontinue fire watch.
- File logs with the Director of Facilities.

REFERENCES:

None.

FAILURE OF FIRE ALARM SYSTEM8460.26 FAILURE OF FIRE ALARM SYSTEM

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 FAILURE OF FIRE ALARM SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

ATTACHMENTS:

None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 FAILURE PLUMBING SYSTEM & FLOODING PROCEDURE	REVISED 04/2026
DEPARTMENT:	FACILITIES	

PURPOSE:

The purpose of this policy is to ensure a timely, coordinated and safe response to plumbing system failures in order to protect patients, staff, visitors, and facility operations, and to minimize environmental, safety, and infection control risks.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to respond promptly and effectively to any failure of the plumbing system. Appropriate actions will be taken to maintain patient care services, ensure sanitation, and comply with regulatory and public health requirements.

PROCEDURE:

Failure of External Sewer Main

In the event of a failure of the external sewer main:

- The Acute Care facility is equipped with a 3,000-gallon decontamination tank, which may be utilized by diverting flow to the tank and shutting off the connection to the city sewer line.
- Notify the Administrator on Call, who will notify the Department of Health, if required.
- Notify the City Public Works Department at 530-233-2377.
- Notify all hospital departments of the service disruption.
- Arrange for portable toilets (porta potties) for staff and public use as needed.
- If the failure results in flooding:
 - Environmental Services will remove water using wet vacuums or pumps.
 - If additional support is required, contact the Fire Department or a licensed plumbing contractor at 530-233-5181.

Failure of Internal Plumbing Lines

In the event of a failure affecting internal plumbing lines:

- Notify all affected departments and areas of the hospital.
- Identify the location and cause of the blockage or failure.

~~FAILURE PLUMBING SYSTEM & FLOODING PROCEDURE~~
8460.26 FAILURE PLUMBING SYSTEM & FLOODING PROCEDURE

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 FAILURE PLUMBING SYSTEM & FLOODING PROCEDURE	
DEPARTMENT:	FACILITIES	REVISED 04/2026

- Engineering or Service personnel will attempt to correct the issue.
- If the issue cannot be resolved internally, contact an appropriate outside plumbing contractor.
- Restrict restroom usage in affected areas by:
 - Limiting use to one restroom per floor, when feasible.
 - Posting restriction signage or securing non-usable restrooms.
 - Directing Environmental Services to install red bag liners in designated restrooms.
- If flooding occurs:
 - Environmental Services will remove water using wet vacuums and take appropriate measures to prevent further damage.

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE # 8460.26	EFFECTIVE 03/2015
SUBJECT: 8460.26 FAILURE OF WATER DISTRIBUTION SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

PURPOSE:

To ensure the safety of patients, staff, and visitors and to maintain essential hospital operations during a disruption, failure, or contamination of the water distribution system by providing clear procedures for response, communication, and restoration of service.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to respond promptly and effectively to any malfunction, disruption, or contamination of the water distribution system in order to minimize risk to patients, staff, and visitors and to maintain essential services.

PROCEDURE:

Disruption or Breakage of Main Water Line to the Hospital

- Distribute the reserve water supply as needed.
- Notify the ~~House Supervisor~~ Director of Facilities that the reserve water supply is being used.
- Implement water rationing procedures as directed by the House Supervisor or Administration.

Commented [AV1]: Should this say "Department Supervisor" throughout the policy?

Breakage or Disruption of Interior Water Pipes

- Locate and assess the point of breakage.
- Notify affected departments of the issue and provide an estimated downtime when possible.
- The ~~Engineering~~ Facilities Department/Service will make necessary repairs within their scope of responsibility.
- If repairs are beyond the capability of ~~Engineering~~ Facilities Department/Service personnel, contact the City Water Department at 530-233-2377 for assistance.

Contamination of Water Supply

- Immediately shut off the main domestic water entry valve.
- Instruct all personnel and visitors, via the Communications Department public address system, not to drink the water or flush toilets.
- Notify the ~~House Supervisor~~ Director of Facilities or Administration.

REFERENCE # 8460.26	EFFECTIVE 03/2015
SUBJECT: 8460.26 FAILURE OF WATER DISTRIBUTION SYSTEM	REVISED 04/2026
DEPARTMENT: FACILITIES	

- Administration or designee will immediately notify the Department of Health.
- Arrange for delivery of potable water from an outside vendor in accordance with existing agreements.

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE # 8460.26	EFFECTIVE 04/2013
SUBJECT: 8460.26 FIRE ALARM SYSTEM FAILURE-BACK UP PLAN	REVISED 04/2026
DEPARTMENT: FACILITIES	

PURPOSE:

The purpose of this policy is to provide for the safety of patients, staff, visitors and other people in the event that the Fire Alarm/Sprinkler System fails at Modoc Medical Center.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center that if the Fire Alarm System is out of service for more than four (4) hours in a twenty-four (24) hour period; the Maintenance Supervisor will notify the Nursing Director or Supervisor to activate a Fire Watch Plan. Notification that we have activated Fire Watch Plan shall also be made to the California Department of Public Health by contacting them at 530- 895-6711. Notifications shall also be made to the local fire department at 530-233-4500.

PROCEDURE:

FIRE WATCH PLAN

- The Fire Watch Plan will be activated by the Maintenance Supervisor.
- During a Fire Watch Plan, the Nursing staff is to complete a Fire Watch Survey every 2 hours until the fire alarm system is reactivated.
- All areas identified on the Fire Watch Survey are to be physically monitored and checked off on the survey forms. The form returned to the Maintenance Supervisor once completed.
- Maintenance Staff will activate and complete the Fire Watch Survey while on duty should it become necessary, between the hours of 8:00am and 5:00pm, Monday through Friday.

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE #	8460.26	EFFECTIVE	11/2006
SUBJECT:	8460.26 GUIDELINES FOR PROCEDURE FOR FAILURE OF ESSENTIAL EQUIPMENT	REVISED	04/2026
DEPARTMENT:	FACILITIES		

PURPOSE:

The purpose of this policy is to ensure the safe, reliable operation of essential equipment and utility systems within the facility and to establish a clear response process in the event of equipment or utility service failure, in compliance with Joint Commission requirements.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

Essential Equipment and Services: Systems critical to patient care, safety, and facility operations, including but not limited to electrical power, heating, ventilation and air condition (HVAC) systems, boilers, fire alarm and suppression systems, water supply, waste disposal systems and medical gas and vacuum systems.

POLICY:

It is the policy of the facility Modoc Medical Center (MMC), that all essential equipment and major utility services are maintained in a safe and operational condition. Written procedures shall be in place to specify actions taken during the failure or disruption of essential equipment or utility services, in accordance with Joint Commission standards.

Commented [AV1]: MMC is not held to JACO standards, so it should not be referenced.

The Director of Facilities is responsible for maintaining awareness of facility activities and for ensuring appropriate response to service disruptions. The Director of Facilities shall be notified immediately when any essential equipment or utility service disruption occurs.

When in-house personnel are unable to restore services, Administration, the Director of Facilities, or their designated representative is authorized to engage qualified outside resources to correct the problem and restore operations.

PROCEDURE:

Notification

- Upon disruption or failure of essential equipment or utility services, the Director of Facilities shall be notified immediately.
- In the absence of the Director of Facilities, Administration and/or department directors shall follow the established call system to notify the most qualified personnel.

Commented [AV2]: Remove bold

Assessment and Response

- The Director of Facilities or designated personnel shall assess the nature and severity of the disruption.
- In-house personnel shall initiate corrective actions when possible.

Commented [AV3]: Remove bold

Escalation

- If the issue cannot be resolved by in-house personnel, Administration, the Director of Facilities, or their designee is authorized to contact outside resources for assistance.
- Qualified engineering consultative advice shall be obtained as needed.

Commented [AV4]: Remove bold

Essential Equipment and Services Covered

Commented [AV5]: Remove bold

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 GUIDELINES FOR PROCEDURE FOR FAILURE OF ESSENTIAL EQUIPMENT	REVISED 04/2026
DEPARTMENT:	FACILITIES	

- Major air conditioning equipment
- Air handling systems (ventilation, filtration, air exchanges, humidity)
- Boilers
- Electrical power services
- Fire alarm and fire extinguishing systems
- Water supply
- Waste disposal systems
- Medical gas and vacuum systems

Call System Documentation

- A current call list of essential personnel and outside resources shall be maintained.
- The call list shall be filed in the Administrator's office and the Director of Facilities' office.

Commented [AV6]: Remove bold

REFERENCES:

None.

ATTACHMENTS:

~~EMERGENCY NUMBERS~~ [Emergency numbers](#)

Commented [AV7]: Remove caps

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 GUIDELINES FOR PROCEDURE FOR FAILURE OF ESSENTIAL EQUIPMENT	REVISED 04/2026
DEPARTMENT:	FACILITIES	

EMERGENCY NUMBERS

Generator	541-852-5583	Peterson Machinery
Fire Department	530-233-4500	Eric Hunter, Fire Chief
Fire Department Emergency	911	
Fuel Oil Generator	530-294-5371	Harbert Oil
Police Department	530-233-2011	
Police Department Emergency	911	
Gas Company	541-450-1533	AmeriGas
Electric Company	888-221-7070	Pacific Power
Water Department	530-233-2377	City of Alturas
Electricity	530-640-0067	McCombs Electric
Plumbing	530-233-5181	Heard Plumbing
A/C & Refrigeration	530-640-1915	Big Dog Electric
Fire Alarm Monitoring	530-893-4922	Certified Systems
Boilers	775-315-5119	RF McDonald
Bulk Oxygen Delivery System	541-285-8058	Air Gas
Sanitation	530-279-2025	Modoc Sanitation
Med Gas	1-800-292-6334	CYA
BAS	916-824-4435	FM Booth

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 LOSS OF UTILITIES	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

PURPOSE:

The purpose of this policy is to provide procedures for responding to utility system failures at Modoc Medical Center (MMC), in order to help ensure the safety of patients, staff, and visitors during a utility system failure.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

Modoc Medical Center will maintain procedures to respond to utility system failures, including loss of oxygen, medical air, water, electricity, and sewer services. These procedures are intended to ensure continuity of patient care and maintain a safe environment for patients, staff, and visitors.

PROCEDURE:

Loss of Oxygen (O₂) or Medical Air

When a loss of oxygen or medical air is reported, the following actions will occur:

Notification

- The employee discovering the issue must immediately notify the Nursing Unit Supervisor.
- The Nursing Supervisor will notify the Facilities Director and the Chief Nursing Officer.
- Upon confirmation of the loss of oxygen or medical air, STAT calls will be initiated to:
 - Nursing Supervisor
 - Facilities Department
 - Respiratory Therapy
 - Administrator-on-Call

Respiratory Therapy and Facilities Responsibilities

- Ensure emergency oxygen cylinders with regulators and hoses are available and ready for use in priority patient care areas.

Priority Areas

LOSS OF UTILITIES

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 LOSS OF UTILITIES	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

- Med-Surg / ER
- Surgery

Equipment and Safety

- Oxygen storage areas must be clearly marked with signage.
- Emergency oxygen hook-up procedures must be posted on all emergency oxygen equipment.

Patient Care

- Patients receiving oxygen who are not located in priority areas will either:
 - Be moved to a priority area, or
 - Be provided with oxygen cylinders in their room.

Additional Oxygen Supply

If additional oxygen tanks are required, contact:

- Airgas – Klamath Falls, OR: 541-884-8136
- Airgas – Roseburg, OR: 541-285-8058

Loss of Water

Alternate Sources of Water and Fluids

Available water sources within the hospital include:

- 3,000-gallon water storage tank
- Sterile and distilled water used for patient irrigation
- Canned vegetables and fruits
- Juices and soft drinks in Dietary

Emergency Water Supplies

- Warnerview Skilled Nursing Facility

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 LOSS OF UTILITIES	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

- 365 gallons of canned water
- 316.9 gallons of bottled water
- Mountain View Skilled Nursing Facility
 - 1,530 gallons of canned water
- Acute Hospital
 - 200 gallons of potable water

Loss of Electricity

Unplanned Power Loss

If electrical service is disrupted externally, the emergency generator will activate automatically to provide power for emergency services.

If internal electrical service is disrupted, power will be restored as soon as possible through repair or by running temporary electrical lines from an area with power.

Temporary generators can be brought into the hospital by contacting the Facilities Director and Disaster Coordinator.

Planned Power Shutdown

Engineering Department Responsibilities

Prior to Shutdown

- Notify department heads and Administration when possiblepossible, at least 24 hours before the power shutdown.
- Provide radios to teams responsible for monitoring operations.
- Provide power cords for essential laboratory equipment.
- Provide power cords for at least one admitting desk.
- Notify patient care areas, including Surgery.
- Check units for life-support systems such as dialysis equipment.

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 LOSS OF UTILITIES	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

- Ensure critical equipment will have power.
- Provide lighting for Emergency Room and Lobby restrooms if public restroom lighting is unavailable.
- Bypass the fire alarm system if required.

During Shutdown

- Monitor lobby doors and provide staffing if needed, especially during adverse weather.
- Check mechanical rooms to verify control air systems are active.
- Communicate with patient care units to ensure critical equipment continues to operate properly.

After Power Restoration

- Collect and return all extension cords and equipment provided during the outage.
- Reprogram televisions if necessary.
- Recheck patient care areas and mechanical rooms to ensure proper operation.

Disaster Recovery Plan

The hospital maintains a disaster recovery plan to protect ~~the confidentiality~~ confidentiality of information and maintain operations during disasters such as fire, vandalism, or natural events.

Fire

- Ensure employees are not in immediate danger.
- Close doors around the fire area.
- Activate the fire alarm and notify the operator by dialing 6000 and providing the fire location.
- Unplug electrical equipment if safe to do so.
- Remove portable equipment when possible.
- Maintain personal safety at all times.

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 LOSS OF UTILITIES	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

- Do not return to the affected area until cleared by the Fire Department.

Vandalism

- Do not touch anything in the affected area.
- Notify Security immediately.
- Secure the vandalized area.
- Document and inventory affected information, data, and equipment.
- Wait for Security clearance before resuming operations.

Natural Disaster

- Ensure safety of all personnel.
- Secure the affected area by closing doors or establishing barriers.
- Conduct an inventory of damaged information, data, and equipment.
- Identify replacement needs.
- Use available resources to resume and maintain operations.

Loss of Sewer Service

Unplanned Sewer Failure

If the waste management system fails or a sewer line break requires more than two hours to repair:

- Facilities will contact a local vendor to rent portable toilets.
- Use of existing toilets should be limited.

After Repairs

- Engineering will verify all toilets are operational.
- Engineering will ensure the water supply is adequate for normal operations.

REFERENCES:

None.

LOSS OF UTILITIES

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 LOSS OF UTILITIES	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

ATTACHMENTS:
None.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 MANAGEMENT OF UTILITY SYSTEM FAILURE	REVISED 04/2026
DEPARTMENT: FACILITIES	

PURPOSE:

The purpose of this policy is to ensure that critical systems and areas within the hospital continue to function during an electrical power outage.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

Electrical power is supplied to the hospital by Generators when a failure occurs:

Areas which are supplied by emergency power must include, but are not limited to:

- All Alarm Systems
- Blood, Bone and Tissue Storage Units
- Egress Illumination and Exit Signs
- Communication Systems (PBX and Paging System)
- Medical Air and Medical and Surgical Vacuum Systems
- Operating Rooms and Recovery Room
- Special Care Units - ICU, CCU, SNF
- Emergency Department
- Steam Delivery System (at least one boiler)

PROCEDURE:

In the event of loss of electrical power, the following procedures will be followed:

- Emergency generators will start and supply emergency power to essential areas. (See above list).
- The engineer on duty will ensure generators are running properly, then notify the Director of Facilities. Check all systems including ~~elevators~~, boilers, etc.
- The Director of Facilities or his/her designee will determine whether loss of electrical power is due to external or internal disruption.
- If loss of electrical power is due to external disruption, the Director of Facilities will contact the utility company which provides electric power Pacific Power 888-221-7070 at the 24-hour number to determine the length of down time. The Director of Engineering will inform the Administration, Director of Nursing, Surgery, Laboratory and Radiology Department as cancellations may be required
- If loss of electrical power is due to internal disruption, attempt to identify the problem.
 - Identify the distribution panel serving the affected area.
 - Trace and correct the problem from the distribution panel.
 - If the problem cannot be resolved immediately, notify the Administration, House Supervisor and the affected areas. If repairs are beyond the scope of the Facilities Department/Service call 530-640-0067 McCombs Electric, a licensed electrical contractor, who is familiar with the facility. They will respond immediately to emergency services.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 MANAGEMENT OF UTILITY SYSTEM FAILURE	
DEPARTMENT: FACILITIES	REVISED 04/2026

- Emergency extension cords are in the Maintenance Department and Warnerview O2 Rm and can be used to receive power from another area, if there is a critical need as determined by the department director.
- When electrical power is restored, reset or restart equipment in the power plant, mechanical room and other parts of the hospital that have been affected by the power outage.

REFERENCES:

None.

ATTACHMENTS:

UTILITIES EQUIPMENT FAILURES

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 MANAGEMENT OF UTILITY SYSTEM FAILURE	
DEPARTMENT:	FACILITIES	REVISED 04/2026

Failure of:	What to expect:	Who to contact:	Responsibility of user:
Radio System Med-Com	Cannot communicate with ambulance	Ambulance Coordinator	Check system. Make sure everything is connected and turned on the correct channel. Sheriff Dept dispatch as relay. Use cell phone.
Computer/ Data Systems	System(s) down	IT; Administration	Use backup or manual paper systems
Electrical power failure– Emergency generator is working	SNF – Many lights are out. Red plug outlets are working; ACUTE – All should operate normally	Maintenance; Administration	Ensure that Oxygen systems are on emergency power or use tanks. Use flashlights as needed.
Electrical power Failure– Emergency generator is not working	Full electrical power and equipment failure	Maintenance; Administration	2 Emergency portable generators available in disaster supplies with power cords.
Fire Alarm System trouble/failure	System trouble alarm	Maintenance; Administration	Institute walking fire patrols. Minimize fire hazards. Use phones or runners to report fires
Heating	Area(s) cool or too cold	Maintenance	Provide extra blankets, use blanket warmer. Obtain portable heaters. Check patients every 2 hours.
Air Conditioning	No ventilation. Loss of cooling	Maintenance	Provide fans, move patients to unaffected areas if possible. Use cool packs in extreme condition. Check patients every 2 hours. Pass ice.
Hot Water	Hot water alarm going off	Maintenance	DO NOT USE hot water when the alarm is activated. DO NOT USE showers.
Nurse Call	No patient contact	Maintenance	Use bedside telephone if able. Move patients as needed. Assign a rover to check all patients at least hourly.
Sewer Stoppage	Drains backing up	Maintenance; Housekeeping	DO NOT FLUSH TOILETS. DO NOT USE WATER. Put RED bags in staff and public areas affected. Use bedside commodes.
Water supply	Sinks / toilets inoperative	Maintenance; Housekeeping; Dietary; Administration	Institute walking fire patrols. Use bottled water through the dietary dept. for drinking. Put RED bags in staff and public toilets. Use bedside commodes.
Water not drinkable from contamination	Tap water is unsafe to drink	Maintenance; Dietary; Administration	Place “Unsafe Water – DO NOT DRINK!” signs at drinking fountains and sinks. Use bottled water obtained from dietary for drinking. Pass bottled water to all patients. Maintenance will close supply lines to fixtures for added safety.
Telephones	No phone service	Maintenance; Phone Company	Use EMS radio, cell phones, or runners as needed.

REFERENCE #	8460.26	EFFECTIVE_10/2020
SUBJECT:	8460.26 PERSONAL PROTECTIVE EQUIPMENT	REVISED_02/2026
DEPARTMENT:	FACILITIES	

Formatted Table

PURPOSE:

The purpose of this policy is to provide guidance for the proper selection, use, maintenance, and employee training of personal protective equipment (PPE) to help protect employees from injury or impairment in the workplace. This policy also ensures compliance with Occupational Safety and Health Administration (OSHA) Personal Protective Equipment standards (29 CFR 1910.120).

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

Personal Protective Equipment (PPE): Equipment worn to minimize exposure to workplace hazards that may cause injury or illness.

Hazard Assessment: A systematic evaluation of the workplace to identify hazards that require the use of PPE.

POLICY:

It is the policy of Modoc Medical Center (MMC) that, where feasible, work-related injuries will be minimized through effective engineering controls and sound work practices. When engineering controls and safe work practices do not adequately reduce risk, appropriate personal protective equipment (PPE) shall be provided and utilized.

Modoc Medical Center is committed to complying with all applicable federal and state regulations concerning PPE and expects all personnel to comply with the requirements of this Personal Protective Equipment Program.

PROCEDURE:

Responsibilities

- **Infection Control Nurse**
 - Perform hazard assessments to identify areas or job tasks requiring mandatory PPE use.
 - Select appropriate PPE to address identified hazards, ensuring safety, proper fit, and comfort.
 - Reassess workplace hazards as needed due to new equipment, processes, accident history, or PPE effectiveness.
- **Department Managers**
 - Train and retrain employees, as necessary, on proper PPE use.
 - Assess employee understanding and competency regarding PPE.
 - Maintain PPE training records in accordance with hospital policy.

REFERENCE #	8460.26	EFFECTIVE_10/2020
SUBJECT:	8460.26 PERSONAL PROTECTIVE EQUIPMENT	REVISED_02/2026
DEPARTMENT:	FACILITIES	

Formatted Table

- Reassess workplace hazards as needed.
- Direct questions or concerns regarding the PPE Program to the Infection Control Nurse.
- Periodically monitor PPE use to ensure proper compliance.

- **Employees**

- Use PPE in accordance with [the](#) training and instructions provided.
- Dispose of single-use PPE appropriately.
- Clean and disinfect reusable PPE as required.
- Inspect PPE for defects prior to each use.
- Report PPE defects or malfunctions to the Department Director.
- Direct PPE questions or concerns to the Department Director or Safety Officer.
- Comply with all aspects of this PPE program.

Hazardous Assessment

- The Infection Control Nurse conducts an annual hazardous assessment at Modoc Medical Center facilities and outlines the list of personal protective equipment needed and potential workplace hazards, as divided by department, within Modoc Medical Center.
- Standards for respiratory protection, electrical protective devices, chemical protective clothing, and fall protection equipment are currently covered under separate standards.

PPE Selection

- PPE shall be selected based on the specific hazards present and in accordance with OSHA and American National Standards Institute (ANSI) guidelines.
- **Eye and Face Protection**
 - Protect against simultaneous exposures at the highest required level.
 - Ensure filter lenses meet [the](#) required shade designations.
 - Employees requiring prescription lenses must use integrated prescription PPE or PPE designed to fit over prescription eyewear.
 - Exercise caution when using metal-framed eyewear near electrical hazards.
 - Clean lenses as needed to prevent fogging.
 - Use side-shield protection when necessary.

- **Head Protection**

REFERENCE #	8460.26	EFFECTIVE_10/2020
SUBJECT:	8460.26 PERSONAL PROTECTIVE EQUIPMENT	REVISED_02/2026
DEPARTMENT:	FACILITIES	

Formatted Table

- Select the appropriate class of hard hat based on the task and hazard.

- **Foot Protection**

- Select footwear appropriate for the task, considering permeability, tread, and contamination risk.

- **Hand Protection**

Select gloves based on:

- Required dexterity.
- Duration and frequency of exposure.
- Degree of hazard.
- Chemical toxicity, permeability, and breakthrough time.

Employees must be able to remove gloves in a manner that prevents skin contamination.

Training

- All employees required to use PPE shall receive training that includes:
 - The purpose of PPE and identification of PPE appropriate for specific tasks.
 - Proper methods to don, doff, adjust, and wear PPE.
 - PPE capabilities and limitations.
 - Proper care, maintenance, useful life, and disposal of PPE.
 - Recognition of and response to emergency situations involving PPE.
- Retraining is required when:
 - Workplace changes render previous training obsolete.
 - New types of PPE are introduced.
 - An employee demonstrates inadequate knowledge or improper use of PPE.

REFERENCES:

Occupational Safety and Health Administration – Personal Protective Equipment Standards (29 CFR 1910 Subpart I)

ATTACHMENTS:

None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE	REVISED 03/2026
DEPARTMENT:	FACILITIES	

PURPOSE:

The purpose of this policy is to establish a preventive maintenance program for the Emergency Power System ~~in order~~ to ensure operational reliability, regulatory compliance, and continuous availability of emergency electrical power.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

Emergency Power System (EPS): The equipment and infrastructure that provides electrical power during normal utility power interruptions, including generators, transfer switches, fuel systems, batteries, and associated controls.

Preventive Maintenance: Scheduled inspections, servicing, and testing performed to maintain equipment in proper operating condition and prevent failures.

Automatic Transfer Switch (ATS): A device that automatically transfers electrical load from the normal power source to the emergency power source during a power failure.

POLICY:

It is the policy of Modoc Medical Center (MMC), that preventive maintenance of the Emergency Power System shall be conducted quarterly to ensure operational reliability.

Preventive maintenance shall be performed by a qualified independent contractor or the Facilities Department as appropriate. Exhibit “A” shall include the contract and scope of services when maintenance is provided by an outside contractor.

Repairs or additional services identified during inspections or testing shall receive highest priority and shall be completed only by qualified technicians. The Director of Facilities is responsible for ensuring timely completion of all immediate or corrective services.

PROCEDURE:

Scheduled Preventive Maintenance

The following services shall be performed during each scheduled service call or on a regular basis by the Facilities Department or contracted service provider:

- Check all fluid levels to ensure they are within the proper operating range.
- Inspect and clean air filter elements; replace as necessary.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE	REVISED 03/2026
DEPARTMENT:	FACILITIES	

- Inspect fuel tanks and accessible fuel lines for leaks and evidence of sludge, water, or rust accumulation.
 - Clean and replace all fuel filters and sediment bowls as required.
 - Note: Some fuel tanks, particularly above-ground tanks, may be equipped with fuel gauges; such gauges shall be inspected for proper operation when present.
- Inspect all coolant hoses for secure connections, brittleness, leaks, cracks, or weakness.
- Lubricate the entire unit.
 - Change oil if the running time meter exceeds 100 hours since the last oil change or at least annually.
 - Replace oil filters with each oil change.
- Clean all batteries, check specific gravity, perform load testing, and replace batteries every two (2) years or as required.
- Inspect jacket water heater for proper operation.
- Inspect all belts for proper tension and condition.
- Inspect generator brushes for proper setting.
- Verify proper operation of all instruments and gauges.
- Test the Automatic Transfer Switch (ATS) for proper operation when load transfer is possible.
- Test all safety alarms and shutdown devices for proper operation.
- Verify proper operation of the battery charger.
- Provide instruction to personnel on proper operating procedures and upkeep as needed.
- After completion of maintenance, run the engine and driven equipment under load when practical.

Generator Testing and Documentation

- The Facilities Department shall inspect the generator, including batteries, and test the system under actual load and operating temperature conditions for a minimum of 30 minutes bi-monthly.

UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE
8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE	
DEPARTMENT:	FACILITIES	REVISED 03/2026

- Generator tests shall be documented.
- The Director of Facilities shall review test results monthly to ensure generators are operating in a reliable manner.
- Line isolation monitor alarms shall be tested at least monthly by Maintenance Workers.

The following is a list of generators maintained and operated at Modoc Medical Center.

Location	Quantities	Electrical Power and Current Ratings	Make	Tank size	Fuel Type
Acute	1	475 KW	Marathon	3000 Gal	Disel
Warnerview	1	125 KVA	Caterpillar	120 Gal	Disel
Mountain View	2	500 KW	Generac	1000 Gal	Disel
Support Services	1	40 KW	John Deere	140 Gal	Disel
Physical Therapy	1	77 KW	Winco	340 Gal	Disel
Canby Clinic	1	100 KW	Mitsubishi	140 Gal	Disel
Disaster Storage Portable	1	10000 Watts	Honda		Gasoline
Disaster Storage Portable	1	6500 Watts	Honda		Gasoline
Disaster Storage Portable	1	7000 Watts	Generac		Gasoline
Canby Portable	1	37 KW	Doosan Trailer	Approximately 50 Gal	Disel
Canby Portable	1	30 AMP	Generac		Gasoline

REFERENCES:

[UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE](#)
[8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE](#)

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE	
DEPARTMENT:	FACILITIES	REVISED 03/2026

None.

ATTACHMENTS:

None.

REFERENCE #	8640.26	EFFECTIVE 03/2018
SUBJECT:	8640.26 UTILITIES MANAGEMENT EMERGENCY POWER	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

PURPOSE:

The purpose of this policy is to ensure the safety of patients, staff, and visitors and to maintain the functionality and continuity of critical hospital services at Modoc Medical Center (MMC) during interruptions of normal electrical power.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to ensure that essential areas and critical systems remain operational during a disruption or failure of the normal electrical power source through the provision of a reliable emergency power system.

PROCEDURE:

MMC shall provide, maintain, and routinely test an emergency power system that is reliable and adequate to supply electricity to designated critical areas during an interruption of the normal electrical power source.

Areas Supplied by Emergency Power

Emergency power shall be provided to, but is not limited to, the following areas and systems:

- All alarm and life safety systems
- Blood, bone, and tissue storage units
- Egress illumination and exit signage
- Operating rooms and post-anesthesia recovery areas
- Special Care Units, Skilled Nursing Facility (SNF), and Emergency Department
- Steam delivery systems, including at least one operational boiler

REFERENCES:

None.

ATTACHMENTS:

None.

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 UTILITIES MANAGEMENT INVENTORY	REVISED 04/2026
DEPARTMENT: FACILITIES	

PURPOSE:

To ensure the proper management, tracking, and maintenance of all equipment associated with the Utilities Management Program.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

None.

POLICY:

A current and accurate inventory of all equipment included in the Utilities Management Program shall be maintained on an ongoing basis. All changes, additions, or deletions to utilities equipment shall be recorded in the inventory within **one (1) month** of the occurrence.

The Director of Facilities is responsible for maintaining and updating the utilities equipment inventory. The inventory shall be maintained in both **electronic and hard-copy formats** and stored in the Director of Facilities' office.

The utilities equipment inventory shall be kept **separate from other utilities records** and maintained as a standalone document. The inventory shall include all equipment associated with utilities systems and shall also be retained within the **Preventive Maintenance files**.

See attached utilities inventory.

PROCEDURE:

- The Director of Facilities shall review and update the utilities equipment inventory on a continuing basis.
- When utilities equipment is added, removed, or modified, the change shall be documented in the inventory within one (1) month.
- The inventory shall be maintained in electronic and hard-copy formats and stored in the Director of Facilities' office.
- The utilities equipment inventory shall be maintained as a separate document and referenced within the Preventive Maintenance files.
- The inventory shall be made available for review upon request.

REFERENCES:

None.

ATTACHMENTS:

INVENTORY OF UTILITIES EQUIPMENT
 ADDITIONS TO UTILITIES MANAGEMENT INVENTORY
 DELETIONS FORM UTILITIES MANAGEMENT INVENTORY

REFERENCE # 8460.26	EFFECTIVE 09/1997
SUBJECT: 8460.26 UTILITIES MANAGEMENT INVENTORY	
DEPARTMENT: FACILITIES	REVISED 04/2026

INVENTORY OF UTILITIES EQUIPMENT

1. Electrical Distribution Panels
2. Emergency Power Equipment including TFR Switches
3. H.V.A.C. Equipment including Window Units
4. Heating and Exhaust Equipment
5. Plumbing and Water Heating and Delivery Equipment
6. Boiler and Steam Equipment including Sterilization Equipment
7. Medical Gas Delivery Equipment, Manifold Room, Oxygen Storage Tank including Alarm Panels, Valves, Automatic Pressures Switches, Flexible Connectors, Outlets
8. Medical/Surgical Air and Vacuum Equipment
9. Communications Equipment
10. Nurse Call System
11. Propane
12. Domestic Water
13. Alarm Systems
14. Sewage Removal Systems

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 UTILITIES MANAGEMENT PROGRAM	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

PURPOSE:

The purpose of this policy is to establish a Utilities Management Program that ensures the reliability, safety, and effective operation of the hospital's utility systems.

AUDIENCE:

Facility Wide

TERMS/DEFINITION:

None.

POLICY:

It is the policy of Modoc Medical Center (MMC) to maintain a Utilities Management Program designed to:

- Ensure operational reliability of utility systems
- Identify and assess risks associated with utility system failures
- Provide effective response to system failures
- Ensure appropriate training for users and operators of utility system components

PROCEDURE:

Equipment Included in the Utilities Management Program

The Utilities Management Program shall include equipment that meets one or more of the following criteria:

- Maintains the climatic environment in patient care areas
- Constitutes a risk to patient life support upon failure
- Is part of building systems used for infection prevention and control
- Is part of communication systems that may affect patients or the patient care environment
- Serves as an auxiliary or ancillary component controlling or interfacing with:
 - Patient care environments
 - Life support systems
 - Infection control systems

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 UTILITIES MANAGEMENT PROGRAM	REVISED 03/2026
DEPARTMENT:	FACILITIES	

Formatted Table

Utility Systems Covered

The following systems are included in the Utilities Management Program:

- Electrical Distribution System
- Emergency Power System
- Heating, Ventilation, and HVAC Systems
- Plumbing and Water Delivery Systems
- Boilers and Steam Delivery Systems
- Medical Gas Distribution Systems
- Medical and Surgical Vacuum and Air Delivery Systems
- Communication Systems
- Sewage Removal Systems

Risk-Based Exclusion of Equipment

Certain utility equipment may be excluded from the Utilities Management Program only if written risk criteria are established and approved by the Safety Committee.

Risk criteria must include:

- Equipment function
- Potential for injury or patient harm
- Equipment performance and maintenance history

NOTE: Risk-based exclusion of utility equipment is not recommended. Including all utility equipment within the Utilities Management Program is considered the safest approach.

REFERENCES:

None.

ATTACHMENTS:

None.

[UTILITIES MANAGEMENT PROGRAM 8460.26 UTILITIES MANAGEMENT PROGRAM](#)

MED/SURG

REFERENCE #	6170.26	EFFECTIVE: 9/2006
SUBJECT:	6170.26 ADMISSION FROM THE EMERGENCY DEPARTMENT	REVISED: 8/2014, 2/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:

The purpose of this policy is to establish standardized procedures for admitting patients from the Emergency Department to inpatient, observation or swing bed status at Modoc Medical Center (MMC), a designated Critical Access Hospital (CAH), ensuring compliance with federal and state regulations and promoting safe, timely patient care.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

Observation is when a patient needs to be closely monitored to determine if additional treatment or admission is needed.

Formatted: Font: Bold

Inpatient is when a patient requires continuous and comprehensive medical treatment and monitoring due to the complexity and severity of their condition.

Formatted: Font: Bold

Swing is a type of hospital bed that can be used for both acute care and skilled nursing care. It allows the hospital to provide flexible care options for patients transitioning from hospital to home. Swing beds are typically used for patients who no longer need intensive care but still require rehabilitation or recovery support.

Formatted: Font: Bold

Critical Access Hospital (CAH) is a hospital designated under Medicare rules with no more than twenty-five inpatient beds and an average length of stay not exceeding 96 hours for acute care patients.

Formatted: Font: Bold

POLICY:

It is the policy of Modoc Medical Center to ensure patients presenting to the Emergency Department (ED) who require services beyond the scope of outpatient emergency care may be admitted to inpatient status upon order of a qualified practitioner with admitting privileges, consistent with CAH Conditions of Participation and hospital medical staff bylaws.

PROCEDURE:

Admission from the ED may occur when:

1. The patient requires a medical service that cannot be safely provided in an outpatient setting or requires ongoing nursing care and/or physician oversight.
2. The anticipated length of stay is expected to be less than or equal to 96 hours.
3. The patient meets inpatient level-of-care criteria based on the severity of illness, intensity of services ~~required~~ and/or clinical judgment of the admitting provider.

Note: If services exceed CAH capability, transfer procedures will be initiated in accordance with Emergency Medical Treatment and Labor Act (EMTALA) and hospital transfer policy.

REFERENCE #	6170.26	EFFECTIVE: 9/2006
SUBJECT:	6170.26 ADMISSION FROM THE EMERGENCY DEPARTMENT	REVISED: 8/2014, 2/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

Admission Process

1. Medical Screening Examination (MSE) must be completed by a qualified medical provider in accordance with EMTALA requirements.
2. Decision to admit:
 - Documented clinical rationale.
 - Admission status (observation vs. inpatient) clearly specified.
 - Patient Status Order (PSO) must be placed on every admitted patient in the electronic medical record.
3. Admission Orders Must include:
 - Diagnosis or working diagnosis.
 - Level of care.
 - Vital sign frequency.
 - Medications.
 - Diet.
 - Activity level.
 - Diagnostic testing.
 - Consults, if applicable.
4. Nursing handoff:
 - A handoff report will occur between the ED and inpatient nursing staff.
5. Patient notification:
 - Patient and/or representative will be informed of admission status and rights.
6. Documentation requirements: The medical record must include the following:
 - ED providers note.
 - Admission orders.
 - History and Physical (H&P) completed within 24 hours of admission.
 - Ongoing progress notes to be completed daily.
 - Discharge summary to be completed within 48 hours of discharge.
 - If a patient is admitted from observation to inpatient, the provider must complete a discharge summary for the observation chart and a new H&P for the change in status. A new PSO will be entered into the EMR for the change in status.
 - If a patient is admitted from inpatient to swing bed, the provider must complete a discharge summary for the inpatient chart, and a new H&P must be completed for the swing bed admission. A new PSO will be entered into the EMR for the change in status.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	6170.26	EFFECTIVE: 9/2006
SUBJECT:	6170.26 ADMISSION FROM THE EMERGENCY DEPARTMENT	REVISED: 8/2014, 2/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

REFERENCE # 6170.26	EFFECTIVE 9/2006
SUBJECT: 6170.26 ADMISSION TO HOSPITAL	REVISED 7/2014, 02/202026
DEPARTMENT: NURSING-MED SURG	

PURPOSE:

The purpose of this policy is to ensure smooth and efficient admission of patients.

AUDIENCE:

Department Wide

POLICY:

It is the policy of Modoc Medical Center (MMC) to ensure a standardized, transparent, and patient-centered admission process. All admissions will be conducted in a timely, ethical, and legally compliant manner while safeguarding patient rights, privacy, and safety.

PROCEDURE:

Admissions may occur through any of the following:

- Outpatient referral
- Emergency services.
- Direct admission.
- Transfer from another healthcare facility.

Admission Procedure:

- Provider will place an order for admission.
- Bed availability will be confirmed.
- Bed ~~assignment is~~ assignments are based on clinical condition, specialty requirements, availability, and infection control considerations such as isolation precautions.
- The patient will be registered.
- The nurse will obtain signed documentation for general consent for treatment, patient rights, financial consent, bedrail policy, and privacy and confidentiality acknowledgment.
- The nurse will conduct an admission assessment to include vital signs, fall risk assessment, pressure ulcer risk assessment, nutritional screening, social history, and a head-to-toe assessment.
- The patient will receive a general orientation to his/her immediate environment (i.e., call light, bed controls, and phone instructions).
- Care plan will be initiated by the registered nurse based on need, problems or nursing diagnosis.
- All belongings remaining in the hospital will be itemized and recorded on admission.

Admission Documentation:

- Admission notes.
- Consent forms.
- Initial nursing assessment.
- Medication reconciliation (done by provider).
- Allergies.
- Advance directives.

Patient Rights During Admission:

- Patients have the right to information regarding diagnosis and treatment, privacy and confidentiality, informed consent, respectful and non-discriminatory care, and access to billing information

REFERENCES:

REFERENCE # 6170.26	EFFECTIVE 9/2006
SUBJECT: 6170.26 ADMISSION TO HOSPITAL	
DEPARTMENT: NURSING-MED SURG	REVISED 7/2014, 02/2026

None

ATTACHMENTS:

None

REFERENCE #	6170.26	EFFECTIVE: 10/2007
SUBJECT:	6170.26 PHOTOGRAPHY AND VIDEOTAPING	REVISED: 4/2026
DEPARTMENT:	NURSING -MED SURG	

PURPOSE:

The purpose of this policy is to establish guidelines for the appropriate use of photography and videotaping within the hospital to protect patient privacy and confidentiality, ensure compliance with applicable laws including HIPAA (Health Insurance Portability and Accountability Act), and support clinical care, education, research and organizational operations.

AUDIENCE:

Department Wide

POLICY:

It is the policy of Modoc Medical Center (MMC) that photography, videotaping, or any form of audio/visual recording involving patients, staff, or hospital property will be conducted only in accordance with this policy. All recordings must respect patient rights, privacy, and dignity and require appropriate authorization and consent. Unauthorized photography or recording is strictly prohibited.

~~Unauthorized photography or recording is strictly prohibited.~~

DEFINITIONS:

Protected Health Information (PHI): any information that can identify a patient, including images or recordings, as defined under HIPAA.

Informed Consent: a written authorization obtained from the patient or legal representative prior to recording.

Authorized Equipment: hospital-approved devices designated for clinical or operational use.

PROCEDURE:

Commented [AV1]: @Sandra Brown remove numbering and replace with bullet points

- Photography or videotaping is permitted only for legitimate purposes:
 - Clinical documentation.
 - and continuity of care.
 - Education and training.
- Written informed consent must be obtained prior to any recording.
- If the patient is unable to provide consent, recording may occur only if clinically necessary.
 - Consent must include the following information:
 - Purpose of the recording.
 - Intended use and audience.
 - Patients may withdraw consent at any time.
- Use of personal devices is prohibited.
- Only the minimum necessary information will be recorded.
- Avoid capturing patient identifiers, other patients or staff without consent.
- All recordings must be stored in encrypted, hospital-approved system and accessible only to authorized personnel.
- Record retention will follow hospital medical record policy.

REFERENCE #	6170.26	EFFECTIVE: 10/2007
SUBJECT:	6170.26 PHOTOGRAPHY AND VIDEOTAPING	REVISED: 4/2026
DEPARTMENT:	NURSING -MED SURG	

- Patients and visitors may record under limited conditions.
 - Must not interfere with patient care delivery.
 - Must not capture other patients or staff without permission.
 - Staff may request cessation of recording if it disrupts operations or violates privacy.
- Staff responsibilities include the following:
 - Obtain and document informed consent.
 - Use only authorized equipment.
 - Protect patient dignity and privacy.
 - Report any violations immediately.
- Prohibited activities include the following:
 - Recording without proper consent.
 - Use of personal devices without authorization.
 - Posting or sharing recordings on social media platforms such as Instagram, TikTok or Facebook.
 - Covert or unauthorized surveillance.
- Failure to comply with this policy may result in the following:
 - Disciplinary action up to and including termination.
 - Legal penalties under HIPAA.
 - Civil or criminal liability.

REFERENCE:

California Hospital Association, 2024. Consent Manual-Chapter 8-Health Information Privacy Basics. VII Photographing and Video Recording Patients.

ATTACHMENTS:

None

Formatted: Font: Bold

**EMERGENCY
DEPARTMENT**

REFERENCE #	7010.26	EFFECTIVE: 10/2007
SUBJECT:	7010.26 BLOOD/BLOOD COMPONENT-INFORMED CONSENT	REVISED: 6/2025,4/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:

The purpose of this policy is to outline the process of providing and documenting informed consent to be treated with blood components and/or blood products.

AUDIENCE:

Department Wide

TERMS/DEFINITION:

~~Informed Consent: is an important communication process that takes place between the patient and their healthcare provider. During this process, the healthcare provider will make sure the patient understands his/her diagnosis, treatment options and the benefits and risks of those treatment options. A communication process between a patient and a healthcare provider in which the patient is provided with and understands relevant information regarding their diagnosis, proposed treatment, alternatives, and the associated risks and benefits, allowing the patient to make an informed decision about their care.~~

POLICY:

It is the policy of Modoc Medical Center (MMC) to provide the patient or legal representative with an explanation of the treatment with blood components and/or blood products, including benefits, risks, and alternative therapies, if applicable, at a level the patient or legal representative can understand. Informed consent protects the patient’s right to autonomy, and at the same time provides assurance to the provider that the patient has authorized the intended medical procedure.

PROCEDURE:

Healthcare Provider:

- Obtaining informed consent before a procedure (blood transfusion) is the responsibility of the healthcare provider.
- The healthcare provider will document the information that was provided to the patient in their electronic medical record, to include explanation of procedure, the risks and benefits of treatment, any alternative treatments available, and the opportunity for questions was provided, and the patient’s questions, if any, were answered. Documentation will also include if the patient consented (or not) to the procedure.
- The patient and the healthcare provider making the disclosure sign the document.

Licensed Nursing Staff:

- The licensed nurse is responsible for verifying the patient or legal representative is competent and confirming he/she received sufficient information, such as treatment options and potential risks, to make a knowledgeable decision. The licensed nurse also obtains and witnesses the patient’s signature on the consent document.
- The licensed nurse serves as a patient advocate when witnessing a patient sign an informed consent document.
- The licensed nurse will inform the healthcare provider if the patient does not have sufficient information needed to make an informed decision.

Special consideration:

REFERENCE #	7010.26	EFFECTIVE: 10/2007
SUBJECT:	7010.26 BLOOD/BLOOD COMPONENT-INFORMED CONSENT	
DEPARTMENT:	EMERGENCY DEPARTMENT	REVISED: 6/2025,4/2026

- Allow a spouse, parent, legal guardian, or court-appointed guardian to sign informed consent documents for a minor or a patient who is incapable of giving consent.
- Allow patient to mark an “X” if the patient has difficulty writing. Two licensed nursing staff members will sign, date and time the consent form as witnesses on consent. If two patient signatures are required, the licensed nursing staff will witness both signatures.
- Place the original completed consent form in patient’s chart. A copy may be provided to the patient.
- If the procedure is urgent or emergent and the patient is unable to give consent, the licensed nursing staff member will attempt to obtain phone consent. An attempt to contact legal representative or substitute decision-maker will be made so the healthcare provider can discuss informed consent. Ensure a second licensed nursing staff member is available to witness the phone call. If consent cannot be obtained, the procedure may occur without consent in an emergent situation.
- The licensed nursing staff will inform the clinician if patient has any new concerns, questions, or objections following the execution of an informed consent.
- The licensed nursing staff will educate the patient and family member regarding informed consent process including the patient’s right to refuse treatment or withdraw consent at any time.
- No blood products will be released without the signed informed consent.
- In an emergency, an Emergency Release of Uncross matched Blood Consent must be completed by the healthcare provider. This form must be signed and presented to the **b**Blood **b**Bank to identify the recipient adequately, and emergency release blood bank products.

Violations of this policy will be reported to the **d**Department **m**Manager. Staff members that violate this policy will be subject to the appropriate disciplinary action up to and including termination.

REFERENCE:

AABB (Association for the Advancement of Blood & Biotherapies) <https://www.aabb.org/blood-biotherapies/biotherapies#standards>

ATTACHMENTS:

Blood Transfusion Informed Consent Information

ATTACHMENT E

Departmental Manuals

PERFORMANCE IMPROVEMENT



MEMORANDUM

DATE: 3/13/2026

TO: Last Frontier Healthcare District Board of Directors

FROM: Alicia Doss Quality/Risk/Compliance Director

SUBJECT: Annual Quality Improvement Plan Review

I have completed the annual review of the Quality Improvement Plan with no changes made.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Alicia Doss", with a long horizontal flourish extending to the right.

Alicia Doss MHA, BSN, RN

Quality/Risk/Compliance Director



PERFORMANCE IMPROVEMENT (QUALITY ASSURANCE) 2026

The Modoc Medical Center Performance Improvement (Quality Assurance) procedures have been reviewed and is approved for use at Modoc Medical Center.

Alicia Doss

ALICIA DOSS

3/11/26

Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

UTILIZATION REVIEW



MEMORANDUM

DATE: 3/13/2026

TO: Last Frontier Healthcare District Board of Directors

FROM: Alicia Doss Quality/Risk/Compliance Director

SUBJECT: Annual Risk Management Plan Review

I have completed the annual review of the Risk Management Plan with no changes made.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Alicia Doss" with a long horizontal flourish extending to the right.

Alicia Doss MHA, BSN, RN

Quality/Risk/Compliance Director

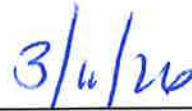


MODOC MEDICAL CENTER UTILIZATION REVIEW 2026

The Modoc Medical Center Utilization Review process has been reviewed and is approved for use at Modoc Medical Center.



ALICIA DOSS



Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

COMPLIANCE



MEMORANDUM

DATE: 3/13/2026

TO: Last Frontier Healthcare District Board of Directors

FROM: Alicia Doss Quality/Risk/Compliance Director

SUBJECT: Annual Compliance Plan Review

I have completed the annual review of the Compliance Plan with no changes made.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Alicia Doss", is written over a horizontal line.

Alicia Doss MHA, BSN, RN

Quality/Risk/Compliance Director



**COMPLIANCE (8610-C)
2026**

The Modoc Medical Center Compliance procedures have been reviewed and is approved for use at Modoc Medical Center.

Alicia R. Doss

ALICIA DOSS

3/11/20

Date

Chief Executive Officer

Date

Chair, Board of Directors

Date



MEMORANDUM

DATE: 3/13/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: MEGAN WRIGHT, AMBULANCE MANAGER
SUBJECT: ANNUAL AMBULANCE MANUAL REVIEW

I have completed the review for the Ambulance Manual Review. Due to some operational changes I have identified several items that need to be updated or added to this manual (see attached revising/archived list).

Overall, the Manual is in good shape and it is my recommendation that the Board approve the manual as is, understanding that a few of these plan changes/updates will be submitted back through the process no later than June 20, 2026.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Megan Wright", is written over the typed name.

MEGAN WRIGHT
AMBULANCE MANAGER
MW/sab

**AMBULANCE
DEPARTMENT**



AMBULANCE POLICY MANUAL 2026

Ambulance Policy Manual has been reviewed and is approved for use at Modoc Medical Center.



Ambulance Department Manager

3/27/26

Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

AMBULANCE

REVISING LIST

Ambulance personnel condition of employment

Ambulance Dispatching/Pager System Use

Ambulance Operations

MMC Ambulance Dispatch Plan-not a policy-has to be approved by Sheriff Department-has been submitted to them several times, Megan still trying to process with them.

ARCHIVED/REMOVED

Ambulance Operation, Maintenance Checks

Ambulance Daily Check Sheets

Ambulance Operation for Code 3 Driving

Radio Communications Guidelines

**EMERGENCY
MANAGEMENT
DEPARTMENT**



MEMORANDUM

DATE: 3/23/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: JEREMY WILLS/HOSPITAL DISASTER PREPAREDNESS COORDINATOR
SUBJECT: EMERGENCY MANAGEMENT DEPARTMENT

I have completed the review for the Emergency Management Manual Review. Overall, the Manual is in good shape and it is my recommendation that the Board approve the manual as is.

The only changes made were correcting titles, addresses and phone numbers that have changed and archiving one (1) policy as follows:

Utilities Management Plan (originated in Facilities/EOC)

Thank you for your attention to the above.

Respectfully Submitted,

A handwritten signature in black ink, appearing to be "Jeremy Wills", is written over a horizontal line.

JEREMY WILLS
Hospital Disaster Preparedness Coordinator
JW/sab



EMERGENCY MANAGEMENT POLICY & PROCEDURE MANUAL YEARLY REVIEW 2026

The 2026 Emergency Management Policy Manual has been reviewed and is approved for use at Modoc Medical Center.



Hospital Disaster Preparedness Coordinator

3/24/26

Date

Chief Executive Officer

Date

Chair, Board of Directors

Date

Contact	Name	Tech Reader Approval
Adam Willoughby	8350.26 Employee Discount Policy (Redlined - Revised 03.12.26).doc.docx	Amber Vucina
Delinda Gover	7420.26 Draping of the Operative Field..docx	Mallory Adams
Delinda Gover	7420.26 Fire Safety In The Operating Room and Procedure Room.docx	Mallory Adams
Delinda Gover	7420.26 INSTRUCTIONS FOR CASE TECHNIQUE GENERAL SURGERY.docx	Edward Johnson
Delinda Gover	7420.26 Narcotic reconciliation in the Surgery Department.docx	Edward Johnson
Delinda Gover	7420.26 Surgery Department Assignment and Staffing Ratio.docx	Mallory Adams
Edward Johnson	6580.26 Service Animal Policy-MMC-Draft-3-5-2026 - Athene Edits.docx	Kevin Kramer
Marty Shaffer	8460.26 BLOOD BANK ALARM SYSTEM.docx	Mallory Adams
Marty Shaffer	8460.26 CONDUCTING BI-WEEKLY TESTS OF EMERGENCY DIESEL GENERATORS.docx	Kevin Kramer
Marty Shaffer	8460.26 EMERGENCY GENERATOR FAILURE.docx	Alex Cole
Marty Shaffer	8460.26 EQUIPMENT MANAGEMENT ORIENTATION EDUCATION.docx	Alicia Doss
Marty Shaffer	8460.26 EQUIPMENT SAFETY OPERATOR'S RESPONSIBILITY.docx	Alicia Doss
Marty Shaffer	8460.26 EQUIPMENT SAFETY PREVENTATIVE MAINTENANCE.docx	Mallory Adams
Marty Shaffer	8460.26 EQUIPMENT SAFETY REPORTING MALFUNCTION.docx	Alicia Doss
Marty Shaffer	8460.26 FAILURE HVAC SYSTEM.docx	Alicia Doss
Marty Shaffer	8460.26 FAILURE OF FIRE ALARM SYSTEM.docx	Mallory Adams
Marty Shaffer	8460.26 FAILURE OF PLUMBING SYSTEM.docx	Mallory Adams
Marty Shaffer	8460.26 FAILURE OF WATER DISTRIBUTION SYSTEM.docx	Amber Vucina
Marty Shaffer	8460.26 FIRE ALARM SYSTEM FAILURE-BACK UP PLAN.docx	Kevin Kramer
Marty Shaffer	8460.26 GUIDELINES FOR PROCEDURE FOR FAILURE OF ESSENTIAL EQUIPMENT.docx	Amber Vucina
Marty Shaffer	8460.26 LOSS OF UTILITIES.docx	Alex Cole
Marty Shaffer	8460.26 MANAGEMENT OF UTILITY SYSTEM FAILURE.docx	Alex Cole
Marty Shaffer	8460.26 PERSONAL PROTECTIVE EQUIPMENT.docx	Alex Cole
Marty Shaffer	8460.26 UTILITIES MANAGEMENT EMERGENCY POWER MAINTENANCE.docx	Amber Vucina
Marty Shaffer	8460.26 UTILITIES MANAGEMENT EMERGENCY POWER.docx	Alex Cole
Marty Shaffer	8460.26 UTILITIES MANAGEMENT INVENTORY.docx	Edward Johnson
Marty Shaffer	8460.26 UTILITIES MANAGEMENT PROGRAM.docx	Alex Cole
Susan Sauerheber	6170.26 ADMISSION FROM THE EMERGENCY DEPT.docx	Mallory Adams
Susan Sauerheber	6170.26 Admission to Hospital Policy and Procedure.docx	Amber Vucina
Susan Sauerheber	6170.26 Photography and Videotaping.docx	Amber Vucina
Susan Sauerheber	7010.26 Blood and Blood Component-Informed Consent Policy and Procedure (002).docx	Mallory Adams
DATED: _____		SIGNED BY BoD _____

ATTACHMENT F

LFHD Financial Statement

March 2026

(unaudited)

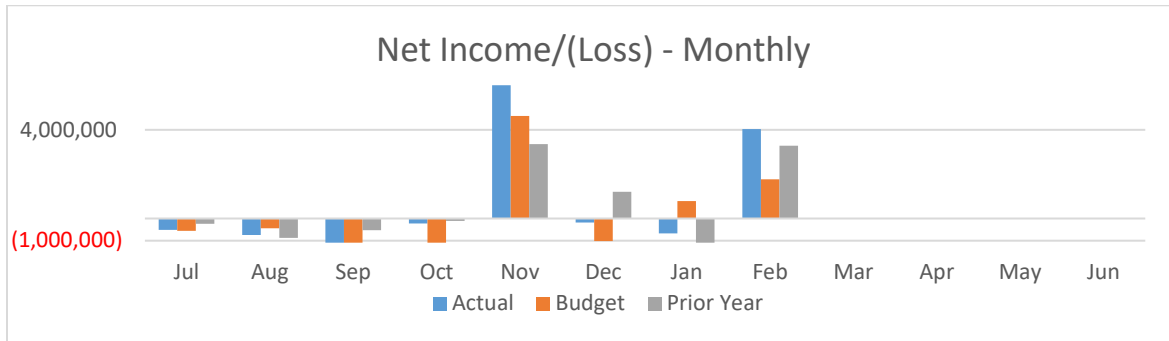


Modoc Medical Center
Financial Narrative
For the Month of March 2026

Prepared by Jin Lin, Finance Director

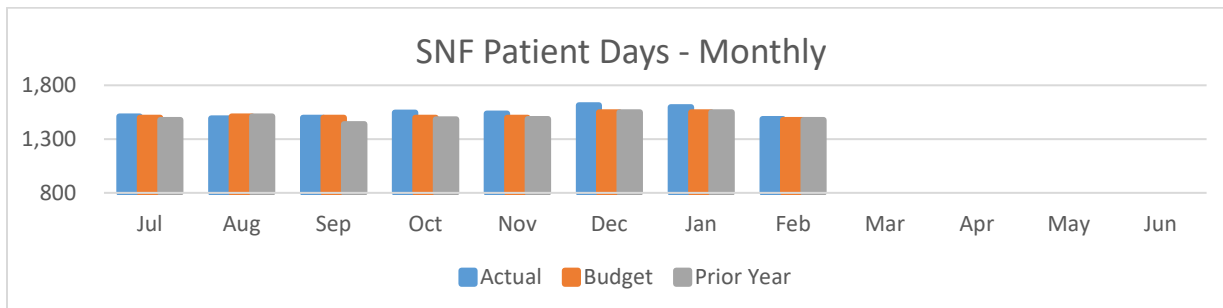
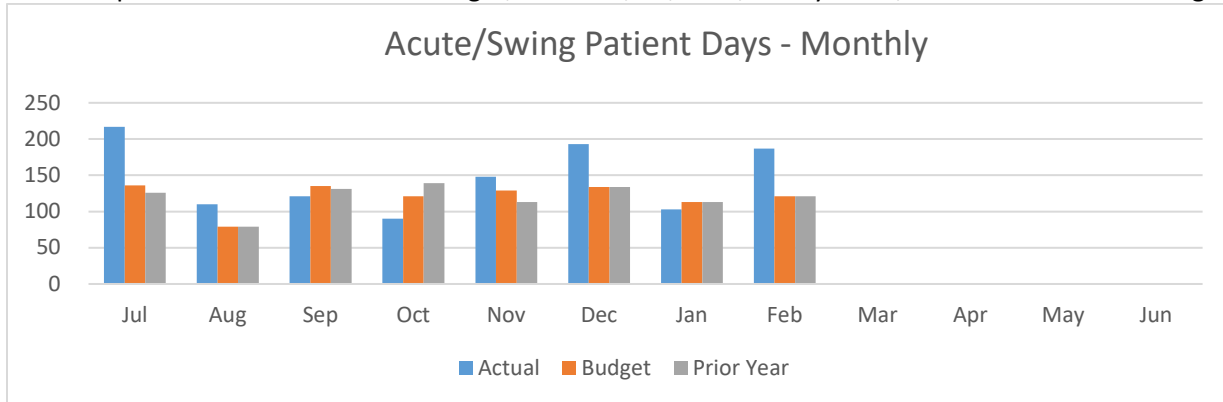
Summary

During the month of March, Modoc Medical Center reported a loss from operations of \$1.02 million, outperforming the budget that anticipated an operating loss in March of \$1.53 million. Inpatient revenue was above the budget by \$317K in March. Outpatient revenue was below budget by \$231K for the month. Total patient revenue was \$5.09 million, above budget of \$86K. Modoc Medical Center reported a total net loss of \$1.10 million for the month, outperforming the budget that anticipated an overall budget loss for the month of \$1.53 million.



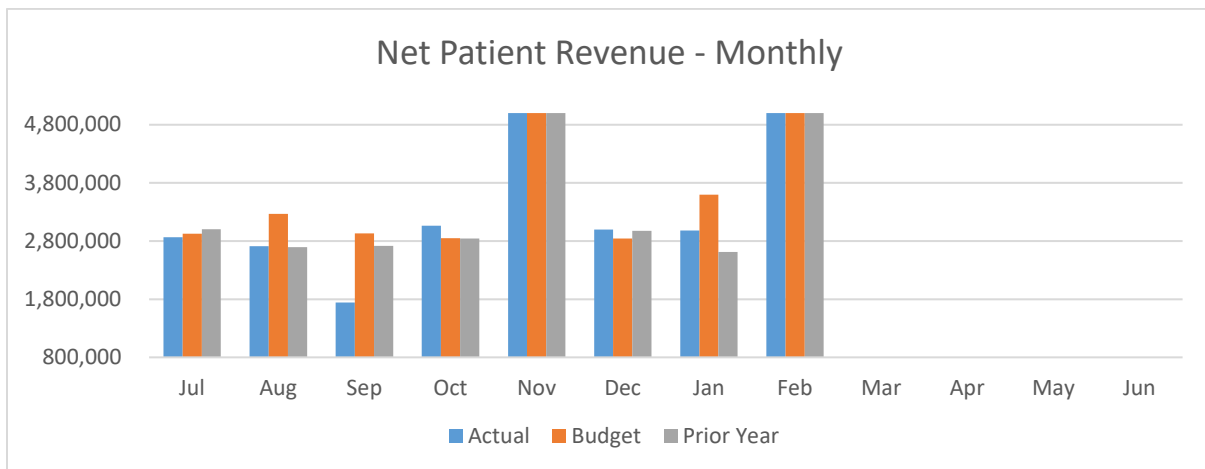
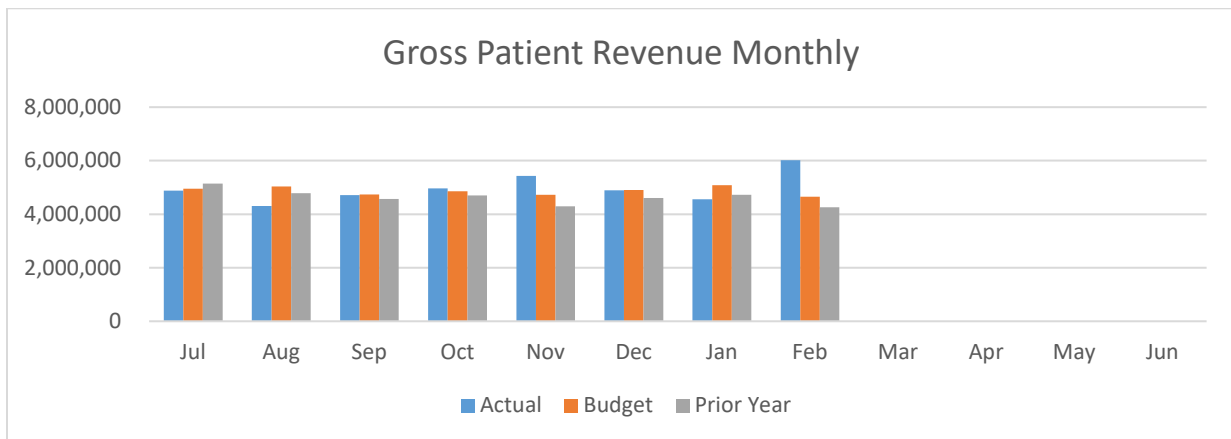
Patient Volumes

Combined Acute Days were above budget for the month by 3 days. SNF Patient Days were 1,768 for the month. Overall Inpatient and SNF Days were above budget by 331 days (1,900 actual vs. 1,679 budget). Most outpatient visits were above budget; however, ER, Amb, Canby Clinic, and CT were below budget.



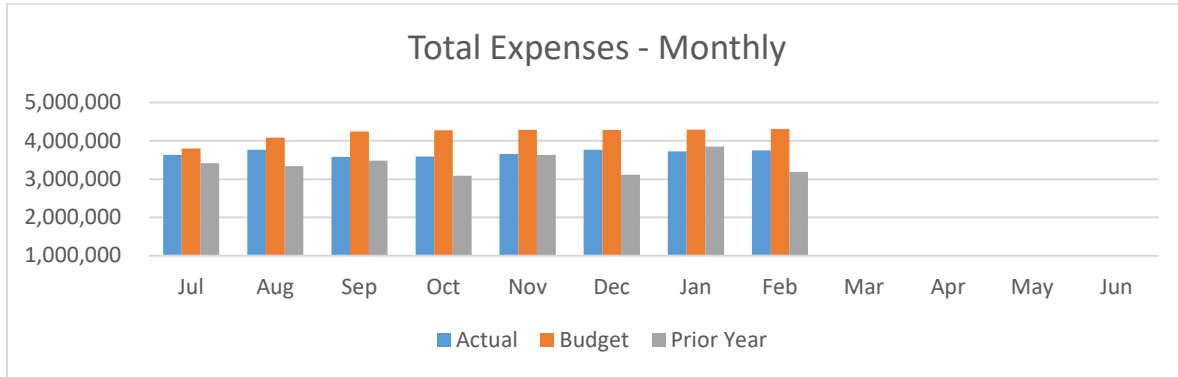
Revenues

Gross revenue was above budget of \$87K, and net revenue was above budget of \$255K in the month of March. Gross Patient Revenues were \$5.10 million, compared to the budget of \$5.01 million. Inpatient Revenue was \$1.64 million compared to the budget of \$1.32 million; and Outpatient Revenue was \$3.45 million compared to the budget of \$3.68 million. Total deductions from revenue were \$2.10 million, compared to budget of \$2.27 million. Net patient Revenue was \$2.99 million, compared to budget of \$2.73 million.



Expenses

Total operating expenses were \$4.03 million this month, which is \$278K lower than budgeted operating expenses. The decrease was mainly in Benefits, Purchased Services, and Supplies.

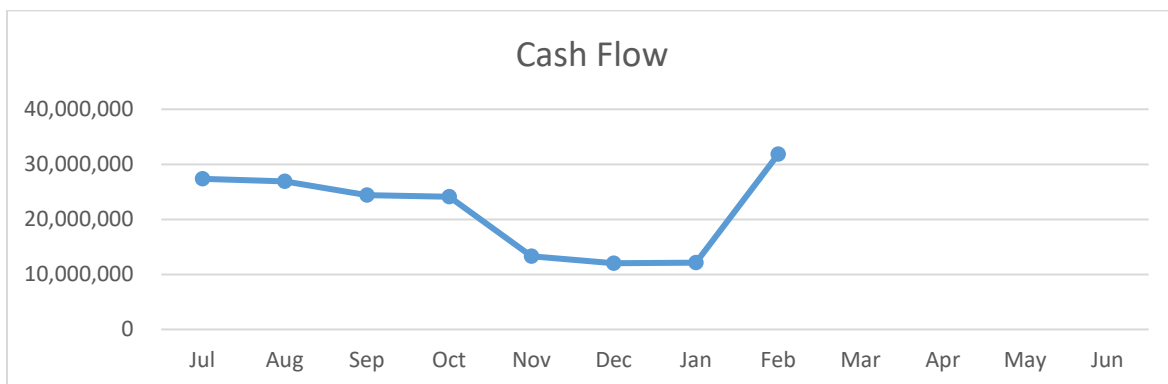


Non-Operating Activity

Non-Operating expenses for the month were as follows: accrued Interest expense from USDA Loan was \$158K. Interest income of \$79K was earned from CDs. The retail pharmacy showed a profit of \$13K. District vouchers were \$10K. Total non-operating net loss for the month was \$77K, which was under the budget.

Balance Sheet

Cash decreased in March by \$761K to \$31.10 million. The total current liabilities were \$4.96 million. Days in Cash totaled 258. Days in AP totaled 14. Days in AR totaled 69. The current ratio was 7.73. Net AR as a percentage of gross AR was 45.56%.



Modoc Medical Center
Income Statement
For the month of March 2026

	Month	Mar-26 Budget	Variance	Prior Year Month	2026 YTD	2026 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	615,285	545,896	69,389	540,491	5,410,164	5,556,366.09	(146,202)	5,395,497
Room & Board - SNF	1,026,281	778,827	247,454	772,020	8,331,712	7,343,023.61	988,688	7,092,645
Total Inpatient Revenue	1,641,567	1,324,723	316,843	1,312,512	13,741,876	12,899,390	842,486	12,488,142
Outpatient Revenue	3,450,280	3,681,584	(231,304)	3,384,645	31,864,463	31,063,902	800,561	29,298,301
Total Patient Revenue	5,091,846	5,006,307	85,539	4,697,156	45,606,339	43,963,291	1,643,047	41,786,443
Bad Debts (580000,580011,58010)	335,169	(33,770)	368,939	(24,600)	1,158,550	(188,158)	1,346,708	(1,181,846)
Contractuals Adjs	1,740,124	2,288,569	(548,445)	1,868,008	5,933,415	8,116,553	(2,183,138)	6,286,096
Admin Adjs (5930002-593001,598)	27,932	16,897	11,035	97,839	1,113,803	152,073	961,730	3,908,208
Total Revenue Deductions	2,103,225	2,271,696	(168,471)	1,941,247	8,205,768	8,080,468	125,300	9,012,458
Net Patient Revenue	2,988,621	2,734,612	254,009	2,755,909	37,400,571	35,882,823	1,517,747	32,773,985
% of Charges	58.7%	54.6%	4.1%	58.7%	82.0%	81.6%	0.4%	78.4%
Other Revenue	19,699	18,345	1,355	15,857	360,162	830,963	(470,801)	484,290
Total Net Revenue	3,008,321	2,752,957	255,364	2,771,767	37,760,732	36,713,787	1,046,946	33,258,275
Expenses								
Salaries	1,851,096	1,792,233	58,863	1,646,053	15,608,183	16,009,064	(400,881)	13,427,341
Benefits and Taxes	373,288	545,974	(172,686)	362,479	3,303,480	4,745,719	(1,442,239)	2,918,623
Registry	333,250	284,982	48,268	266,243	2,331,057	2,564,835	(233,778)	2,577,767
Professional Fees	483,818	432,865	50,953	459,253	3,878,500	3,619,472	259,028	3,585,580
Purchased Services	110,842	237,865	(127,024)	176,258	1,208,700	2,105,870	(897,170)	1,541,005
Supplies	370,535	412,799	(42,264)	399,660	3,196,303	3,721,596	(525,293)	3,108,416
Repairs and Maint	42,789	36,191	6,599	40,600	367,325	336,665	30,660	291,386
Lease and Rental	6,966	4,541	2,425	3,576	32,380	40,884	(8,503)	41,557
Utilities	78,692	79,256	(564)	97,018	652,352	713,305	(60,953)	666,618
Insurance	44,267	45,821	(1,554)	45,671	369,629	412,392	(42,763)	414,361
Depreciation	271,662	343,633	(71,970)	181,250	2,058,097	2,802,790	(744,693)	1,590,163
Other	63,712	93,215	(29,504)	61,113	663,349	804,675	(141,326)	692,206
Total Operating Expenses	4,030,917	4,309,375	(278,459)	3,739,175	33,669,354	37,877,266	(4,207,912)	30,855,025
Income from Operations	(1,022,596)	(1,556,419)	533,823	(967,408)	4,091,378	(1,163,480)	5,254,858	2,403,251
Property Tax Revenue	0	0	0	(390)	1,345,292	1,596,367	(251,075)	1,338,689
Interest Income	78,621	107,670	(29,050)	81,993	710,035	969,034	(258,998)	986,407
Interest Expense	(157,505)	(155,543)	(1,962)	(83,255)	(1,770,753)	(1,250,194)	(520,559)	(994,845)
Gain/Loss on Asset Disposal/Forte	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	12,586	91,617	(79,032)	51,606	728,578	1,060,924	(332,346)	275,549
DISTRICT VOUCHERS AND OTHER	(10,320)	(14,865)	4,545	(14,865)	(43,802)	(83,746)	39,944	(83,963)
Total Non-Operating Revenue	(76,618)	28,880	(105,499)	35,090	969,351	2,292,385	(1,323,034)	1,521,838
Net Income/(Loss)	(1,099,215)	(1,527,538)	428,324	(932,318)	5,060,729	1,128,905	3,931,824	3,925,088
EBIDA	(670,048)	(1,028,363)	358,315	(667,814)	8,889,579	5,181,889	3,707,690	6,510,097
Operating Margin %	-34.0%	-56.5%	22.5%	-34.9%	10.8%	-3.2%	14.0%	7.2%
Net Margin %	-36.5%	-55.5%	18.9%	-33.6%	13.4%	3.1%	10.3%	11.8%
EBIDA Margin %	-22.3%	-37.4%	15.1%	-24.1%	23.5%	14.1%	9.4%	19.6%

Modoc Medical Center
Income Statement Trend

	Mar-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	Mar-26
Revenues												
Room & Board - Acute	540,491	5,395,497	5,410,164	685,444	529,453	467,429	452,283	571,794	726,928	532,410	829,139	615,285
Room & Board - SNF	772,020	7,092,645	8,331,712	841,152	893,655	878,216	946,063	942,003	992,223	940,242	871,877	1,026,281
Total Inpatient Revenue	1,312,512	12,488,142	13,741,876	1,526,595	1,423,108	1,345,645	1,398,346	1,513,797	1,719,151	1,472,651	1,701,016	1,641,567
Outpatient Revenue	3,384,645	29,298,301	31,864,463	3,351,869	2,878,680	3,369,321	3,571,943	3,919,351	3,429,157	3,578,275	4,315,586	3,450,280
Total Patient Revenue	4,697,156	41,786,443	45,606,339	4,878,465	4,301,788	4,714,967	4,970,289	5,433,148	5,148,309	5,050,926	6,016,602	5,091,846
Bad Debts	(24,600)	(1,181,846)	1,158,550	84,182	101,595	192,942	68,244	223,030	(104,018)	125,304	132,101	335,169
Contractual Adjs	1,868,008	6,286,096	5,933,415	1,918,848	1,481,549	1,894,197	1,731,019	(4,281,656)	1,908,514	1,634,160	(2,093,338)	1,740,124
Admin Aids	97,839	3,908,208	1,113,803	12,361	24,241	884,264	109,742	(331,083)	344,426	17,150	24,770	27,932
Total Revenue Deductions	1,941,247	9,012,458	8,205,768	2,015,392	1,607,384	2,971,403	1,909,004	(4,389,709)	2,148,922	1,776,614	(1,936,467)	2,103,225
Net Patient Revenue	2,755,909	32,773,985	37,400,571	2,863,073	2,694,403	1,743,564	3,061,284	9,822,857	2,999,387	3,274,312	7,953,069	2,988,621
% of Charges	58.7%	78.4%	82.0%	58.7%	62.6%	37.0%	61.6%	180.8%	58.3%	64.8%	132.2%	58.7%
Other Revenue	15,857	484,290	360,162	37,741	14,505	34,509	66,379	33,683	41,958	79,759	31,929	19,699
Total Net Revenue	2,771,767	33,258,275	37,760,733	2,900,814	2,708,908	1,778,073	3,127,663	9,856,540	3,041,345	3,354,071	7,984,998	3,008,321
Expenses												
Salaries	1,646,053	13,427,341	15,608,183	1,785,419	1,690,354	1,684,758	1,729,366	1,843,644	1,778,637	1,631,191	1,613,719	1,851,096
Benefits and Taxes	362,479	2,918,623	3,303,480	377,349	382,644	340,699	374,615	375,762	379,134	490,351	209,638	373,288
Registry	266,243	2,577,767	2,331,057	262,589	207,040	199,454	240,036	196,051	176,352	282,474	433,811	333,250
Professional Fees	459,253	3,585,580	3,878,500	379,442	488,717	373,455	441,028	281,514	468,475	422,087	539,964	483,818
Purchased Services	176,258	1,541,005	1,208,700	58,880	209,739	118,558	152,633	139,926	132,753	145,105	140,264	110,842
Supplies	399,660	3,108,416	3,196,303	397,284	344,376	403,531	351,006	411,097	301,980	275,824	340,668	370,535
Repairs and Maint	40,600	291,386	367,325	32,193	80,938	55,206	30,158	25,319	34,313	24,202	42,206	42,789
Lease and Rental	3,576	41,557	32,380	2,393	1,683	2,205	3,241	3,151	1,749	7,171	3,822	6,966
Utilities	97,018	666,618	652,352	59,208	60,628	56,867	54,083	65,332	111,339	64,551	101,653	78,692
Insurance	45,671	414,361	369,629	43,282	44,241	43,413	20,745	20,745	43,103	65,808	44,026	44,267
Depreciation	181,250	1,590,163	2,058,097	183,888	183,829	177,432	182,003	228,214	314,861	270,835	245,372	271,662
Other	61,113	692,206	663,349	70,025	77,764	135,953	16,174	67,717	86,043	80,506	65,455	63,712
Total Operating Expenses	3,739,175	30,855,025	33,669,354	3,651,953	3,771,953	3,591,532	3,595,087	3,658,471	3,828,739	3,760,105	3,780,598	4,030,917
Income from Operations	(967,408)	2,403,251	4,091,379	(751,139)	(1,063,045)	(1,813,459)	(467,424)	6,198,068	(787,393)	(406,034)	4,204,400	(1,022,596)
Property Tax Revenue	(390)	1,338,689	1,345,292	0	61,179	0	0	0	1,284,113	0	0	0
Interest Income	81,993	986,407	710,035	214,143	104,327	43,952	84,301	31,985	29,043	54,192	69,472	78,621
Interest Expense	(83,255)	(994,845)	(1,770,753)	(83,144)	(82,545)	(81,291)	(81,800)	(82,675)	(885,057)	(82,881)	(233,855)	(157,505)
Gain/Loss on Asset Disposal/Fortera		0	0	0	0	0	0	0				
Retail Pharmacy Net Activity	51,606	275,549	728,578	93,595	235,880	40,127	246,607	(4,584)	107,370	37,725	(40,727)	12,586
DISTRICT VOUCHERS AND OTHER	(14,865)	(83,963)	(43,802)	(7,186)	(8,218)	(7,451)	(2,202)	(4,834)	9,897	(9,573)	(3,916)	(10,320)
Total Non-Operating Revenue	35,090	1,521,838	969,351	217,408	310,623	(4,663)	246,906	(60,108)	545,366	(537)	(209,026)	(76,618)
Net Income	(932,318)	3,925,088	5,060,730	(533,731)	(752,421)	(1,818,122)	(220,518)	6,137,961	(242,027)	(406,571)	3,995,374	(1,099,215)
EBIDA	(667,814)	6,510,097	8,889,579	(266,700)	(486,048)	(1,559,399)	43,285	6,448,850	957,891	(52,855)	4,474,602	(670,048)
Operating Margin %	-34.9%	7.2%	10.8%	-25.9%	-39.2%	-102.0%	-14.9%	62.9%	-25.9%	-12.1%	52.7%	-34.0%
Net Margin %	-33.6%	11.8%	13.4%	-18.4%	-27.8%	-102.3%	-7.1%	62.3%	-8.0%	-12.1%	50.0%	-36.5%
EBIDA Margin %	-24.1%	19.6%	23.5%	-9.2%	-17.9%	-87.7%	1.4%	65.4%	31.5%	-1.6%	56.0%	-22.3%

	Unaudited <u>3/31/2026</u>	Unaudited <u>2/28/2026</u>	Unaudited <u>1/31/2026</u>	Unaudited <u>12/31/2025</u>	Unaudited <u>11/30/2025</u>	Unaudited <u>10/30/2025</u>	Unaudited <u>9/30/2025</u>	Unaudited <u>8/31/2025</u>	Unaudited <u>7/31/2025</u>
Cash	862,818	1,502,729	419,248	932,650	537,100	1,377,232	537,347	364,654	133,445
Investments	29,011,915	29,130,345	10,469,699	8,412,132	6,112,326	16,085,319	17,212,464	18,491,661	19,210,474
Designated Funds	1,226,646	1,229,736	1,227,911	2,686,203	6,657,936	6,640,065	6,621,947	8,039,751	8,016,285
Total Cash	31,101,379	31,862,810	12,116,859	12,030,984	13,307,362	24,102,615	24,371,758	26,896,066	27,360,203
Gross Patient AR (Patient AR- Allowances)	10,906,972 (5,938,125)	11,590,925 (6,111,852)	9,971,748 (5,702,060)	9,031,770 (5,353,141)	9,100,176 (5,408,452)	8,191,503 (4,812,248)	8,552,822 (5,100,262)	9,637,386 (5,197,898)	10,084,488 (5,333,160)
Net Patient AR	4,968,847	5,479,073	4,269,688	3,678,629	3,691,724	3,379,255	3,452,561	4,439,488	4,751,329
% of Gross	45.6%	47.3%	42.8%	40.7%	40.6%	41.3%	40.4%	46.1%	47.1%
Third Party Receivable	146,596	146,596	15,407,444	16,752,736	14,961,623	1,930,757	2,423,387	2,423,387	1,955,578
Other AR	742,070	753,769	1,329,133	1,521,565	1,455,046	920,000	784,190	842,542	674,415
Inventory	835,520	797,593	720,700	692,837	683,165	753,237	760,880	737,889	688,927
Prepays	547,209	590,573	347,674	420,697	457,912	441,445	489,130	433,931	495,492
Total Current Assets	38,341,620	39,630,414	34,191,498	35,097,448	34,556,832	31,527,309	32,281,906	35,773,303	35,925,944
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	104,953,797	47,945,861	47,927,861	47,927,861	47,927,861
Equipment (124100-124204)	16,622,410	16,622,411	16,546,582	16,546,581	16,369,150	14,495,515	14,495,515	14,495,515	14,495,515
Construction in Progress (125)	1,998,653	1,926,750	1,851,590	1,727,082	3,897,901	59,316,095	59,132,300	57,511,960	57,155,087
Fixed Assets	124,288,400	124,216,498	124,065,508	123,940,999	125,934,388	122,471,011	122,269,216	120,648,876	120,292,003
Accum Depreciation	(22,512,387)	(22,240,527)	(21,994,976)	(21,723,943)	(21,408,884)	(21,180,479)	(20,998,278)	(20,820,655)	(20,636,628)
Net Fixed Assets	101,776,013	101,975,971	102,070,533	102,217,056	104,525,503	101,290,532	101,270,938	99,828,222	99,655,375
Other Assets	0	0	0	0	0	0	0	0	0
Total Assets	140,117,633	141,606,385	136,262,031	137,314,504	139,082,335	132,817,841	133,552,844	135,601,525	135,581,319
Accounts Payable	1,666,921	2,346,039	1,312,400	1,498,228	3,344,913	3,542,040	3,561,738	3,714,391	3,222,888
Accrued Payroll	2,215,524	1,974,628	1,885,373	1,792,561	1,579,475	1,332,074	1,904,474	1,716,038	1,513,818
Patient Trust Accounts	11,375	11,475	11,195	11,195	11,118	10,016	10,906	10,906	10,556
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	263,132	163,368	163,368	24,163,368	24,163,368	24,163,368	24,163,368	24,163,368
Other Current Liabilities/Accr	246,869	171,399	18,753	479,328	437,402	361,244	283,740	400,082	321,529
Total Current Liabilities	4,957,820	5,320,673	3,945,088	4,498,679	30,090,276	29,963,741	30,478,226	30,558,785	29,786,158
Long Term Liabilities	55,393,191	55,419,877	55,446,481	55,473,000	31,473,000	31,473,000	31,473,000	31,623,000	31,623,000
Total Liabilities	60,351,011	60,740,550	59,391,569	59,971,679	61,563,276	61,436,741	61,951,226	62,181,785	61,409,158
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	74,705,892
Current Year Income/(Loss)	5,060,729	6,159,943	2,164,569	2,636,933	2,813,167	(3,324,793)	(3,104,275)	(1,286,153)	(533,731)
Total Equity	79,766,621	80,865,836	76,870,462	77,342,826	77,519,060	71,381,099	71,601,617	73,419,739	74,172,161
Total Liabilities and Equity	140,117,632	141,606,385	136,262,031	137,314,504	139,082,336	132,817,840	133,552,844	135,601,524	135,581,319
Days in Cash	258	265	94	81	58	151	151	176	180
Days in AR (Gross)	69	73	63	57	50	53	55	61	64
Days in AP	14	19	11	12	27	29	29	34	29
Current Ratio	7.73	7.45	8.67	7.80	1.15	1.05	1.06	1.17	1.21
Net AR as a percentage of grc	45.56%	47.27%	42.82%	40.73%	40.57%	41.25%	40.37%	46.07%	47.12%
Check	0	(0)	0	0	(0)	0	(0)	0	0

STATEMENT OF CASH FLOWS

March-26

	CURRENT MONTH	FISCAL YEAR YTD
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	-1,099,215	5,060,729
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	271,860	2,059,845
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	510,228	-469,729
CHANGE IN OTHER RECEIVABLES	11,700	1,703,738
CHANGE IN INVENTORIES	-37,927	-150,431
CHANGE IN PREPAID EXPENSES	43,364	-59,975
CHANGE IN ACCOUNTS PAYABLE	-679,118	-7,078,500
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	240,898	974,135
CHANGE IN OTHER PAYABLES	75,469	-272,241
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	436,475	-3,293,158
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-71,905	-4,603,718
CUSTODIAL HOLDINGS	-100	794
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-72,005	-4,602,923
CASH FROM FINANCING ACTIVITIES		
Current Liability	0	-23,900,236
Long Term Liability	-26,686	23,366,191
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	-26,686	-534,045
CASH AT BEGINNING OF PERIOD	31,862,810	34,470,779
NET INCREASE (DECREASE) IN CASH	-761,431	-3,369,397
CASH AT END OF PERIOD	31,101,379	31,101,379

MODOC MEDICAL CENTER
"FULL TIME EQUIVALENT REPORT"
 Twelve Months Ending: March 31st, 2026

Department	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25	Jun-25	May-25	Apr-25	12 Mo Ave		
Med / Surg	18.32	19.24	18.35	16.90	17.36	15.63	15.21	16.15	15.37	16.06	16.47	14.81	16.66	-0.92	(0.05)
Comm Disease Care													#DIV/0!	0.00	#DIV/0!
Swing Beds													#DIV/0!	0.00	#DIV/0!
Long Term - SNF	69.30	61.27	59.65	37.41	64.09	59.56	56.28	57.55	55.38	53.39	55.93	53.24	56.92	8.03	0.12
Mountainview - SNF	2.91	9.79	10.26	31.66									13.66	-6.88	(2.36)
Emergency Dept	11.46	13.66	12.26	11.60	12.19	12.93	12.49	14.13	10.59	12.51	12.64	11.62	12.34	-2.20	(0.19)
Ambulance - Alturas	10.99	11.90	10.55	11.55	10.79	10.86	11.31	12.65	12.06	12.31	12.50	12.53	11.67	-0.91	(0.08)
Clinic	21.85	20.74	17.92	17.28	19.78	19.45	20.43	19.71	20.32	19.93	20.31	19.52	19.77	1.11	0.05
Canby Clinic	9.29	9.48	9.04	10.54	11.49	12.06	11.47	10.55	10.89	9.80	10.95	10.66	10.52	-0.19	(0.02)
Canby Dental	7.12	4.60	4.43	4.66	5.11	4.75	4.86	4.33	3.85	4.37	5.29	4.80	4.85	2.52	0.35
Surgery	4.10	4.45	3.67	4.33	5.05	4.12	3.97	3.93	4.11	3.70	3.98	4.01	4.12	-0.35	(0.09)
IRR													#DIV/0!	0.00	#DIV/0!
Lab	8.29	8.32	8.65	8.51	8.90	8.94	9.08	9.07	8.21	8.74	8.78	9.32	8.73	-0.03	(0.00)
Radiology	5.56	6.49	6.05	6.86	7.13	5.37	5.05	5.67	5.85	3.65	4.12	4.45	5.52	-0.93	(0.17)
MRI													#DIV/0!	0.00	#DIV/0!
Ultrasound	1.36	1.42	1.70	1.39	1.33	1.37	1.31	1.28	1.33	1.13	1.27	1.36	1.35	-0.06	(0.04)
CT	1.31	1.58	1.34	1.51	1.81	1.29	1.62	1.72	1.67	1.47	2.10	1.93	1.61	-0.27	(0.21)
Pharmacy	2.24	2.12	2.01	2.05	2.00	1.96	2.16	1.83	1.33	1.09	1.17	1.24	1.77	0.12	0.05
Physical Therapy	3.72	7.35	6.30	6.61	7.38	6.40	4.84	6.75	6.88	6.41	5.46	5.74	6.15	-3.63	(0.98)
Other PT													#DIV/0!	0.00	#DIV/0!
Dietary	17.10	18.14	19.07	13.72	16.43	12.85	12.25	13.15	14.01	11.48	12.87	13.82	14.57	-1.04	(0.06)
Dietary - MV SNF	2.98	3.10	2.33	5.89									3.58	-0.12	(0.04)
Dietary Acute	8.29	7.52	7.35	7.48	7.08	8.43	8.17	7.77	6.76	7.36	7.81	7.69	7.64	0.77	0.09
Laundry	1.01	1.02	1.01	1.00	1.10	1.00	1.01	1.03	1.01	0.90	1.02	1.01	1.01	-0.01	(0.01)
Activities	5.75	5.87	5.21	5.11	5.72	5.67	4.74	4.64	4.43	4.41	4.50	4.12	5.01	-0.12	(0.02)
Social Services	2.77	1.96	2.16	1.79	1.97	2.02	1.82	1.95	1.43	1.65	2.12	1.97	1.97	0.81	0.29
Purchasing	2.99	2.98	3.01	3.01	3.01	2.92	3.00	3.01	3.01	3.02	2.96	3.11	3.00	0.01	0.00
Housekeeping	20.55	18.65	16.81	17.10	15.12	13.97	13.67	14.00	13.78	13.94	13.82	14.45	15.49	1.90	0.09
Maintenance	5.91	5.99	6.03	6.06	5.93	6.05	5.80	5.16	5.82	5.99	5.96	5.99	5.89	-0.08	(0.01)
Data Processing	4.11	4.21	4.16	4.07	4.87	4.68	4.69	4.73	4.58	4.63	4.68	4.76	4.51	-0.10	(0.02)
General Accounting	3.84	3.86	4.21	4.14	3.92	3.94	3.71	3.99	3.92	3.40	3.38	3.64	3.83	-0.02	(0.01)
Patient Accounting	9.34	8.45	9.48	9.13	9.30	8.46	7.67	7.17	8.25	8.95	8.85	9.86	8.74	0.89	0.10
Administration	3.51	3.44	3.21	3.38	3.37	3.49	3.43	3.53	3.40	3.65	3.25	3.41	3.42	0.07	0.02
Human Resources	2.88	2.12	2.89	2.99	3.01	2.97	2.85	2.92	1.98	2.01	2.00	2.01	2.55	0.76	0.26
Medical Records	8.74	8.81	8.52	8.58	8.70	7.76	7.96	8.30	8.51	8.51	8.57	8.70	8.47	-0.07	(0.01)
Nurse Administration	3.11	2.77	2.93	2.91	2.78	3.07	3.02	3.02	2.88	2.80	3.05	3.11	2.95	0.34	0.11
In-Service	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.94	0.87	0.98	0.00	-
Utilization Review	1.43	1.50	1.44	1.48	1.49	1.49	1.44	1.48	1.41	1.44	1.49	1.39	1.46	-0.07	(0.05)
Quality Assurance	0.50	0.50	0.50	0.50	0.50	0.51	0.50	0.50	0.50	0.51	0.50	0.50	0.50	0.00	-
Infection Control	0.59	0.60	0.59	0.59	0.61	0.69	0.64	0.64	0.39	0.70	0.46	0.61	0.59	-0.01	(0.02)
Retail Pharmacy	6.16	6.41	7.15	6.41	6.39	6.67	6.17	5.94	4.96	4.50	5.03	4.96	5.90	-0.25	(0.04)
TOTAL	290.38	291.31	281.24	279.20	276.71	262.33	253.62	259.25	249.87	245.41	254.23	251.21	266.23	-0.93	(0.00)

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending March 31st, 2026

	Mar-26		Feb-26		Jan-26		Dec-25		Nov-25		Oct-25		Sep-25		Aug-25		Jul-25		Jun-25		May-25		Apr-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	45	64	89	48	49	56	69	64	56	83	52	75	47	86	49	48	53	90	47	57	51	76	64	137	509	579	671	
Swing	87	65	98	73	54	57	124	70	92	46	38	76	74	49	61	31	164	36	87	50	46	71	28	89	792	468	953	
SNF	1,768	1,550	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	14,052	13,241	18,269	
Total "Patient Days"	1,900	1,679	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	15,353	14,288	19,893	
ADC																												
Adults/Peds	1.45	2.06	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	1.86	2.11	1.84	
Swing	2.81	2.10	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	2.89	1.71	2.61	
SNF	57.03	50.00	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	51.28	48.32	50.05	
Total "Average Daily Census"	61.29	54.16	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	56.03	52.15	54.50	
ALOS																												
Adults/Peds	3.46		3.30		2.72		3.63		3.50		3.06		2.94		3.50		3.12		3.36		3.00		3.20		3.24	3.11	3.23	
Swing	8.70		7.00		10.80		10.33		9.20		7.60		14.80		8.71		13.67		10.88		4.60		7.00		9.90	7.31	9.34	
Admissions																												
Adults/Peds	13	20	27	17	18	17	19	19	16	8	17	20	16	28	14	14	17	27	14	17	17	23	20	19	157	186	208	
Swing	10	11	14	6	5	6	12	9	10	10	5	5	5	8	7	5	12	6	8	7	10	12	4	10	80	64	102	
SNF	10	2	3	-	2	2	-	2	5	2	-	2	-	2	1	1	5	4	3	5	4	4	1	1	26	16	34	
Total "Admissions"	33	33	44	23	25	25	31	30	31	20	22	27	21	38	22	20	34	37	25	29	31	39	25	30	263	266	344	
Discharges																												
SNF	3		1		1		2		1		1		-		1		2		4		1		1		12	18	18	
Days in Period	31		28		31		31		30		31		30		31		31		30		31		30		274	274	365	
Amulatory Service Statistics																												
Emergency Visits	485	510	444	482	485	440	486	510	474	421	550	474	471	476	494	525	487	464	460	464	481	552	482	553	4,376	4,406	5,799	
Ambulance Runs	65	99	78	95	73	87	107	93	90	93	78	91	94	83	82	87	106	81	75	81	77	113	75	108	773	817	1,000	
Clinic Visits	1,112	872	968	790	805	970	772	684	808	813	837	923	791	809	827	857	959	772	574	772	1,081	902	827	1,229	7,879	7,058	10,361	
Canby Clinic Visits	216	217	220	243	222	290	290	251	202	264	233	268	210	225	248	325	312	301	232	301	261	274	233	331	2,153	2,585	2,879	
Canby Dental	170	171	158	133	178	185	145	147	129	171	183	200	195	180	169	210	169	171	192	171	136	237	163	286	1,496	1,351	1,987	
Observation Admits	1	3	4	2	7		1	5	5	4	2	2	-	5	1	6	2	2	5	2	5	5	4	5	23	31	37	
Observation Care Hours	37.3	109	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	991	945	1,468	
Ancillary Services Statistics																												
Surgeries	8	3	4	4	4	10	3	11	4	2	3	3	10	4	3	2	2	4	5	4	11	8	2	5	41	48	59	
Endoscopies	17	21	16	20	21	28	23	20	23	21	35	20	21	25	24	17	17	24	25	24	19	30	21	19	197	164	262	
Surgery & Recovery Minutes	541	623	732	666	632	682	658	731	577	462	1,016	566	716	498	638	501	414	642	802	642	869	1,064	767	574	5,924	5,226	8,362	
Anesthesia Minutes	786	960	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	8,745	8,215	12,405	
Laboratory Tests	5,117	4,498	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	42,602	42,062	56,592	
EKG Tests-Acute Proc																										-	-	-
EKG Tests-Clinic Proc																										-	-	-
Radiology-Diagnostic Proc	345	258	348	301		282	287	256	236	261	307	285	244	267	267	283	330	300	266	300	297	293	257	297	2,364	2,501	3,184	
Ultrasounds Proc	127	75	96	105	92	126	86	73	53	138	106	112	99	114	99	156	102	82	102	83	85	94	89	942	763	1,201		
CT Scans Proc	142	149	181	153	127	182	145	160	152	149	152	168	128	181	167	196	139	150	139	150	173	138	195	1,359	1,425	1,797		
MRI Proc	38		39			45		21	15						28		26		26		18				143	46	143	
Physical Therapy Sessions	873	745	899	517	1,221	569	1,404	429	903	542	880	552	851	573	967	677	1,232	775	817	775	551	718	756	770	9,230	5,667	11,354	
Retail Pharmacy-Scripts	4,446	2,531	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	37,056	23,078	46,582	

ATTACHMENT G

MXDR Information Security Proposal

Executive Summary: Managed Extended Detection and Response (MXDR)

Managed Extended Detection and Response (MXDR) is a comprehensive cybersecurity service that combines advanced threat detection technologies with 24/7 expert monitoring and response. It integrates data across endpoints, firewalls, servers, cloud environments, and email to provide a unified view of potential threats and coordinated defense actions.

Unlike traditional security tools that operate in silos, MXDR delivers centralized visibility, faster detection of sophisticated attacks, and rapid incident response managed by specialized security analysts. This approach reduces the burden on internal IT teams while significantly improving an organization's overall security posture.

Key Benefits for the Organization

1. Enhanced Threat Detection and Visibility

MXDR correlates data across multiple systems, enabling early identification of advanced threats such as ransomware, insider threats, and zero-day exploits that might otherwise go undetected.

2. 24/7 Monitoring and Expert Response

Security operations are continuously monitored by experienced analysts who can investigate and respond to incidents in real time, reducing response times and limiting potential damage.

3. Reduced Risk and Faster Incident Containment

Automated and human-led response capabilities help isolate affected systems quickly, minimizing operational disruption, data loss, and financial impact.

4. Operational Efficiency and Cost Savings

MXDR reduces the need to build and maintain a full in-house security operations center (SOC), lowering staffing, training, and technology costs while maintaining enterprise-grade protection.

5. Improved Compliance and Reporting

Comprehensive logging, incident documentation, and reporting support regulatory compliance requirements and provide transparency for audits and governance oversight.

6. Scalability and Adaptability

The service scales with organizational growth and evolving threat landscapes, ensuring continued protection without major infrastructure changes.

7. Strategic Security Insights

Regular reporting and threat intelligence briefings provide leadership with actionable insights into risk trends, vulnerabilities, and recommended improvements.

Bottom Line

MXDR shifts cybersecurity from a reactive, fragmented model to a proactive, managed defense strategy. For Modoc Medical Center, it represents a risk mitigation investment that strengthens resilience, safeguards sensitive data, and supports continuity of operations in an increasingly complex threat environment. The MXDR solution presented by Beazley Security integrates with our existing infrastructure and software systems to provide a level of insight into our network operations which is necessary to combat today's heightened cybersecurity environment.

beazley security

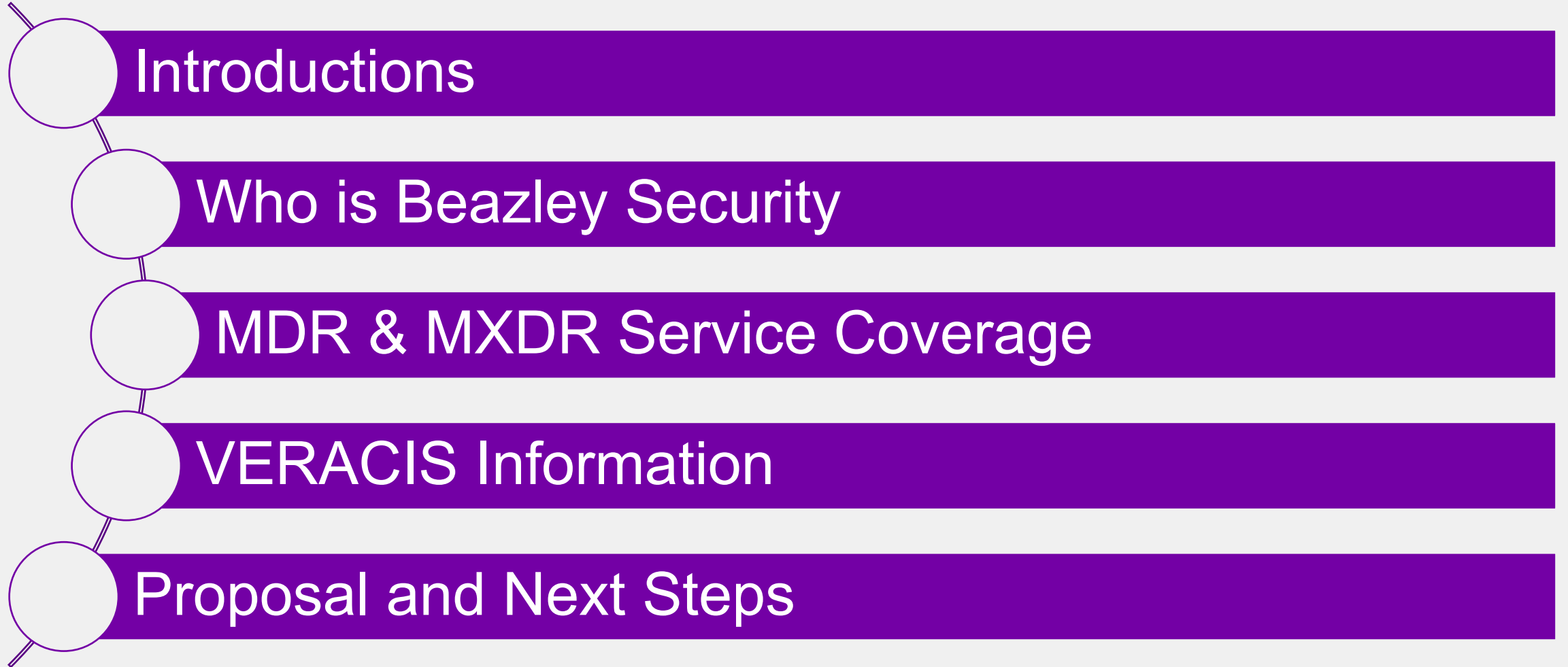


Beazley Security Proposal

24/7/365 SOC monitoring and tool management

Presented by: Scott Campbell, Client Director

Agenda





Who We Are

The most trusted name in cyber insurance & risk management

*Since 2009 **Beazley Insurance** has led innovation in the cyber risk market:*

- ✓ **First** to offer an integrated insurance and breach response solution
- ✓ **First** to provide a dedicated client services team
- ✓ **First** to offer valuable a dedicated risk management team providing services to manage down cyber risk
- ✓ **First** to deliver full spectrum cyber capabilities from policy on-boarding to breach remediation
- ✓ **First** to offer market-leading mXDR service



Who is Beazley Security

- Expansive Exposure gives Beazley Security a distinct advantage in advancing cyber resilience
 - Tens of thousands endpoints monitored
 - Located across Americas, Europe, UK, and Asia Pacific
 - ~4,000 incidents per year*
 - >50,000 policy holders in 73 countries



What is Beazley Security?

The combination of Beazley's risk management services with our Cyber security expertise delivers an integrated cyber ecosystem spanning Insurance, Incident Response & Security.

- Risk management professionals
- Legal & insurance specialists
- Cyber security practitioners
- Analysts & researchers

Full Spectrum Cyber Solutions



Expansive Capabilities

Offerings designed to suit clients of any size, in sector, or region.



PRE-EMPTIVE

- View of Risk Consultations
- Beazley Insurance RMOs
- IR Planning & Playbooks
- vCISO
- Tabletop Exercises
- Readiness Assessments
- Security Policy Review & Development
- Framework Gap Analysis
- Cloud & Microsoft Security
- Security Assessments
 - AD Hardening
 - Phishing Campaign
 - Email Hardening
 - Internal Vulnerability
- Penetration Testing
 - Internal
 - External
 - Web Application



RESPONSIVE

- Incident Management
- Incident Response
- Digital Forensics
- Endpoint Compromise Investigations
- Business Email Compromise Investigations
- Restoration



ADAPTIVE

- Managed Detection & Response
- Attack Surface Management
- Threat Hunting
- Incident Containment
- Threat Intelligence & Research
- Cyber Insights & Briefings
- Cyber Policy Stewardship Consulting

Beazley Security Labs

Create detailed advisories on new CVEs

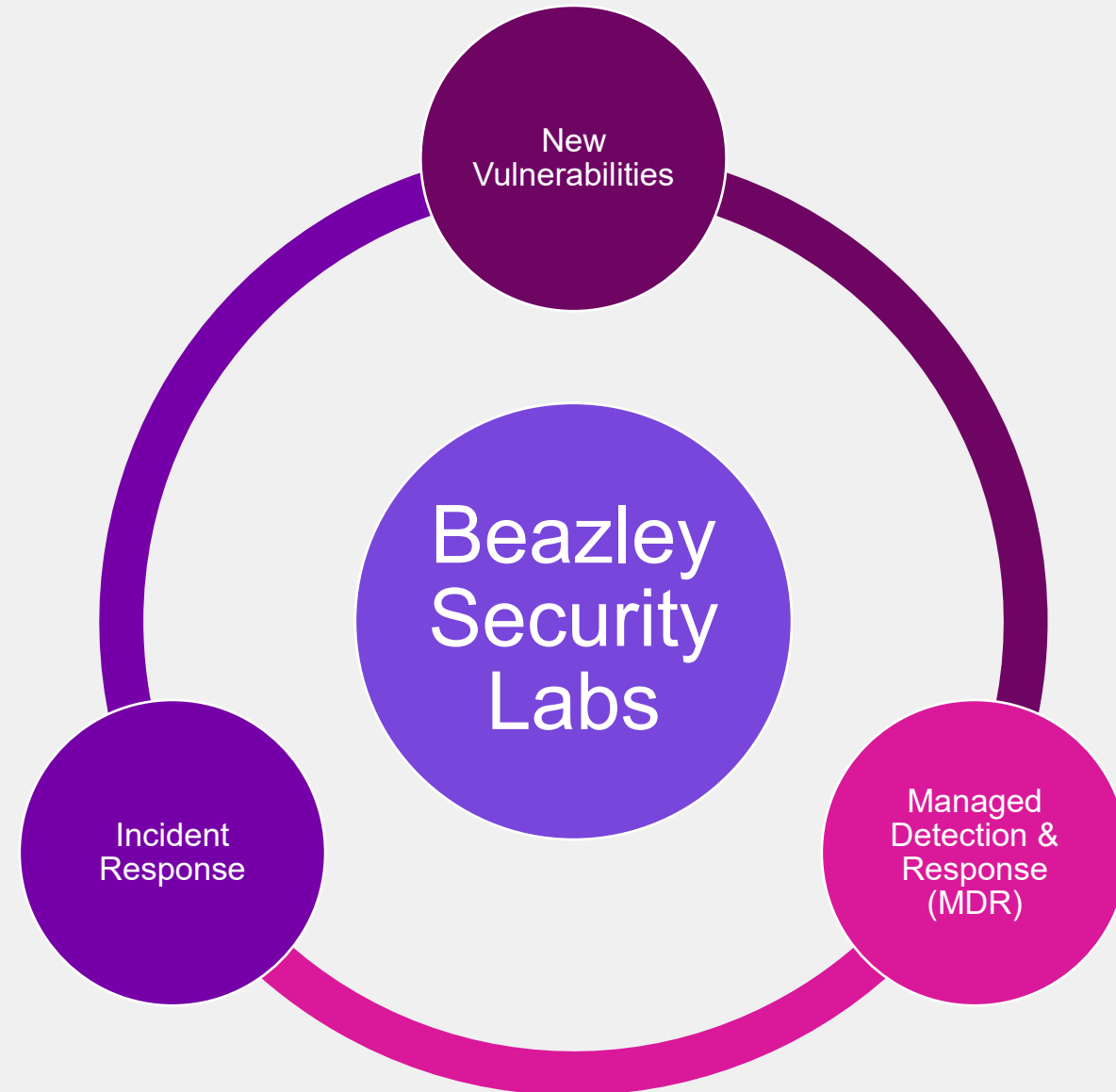
- Prepares IR team for incoming cases
- Equips MDR team for proactive threat hunts
- Educates clients on risks & exposure

Analyze Kill Chains from IR engagements

- Helps create MDR signatures
- Fuels new MDR threat hunts

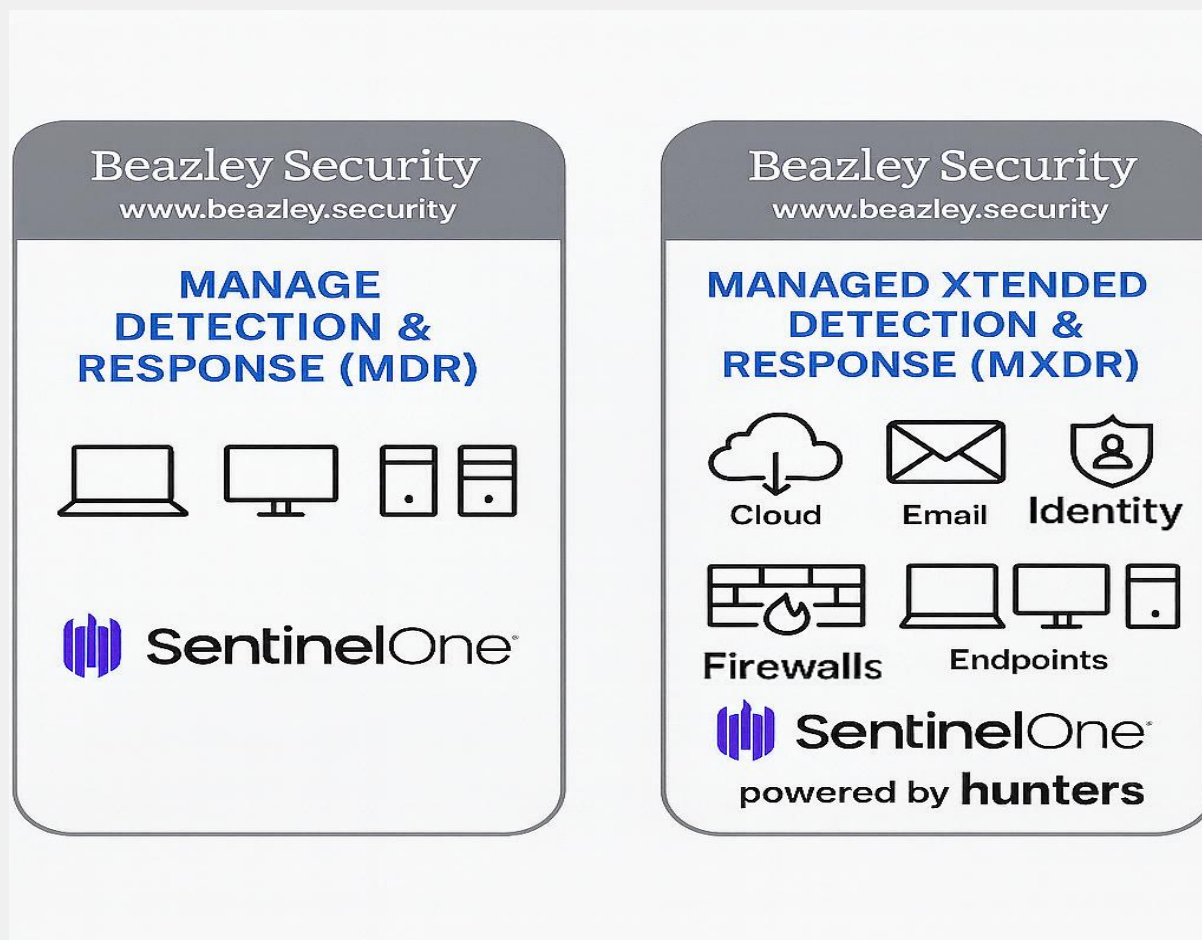
MDR Malware Analysis

- Provide insights to current attack campaigns
- Enables teams to watch for new attack methods



Our Proposal

Beazley Security MDR vs MXDR Offerings



MDR 24x7 Monitoring Pricing



Managed Endpoint Detection & Response

- 24/7/365 Monitoring & Response with the SentinelOne Platform
- Access to Beazley Security Labs Research & Advisories
- Continuous and refinement of SentinelOne rules, policies, and alerts
- 24/7 Access to the Beazley Security SOC
- Quarterly Business Reviews
- Transparency & Visibility via VERACIS™

Beazley Security's MXDR service is delivered through the VERACIS™ Platform, which provides a centralized environment to access services, insights, analysis, research and communications. Powered by Hunters, we've built on the advanced XDR capabilities to deliver a fully managed solution that delivers market-leading capabilities with total transparency to your cyber operations.

VERACIS™ delivers the truth about cyber.

Dashboard Summary (Last 30 Days):

- Spent **160 hours** investigating **1,253 alerts** and resolved **1,232**.
- Escalated **27 alerts** into cases.
- Lumon Industries has **21 cases** needing resolution.
- There are **3 active security incidents**.

Alert Volume:

ALERTS GENERATED	ALERTS RESOLVED	ALERTS ESCALATED	NEED RESOLUTION	SECURITY
1,253	1,232	27	21	3

MITRE ATT&CK Tactic Trends:

TACTIC	NOV	DEC	JAN	TREND
INITIAL ACCESS	0	1	2	↓ 12%
EXECUTION	5	5	5	↑ 10%
PERSISTENCE	7	6	7	↓ 50%
PRIVILEGE ESCALATION	2	4	3	↓ 12%
DEFENSE EVASION	6	1	6	↓ 12%
CREDENTIAL ACCESS	3	7	5	↓ 12%
DISCOVERY	5	3	5	↑ 10%
LATERAL MOVEMENT	6	4	0	↑ 10%
COLLECTION	0	4	3	↓ 50%
EXFILTRATION	7	1	3	↓ 50%
IMPACT	3	5	6	→ 0%
EXECUTION OF CODE	4	6	3	→ 0%
RESOURCE DEVELOPMENT	2	0	4	→ 0%
INHIBIT RESPONSE FUNCTION	1	5	6	→ 0%

Security Case Details:

Execution of PowerShell Scripts Initiated by Targeted Spear-Phishing Campaign in JM-LAP83 & Office365 Environment

Overview:

- WHO:** juan.martinez@lumon.com
- WHAT:** A multi-stage cyber attack initiated through a phishing email with malicious attachments. The attack involved credential theft and unauthorized access to Office 365 services.
- WHEN:** March 10th, 2024 15:12:20 UTC, with subsequent unauthorized activities following shortly thereafter.
- WHERE:** JM-LAP83 & Office365
- MITRE ATT&CK TECHNIQUE(S):**
 - T1105 | Ingress tool transfer
 - T1210 | Exploitation of Remote Services
- NEXT STEPS:**
 - Wipe and Reinstall Windows on Compromised Machine (JM-LAP83)
 - Password Reset and MFA for Compromised Account

Attachments:

- Monthly_Report_Mar23.pptx (24.3MB)
- LogFile.csv (8.7MB)

Timeline: Execution of PowerShell Scripts Initiated by Targeted Spear-Phishing Campaign

Managed EDR Pricing

Option 1: One Year Term

Managed Services Pricing Table

Service Description	Quantity	Months	List Price	Discount	Total Net Price
Managed Endpoint Detection & Response (MEDR) - Per EndPoint - MS-MEDR-S1	300	12	\$51,000.00	15%	\$43,350.00
Managed Services Onboarding - MS-ONBOARDING	1	-	\$6,502.50	100%	0
Business Review - MS-QBR	1	-	\$0.00	0%	0
Total					\$43,350.00

Managed EDR Pricing

Option 1: Three Year Term Annual Payments

Managed Services Pricing Table

Service Description	Quantity	Months	List Price	Discount	Annual Cost	Total Net Price
Managed Endpoint Detection & Response (MEDR) - Per EndPoint - MS-MEDR-S1	300	36	\$153,000.00	20%	\$40,800.00	\$122,400.00
Managed Services Onboarding - MS-ONBOARDING	1	-	\$19,507.50	100%	\$0.00	0
Business Review - MS-QBR	1	-	\$0.00	0%	\$0.00	0
Total						\$122,400.00

MXDR 24x7 Monitoring Pricing

Managed Endpoint Detection & Response

- 24/7/365 Monitoring & Response with the SentinelOne Platform
- Access to Beazley Security Labs Research & Advisories
- Continuous and refinement of SentinelOne rules, policies, and alerts
- 24/7 Access to the Beazley Security SOC
- Hosted SIEM for Expanded Monitoring
- Transparency & Visibility via VERACIS™

Beazley Security's MXDR service is delivered through the VERACIS™ Platform, which provides a centralized environment to access services, insights, analysis, research and communications. Powered by Hunters, we've built on the advanced XDR capabilities to deliver a fully managed solution that delivers market-leading capabilities with total transparency to your cyber operations.

VERACIS™ delivers the truth about cyber.

Dashboard Summary (Last 30 Days):

- Spent **160 hours** investigating **1,253 alerts** and resolved **1,232**.
- Escalated **27 alerts** into cases.
- Lumon Industries has **21 cases** needing resolution.
- There are **3 active security incidents**.

Alert Volume:

ALERTS GENERATED	ALERTS RESOLVED	ALERTS ESCALATED	NEED RESOLUTION	SECURITY
1,253	1,232	27	21	3

MITRE ATT&CK Tactic Trends:

TACTIC	NOV	DEC	JAN	TREND
INITIAL ACCESS	0	1	2	↓ 12%
EXECUTION	5	5	5	↑ 10%
PERSISTENCE	7	6	7	↓ 50%
PRIVILEGE ESCALATION	2	4	3	↓ 12%
DEFENSE EVASION	6	1	6	↓ 12%
CREDENTIAL ACCESS	3	7	5	↓ 12%
DISCOVERY	5	3	5	↑ 10%
LATERAL MOVEMENT	6	4	0	↑ 10%
COLLECTION	0	4	3	↓ 50%
EXFILTRATION	7	1	3	↓ 50%
IMPACT	3	5	6	→ 0%
EXECUTION OF CODE	4	6	3	→ 0%
RESOURCE DEVELOPMENT	2	0	4	→ 0%
INHIBIT RESPONSE FUNCTION	1	5	6	→ 0%

Security Case Overview:

- Case Title:** Execution of PowerShell Scripts Initiated by Targeted Spear-Phishing Campaign in JM-LAP83 & Office365 Environment
- Severity:** Critical
- Status:** Open
- Who:** juan.martinez@lumon.com
- What:** A multi-stage cyber attack initiated through a phishing email with malicious attachments. The attack involved credential theft and unauthorized access to Office 365 services.
- When:** March 10th, 2024 15:12:20 UTC, with subsequent unauthorized activities following shortly thereafter.
- Where:** JM-LAP83 & Office365
- MITRE ATT&CK Technique(s):**
 - T1105 | Ingress tool transfer
 - T1210 | Exploitation of Remote Services
- Next Steps:**
 - Wipe and Reinstall Windows on Compromised Machine (JM-LAP83)
 - Password Reset and MFA for Compromised Account

Managed XDR: Extended Operations, Enhanced



Beazley Security MXDR Pricing Includes:



Beazley Security Managed SOC

5:1 Client to SOC Analyst Ratio
24/7 SOC with Threat Hunting included
Supported by Beazley Security Labs



XDR Platform

All XDR integrations included in price
Unlimited Ingestion with 90 days of data retention
Initial Onboarding Included in pricing



SentinelOne Complete

Best in class EDR tool
Managed and Operated by Beazley Security MDR
Comprehensive Next Generation Anti-Virus



Threat Management Team

Dedicated Account Team
Named Customer Success Manager
Quarterly Business Reviews
Executive Sponsorship

Managed MXDR Pricing

Option 1: One Year Term

Managed Services Pricing Table

Service Description	Quantity	Months	List Price	Discount	Total Net Price
Managed Extended Detection & Response (MXDR) - Per EndPoint - MS-MXDR-HNT-S1	300	12	\$60,000.00	15%	\$51,000.00
Managed Services Onboarding - MS-ONBOARDING	1	-	\$7,650.00	100%	0
Business Review - MS-QBR	1	-	\$0.00	0%	0
Total					\$51,000.00

Managed MXDR Pricing

Option 2: Three Year Term Annual Payments

Managed Services Pricing Table

Service Description	Quantity	Months	List Price	Discount	Annual Cost	Total Net Price
Managed Extended Detection & Response (MXDR) - Per EndPoint - MS-MXDR-HNT-S1	300	36	\$180,000.00	25%	\$45,000.00	\$135,000.00
Managed Services Onboarding - MS-ONBOARDING	1	-	\$22,950.00	100%	\$0.00	0
Business Review - MS-QBR	1	-	\$0.00	0%	\$0.00	0
Total						\$135,000.00

Thank You

Scott Campbell
Cell:214-435-2772
Email: Scott.Campbell@beazley.security



ATTACHMENT H

Geothermal Grant Agreement with SHN

Certificate Of Completion

Envelope Id: 4E3F638D-9E5D-475D-8701-AC787CC9FCB5
 Subject: Final Distribution GEO-25-002-01 Last Frontier Healthcare District
 Source Envelope:
 Document Pages: 23
 Certificate Pages: 5
 AutoNav: Enabled
 Envelopeld Stamping: Disabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed
 Envelope Originator:
 carissa.peri
 11493 Sunset Hills Road Suite 100
 Suite 100
 Reston, VA 20190
 carissa.peri@energy.ca.gov
 IP Address: 134.186.116.126

Record Tracking

Status: Original
 4/20/2026 2:18:47 PM
 Security Appliance Status: Connected
 Holder: carissa.peri
 carissa.peri@energy.ca.gov
 Pool: StateLocal
 Location: DocuSign

Signer Events

Kevin Kramer
 kkramer@modocmedicalcenter.org
 Chief Executive Officer
 Security Level: Email, Account Authentication
 (None)

Signature

Kevin Kramer
 Signature Adoption: Pre-selected Style
 Using IP Address: 50.115.65.218

Timestamp

Sent: 4/20/2026 2:23:22 PM
 Viewed: 4/20/2026 3:18:51 PM
 Signed: 4/20/2026 3:19:54 PM

Electronic Record and Signature Disclosure:
 Accepted: 4/20/2026 3:18:51 PM
 ID: dcc91f86-29dc-405d-84eb-cf90a134aa46

Tatyana Yakshina
 tatyana.yakshina@energy.ca.gov
 Supervisor II
 Energy
 Security Level: Email, Account Authentication
 (None)

Tatyana Yakshina
 Signature Adoption: Pre-selected Style
 Using IP Address: 98.192.160.37

Sent: 4/21/2026 2:33:05 PM
 Viewed: 4/21/2026 4:26:34 PM
 Signed: 4/21/2026 4:34:03 PM

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Jordan Duncan
 jordan.duncan@energy.ca.gov
 Energy
 Security Level: Email, Account Authentication
 (None)

VIEWED
 Using IP Address: 24.5.21.205

Sent: 4/20/2026 2:23:23 PM
 Viewed: 4/21/2026 2:33:04 PM

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

Carbon Copy Events

Status

Timestamp

Carbon Copy Events	Status	Timestamp
--------------------	--------	-----------

Jordan Duncan jordan.duncan@energy.ca.gov Energy Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 4/21/2026 4:34:04 PM
--	---------------	----------------------------

Cynthia Rodriguez cynthia.rodriguez@energy.ca.gov Energy Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 4/21/2026 4:34:05 PM
--	---------------	----------------------------

Witness Events	Signature	Timestamp
----------------	-----------	-----------

Notary Events	Signature	Timestamp
---------------	-----------	-----------

Envelope Summary Events	Status	Timestamps
-------------------------	--------	------------

Envelope Sent	Hashed/Encrypted	4/20/2026 2:23:23 PM
Certified Delivered	Security Checked	4/21/2026 4:26:34 PM
Signing Complete	Security Checked	4/21/2026 4:34:03 PM
Completed	Security Checked	4/21/2026 4:34:05 PM

Payment Events	Status	Timestamps
----------------	--------	------------

Electronic Record and Signature Disclosure
--

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Energy Resources Conservation and Development Commission (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Energy Resources Conservation and Development Commission:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: don.davis@water.ca.gov

To advise Energy Resources Conservation and Development Commission of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at don.davis@water.ca.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Energy Resources Conservation and Development Commission

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to don.davis@water.ca.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Energy Resources Conservation and Development Commission

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to don.davis@water.ca.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Energy Resources Conservation and Development Commission as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Energy Resources Conservation and Development Commission during the course of your relationship with Energy Resources Conservation and Development Commission.



STATE OF CALIFORNIA

GRANT/LOAN AMENDMENT

CEC-140 (Rev 02/26)

CALIFORNIA ENERGY COMMISSION

Check here if additional pages are attached. 22 Pages

AGREEMENT NUMBER:
GEO-25-002

AMENDMENT NUMBER:
01

1. This Agreement is entered into between the State Agency and the Recipient named below:

STATE AGENCY'S NAME

State Energy Resources Conservation and Development Commission

RECIPIENT'S NAME

Last Frontier Healthcare District

2. The term of this Agreement: From: 3/30/2026 To: 6/29/2029

3. The maximum amount of this Agreement after this amendment is: **\$1,500,000 (\$0 Amendment)**

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

The purpose of this amendment is to provide a SOW (Not to Purpose) revision to include Site Host Language to task 1. 9.. Agreement GEO-25-002, approved by the Energy Commission on March 12th, 2026, is amended as follows:

Exhibit A, Scope of Work (20 Pages) is attached and replaces the previously approved Exhibit A, Scope of Work (20 Pages) in its entirety.

Exhibit A, Attachment 1 Project Schedule (2 Pages) is attached and replaces the previously approved Exhibit A, Attachment 1 Project Schedule (2 Pages) in its entirety.

RECIPIENT

RECIPIENT'S NAME (If other than an individual, state whether a corporation, partnership, etc)

Last Frontier Healthcare District

BY (Authorized Signature)

DATE SIGNED (Do not type)

Kevin Kramer

4/20/2026

NAME AND TITLE OF PERSON SIGNING

Kevin Kramer Chief Executive Officer

ADDRESS

**1111 N. Nagle Street
Alturas, CA 96101**

STATE OF CALIFORNIA

AGENCY NAME

State Energy Resources Conservation and Development Commission

BY (Authorized Signature)

DATE SIGNED (Do not type)

Tatyana Yakshina

4/21/2026

NAME AND TITLE OF PERSON SIGNING

Tatyana Yakshina, Contracts, Grants, and Loans Office Manager

ADDRESS

**715 P Street, MS-18
Sacramento, CA 95814-5512**

**Exhibit A
Scope of Work
Last Frontier Healthcare District**

I. TASK LIST

Task #	CPR ¹	Task Name
1		Administration
2		Design for the Injection Well
3	x	Bidding for Well Rework and Piping Improvements
4	x	Rework on AL-1 Well
5		Project Commissioning
6		Project Closeout
7		Public Outreach and Technology Transfer Activities

II. KEY NAME LIST

Task #	Key Personnel	Key Subcontractor(s)	Key Partner(s)
1	LFHD staff: Kevin Kramer SHN staff: Darryl Anderson, Carmen Tague	SHN Consulting Engineers & Geologists, Inc.	
2	SHN staff: Darryl Anderson	SHN Consulting Engineers & Geologists, Inc.	
3	SHN staff: Darryl Anderson, Carmen Tague	SHN Consulting Engineers & Geologists, Inc.	
4	SHN staff: Darryl Anderson	SHN Consulting Engineers & Geologists, Inc.	TBD – Contractor
5	SHN staff: Darryl Anderson	SHN Consulting Engineers & Geologists, Inc.	
6	LFHD staff: Kevin Kramer SHN staff: Darryl Anderson	SHN Consulting Engineers & Geologists, Inc.	
7	LFHD staff: Kevin Kramer SHN staff: Darryl Anderson	SHN Consulting Engineers & Geologists, Inc.	

¹ Please see subtask 1.3 in Part V of the Scope of Work (Administration) for a description of Critical Project Review (CPR) Meetings.

**Exhibit A
Scope of Work
Last Frontier Healthcare District**

III. GLOSSARY

Term/ Acronym	Definition
CAM	Commission Agreement Manager
CAO	Commission Agreement Officer
CEC	State Energy Resources Conservation and Development Commission or, the California Energy Commission.
CPR	Critical Project Review
GRDA	Geothermal Resources Development Account
LFHD	Last Frontier Healthcare District
MJUSD	Modoc Joint Union School District
Recipient	LFHD
RREDI	Reliability, Renewable Energy & Decarbonization Incentives Division
SHN	SHN Consulting Engineers & Geologists, Inc.
TAC	Technical Advisory Committee

Exhibit A
Scope of Work
Last Frontier Healthcare District

**IV.PURPOSE OF AGREEMENT, PROBLEM/SOLUTION STATEMENT,
AND GOALS AND OBJECTIVES**

Purpose of agreement

The purpose of this Agreement is to improve and expand the existing geothermal heating system utilized by the Modoc Medical Center in Alturas, California, and provide heating to additional buildings. The project will provide some economic benefits to Alturas and surrounding Modoc County communities, which are classified as disadvantaged communities, by lowering heating costs and providing services to personnel and supporting local businesses.

Problem and Solution Statement:

Problem

The existing geothermal heating system, operated by Modoc Joint Union School District (MJUSD) and utilized by Modoc Medical Center for heating their facilities, does not have adequate injection capacity for expansion of the system to additional buildings. The Modoc Medical Center is expanding its facilities and wishes to utilize geothermal heating for the new buildings. The existing geothermal heating system has more than enough production capacity to provide this heating. However, all geothermal effluent used by the system must be injected back into the aquifer through an injection well. The system currently has one injection well, AL-4, but this well does not have the capacity to handle the increased injection demand that would result from system expansion. This is a rural area, and public facilities are faced with declining budgets and increasing community needs. The use of the existing geothermal system for heating has provided enormous cost savings for both the MJUSD and the Last Frontier Healthcare District (LFHD, Recipient), but cost barriers still prevent these public organizations from making major improvements to the system, like increasing injection capacity. The existing geothermal heating system cannot be expanded to include the new Modoc Medical Center facilities, or additional users, without increasing the system's injection capacity.

Solution

The project will convert an existing, unused, geothermal production well into an injection well. The additional injection well will provide adequate injection capacity to serve the expanded Modoc Medical Center facilities, as well as allow for the addition of future users. Conversion of the existing well will be less costly than drilling a new well, and most of the existing piping can be used to reroute some of the system's geothermal effluent to the repurposed injection well.

Goals of the Agreement:

The goal of this Agreement is to increase the injection capacity of the existing geothermal heating system, allowing for expansion of the system and increasing the use of geothermal resources in the Alturas area.

Objectives of the Agreement:

The objectives of this Agreement are to:

- Design and construct improvements to convert the existing production well (AL-1) into an injection well.

Exhibit A
Scope of Work
Last Frontier Healthcare District

- Design and construct necessary piping improvements to route geothermal effluent to well AL-1 for injection.

V. ADMINISTRATION TASKS

Products

Subtask 1.1 Products

The goal of this subtask is to establish the requirements for submitting project products (e.g., reports, summaries, plans, and presentation materials). Unless otherwise specified by the Commission Agreement Manager (CAM), the Recipient must deliver products as required below by the dates listed in the **Project Schedule (Part VII)**. All products submitted which will be viewed by the public, must comply with the accessibility requirements of Section 508 of the federal Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations. All technical tasks should include product(s). Products that require a draft version are indicated by marking “**(draft and final)**” after the product name in the “Products” section of the task/subtask. If “(draft and final)” does not appear after the product name, only a final version of the product is required. With respect to due dates within this Scope of Work, “**days**” means working days.

The Recipient shall:

For products that require a draft version, including the Final Report Outline and Final Report

- Submit all draft products to the CAM for review and comment in accordance with the Project Schedule (Part V). The CAM will provide written comments to the Recipient on the draft product within 15 days of receipt, unless otherwise specified in the task/subtask for which the product is required.
- Consider incorporating all CAM comments into the final product. If the Recipient disagrees with any comment, provide a written response explaining why the comment was not incorporated into the final product.
- Submit the revised product and responses to comments within 10 days of notice by the CAM, unless the CAM specifies a longer time period, or approves a request for additional time.

For products that require a final version only

- Submit the product to the CAM for acceptance. The CAM may request minor revisions or explanations prior to acceptance.

For all products

- Submit all data and documents required as products in accordance with the following.

Instructions for Submitting Electronic Files and Developing Software:

Electronic File Format

- Submit all data and documents required as products under this Agreement in an electronic file format that is fully editable and compatible with the California Energy Commission’s (CEC) software and Microsoft (MS)-operating computing platforms, or with any other

Exhibit A Scope of Work Last Frontier Healthcare District

format approved by the CAM. Deliver an electronic copy of the full text of any Agreement data and documents in a format specified by the CAM, such as memory stick.

The following describes the accepted formats for electronic data and documents provided to the CEC as products under this Agreement, and establishes the software versions that will be required to review and approve all software products:

- Data sets will be in MS Access or MS Excel file format (version 2007 or later), or any other format approved by the CAM.
- Text documents will be in MS Word file format, version 2007 or later.
- Project management documents will be in Microsoft Project file format, version 2007 or later.

Software Application Development

Use the following standard Application Architecture components in compatible versions for any software application development required by this Agreement (e.g., databases, models, modeling tools), unless the CAM approves other software applications such as open-source programs:

- Microsoft ASP.NET framework (version 3.5 and up). Recommend 4.0.
- Microsoft Internet Information Services (IIS), (version 6 and up).
- Recommend 7.5.
- Visual Studio.NET (version 2008 and up). Recommend 2010.
- C# Programming Language with Presentation (UI), Business Object and Data Layers.
- SQL (Structured Query Language).
- Microsoft SQL Server 2008, Stored Procedures. Recommend 2008 R2.
- Microsoft SQL Reporting Services. Recommend 2008 R2.
- XML (external interfaces).

Any exceptions to the Electronic File Format requirements above must be approved in writing by the CAM. The CAM will consult with the CEC's Information Technology Services Branch to determine whether the exceptions are allowable.

Meetings

Subtask 1.2 Attend Kick-off Meeting

The goal of this task is to establish the lines of communication and procedures for implementing this Agreement. The CAM shall designate the date and location of this meeting and provide an agenda to the Recipient prior to the meeting.

The Recipient shall:

- Attend a "Kick-Off" meeting with the Commission Agreement Manager (CAM), the Commission Agreement Officer (CAO), and a representative of the CEC Accounting Office. The Recipient shall bring its Project Manager, Agreement Administrator, Accounting Officer, and others designated by the CAM to this meeting.
- Discuss the following administrative and technical aspects of this Agreement:

Exhibit A Scope of Work Last Frontier Healthcare District

- Agreement Terms and Conditions.
- Invoicing and auditing procedures.
- Critical Project Review (CPR) (Subtask 1.3).
- Monthly Progress Reports (Subtask 1.5).
- Technical Products (Product Guidelines located in Section 5 of the Terms and Conditions).
- Final Report (Subtask 1.6).
- Match fund documentation (Subtask 1.7) No reimbursable work may be done until this documentation is in place.
- Permit documentation (Subtask 1.8).
- Subcontracts needed to carry out project (Subtask 1.9).
- The CAM's expectations for accomplishing tasks described in the Scope of Work.
- An updated Product Schedule and Due Dates.
- Technical Advisory Committee meetings (subtasks 1.10 and 1.11).
- Any other relevant topics.

Recipient Products:

- Kick-off Meeting Presentation.
- Updated Products Schedule.
- Updated List of Match Funds (if applicable).
- Updated List of Permits (if applicable).

CAM Product:

- Kick-Off Meeting Agenda.

Subtask 1.3 Critical Project Review (CPR) Meetings

CPR meetings provide the opportunity for frank discussions between the CEC and the Recipient. The goal of this task is to determine if the project should continue to receive CEC funding to complete this Agreement and to identify any needed modifications to the tasks, products, schedule, or budget.

The CAM may schedule CPR meetings as necessary, and meeting costs will be borne by the Recipient. Discussions may include project status, challenges, successes, advisory group findings and recommendations, final report preparation, and progress on technical transfer and production readiness activities (if applicable).

Meeting participants include the CAM and the Recipient and may include the CAO, Reliability, Renewable Energy & Decarbonization Incentives (RREDI) Division or other CEC staff and management as well as other individuals selected by the CAM to provide support to the CEC.

The CAM shall:

Exhibit A
Scope of Work
Last Frontier Healthcare District

- Determine the location, date, and time of each CPR meeting with the Recipient. These meetings generally take place at the CEC, but they may take place at another location or remotely.
- Send the Recipient the agenda and a list of expected participants in advance of each CPR. If applicable, the agenda shall include a discussion on both match funding and permits.
- Conduct and make a record of each CPR meeting. Prepare a schedule for providing the progress determination described below.
- Determine whether to continue the project, and if continuing, whether or not modifications are needed to the tasks, schedule, products, and/or budget for the remainder of the Agreement. Modifications to the Agreement may require a formal amendment (please see section 6 of the Terms and Conditions). If the CAM concludes that satisfactory progress is not being made, this conclusion will be referred to the Director of the RREDI Division for his or her concurrence.
- Provide the Recipient with a progress determination on continuation of the project, in accordance with the schedule. The written response may include a requirement for the Recipient to revise one or more products.

The Recipient shall:

- Prepare a CPR Report for each CPR that (1) discusses the progress of the Agreement toward achieving its goals and objectives. This report shall (2) include recommendations and conclusions regarding continued work of the projects. This report shall be submitted along with any other products identified in this scope of work. The Recipient shall submit these documents to the CAM and any other designated reviewers at least 15 working days in advance of each CPR meeting.
- Present the required information at each CPR meeting and participate in a discussion about the Agreement.

CAM Products:

- Agenda and a list of expected participants.
- Schedule for Progress Determination.
- Progress Determination.

Recipient Product:

- CPR Report(s).

Subtask 1.4 Final Meeting

The goal of this task is to complete the closeout of this Agreement.

The Recipient shall:

- Meet with CEC staff to present the project findings, conclusions, and recommendations. The final meeting must be completed during the closeout of this Agreement.
- This meeting will be attended by, at a minimum, the Recipient, the CAO, and the CAM. The technical and administrative aspects of Agreement closeout will be discussed at the meeting, which may be divided into two separate meetings at the CAMs discretion.

Exhibit A Scope of Work Last Frontier Healthcare District

- The technical portion of the meeting will involve a presentation of an assessment of the degree to which project and task goals and objectives were achieved, findings, conclusions, recommended next steps (if any) for the Agreement, and recommendations for improvements. The CAM will determine the appropriate meeting participants.
- The administrative portion of the meeting shall be a discussion with the CAM and the CAO the following Agreement closeout items:
 - Disposition of any procured equipment purchased with CEC funds (Options) (if applicable).
 - CEC requests for specific “generated” data (not already provided in Agreement products).
 - Documentation of Recipient’s disclosure of “subject inventions” developed under the Agreement (if applicable).
 - “Surviving” Agreement provisions such as repayment provisions and confidential products (if applicable).
 - Final invoicing and release of retention.
- Prepare a schedule for completing the closeout activities for this Agreement.
- Prepare a Final Meeting Agreement Summary that documents any agreements made between the Recipient and CEC staff during the meeting.
- Prepare a *Schedule for Completing Agreement Closeout Activities*.
- Provide copies of *All Final Products* on a USB memory stick, organized by the tasks in the Agreement.

Products:

- Final Meeting Agreement Summary (if applicable)
- Schedule for completing agreement closeout activities.
- All Final Products.

Reports and Invoices

Subtask 1.5 Progress Reports and Invoices

The goal of this task is to (1) periodically verify that satisfactory and continued progress is made towards achieving the project objectives of this Agreement on time and within budget and (2) ensure that invoices contain all required information and are submitted in the appropriate format.

The objectives of this task are to summarize activities performed during the reporting period, to identify activities planned for the next reporting period, to identify issues that may affect performance and expenditures, and to form the basis for determining whether invoices are consistent with work performed.

The Recipient shall:

- Prepare a Monthly Progress Report that summarizes all Agreement activities conducted by the Recipient, as specified in the scope of work for the preceding month of the reporting period, including an assessment of the ability to complete the Agreement within the current

Exhibit A
Scope of Work
Last Frontier Healthcare District

budget and any anticipated cost overruns, accomplishments, milestones, products, schedule, fiscal status.

- Each progress report is due to the CAM within 10 days of the end of the reporting period. The recommended specifications for each progress report are contained in Section 6 of the Terms and Conditions of this Agreement.
- Submit a monthly or quarterly Invoice that follows the instructions in Section 8 (Payment of Funds) of the Exhibit C standard terms and conditions, including a financial report on Match Funds and in-state expenditures.

Product:

- Monthly Progress Reports.
- Invoices.

Subtask 1.6 Final Report

The goal of this task is to prepare a comprehensive Final Report is to assess the project's success in achieving the Agreement's goals and objectives.

The objectives of the Final Report are to clearly and completely describe the project's purpose, approach, activities performed, discussion results, and conclusions of the work performed under this Agreement. When creating the Final Report Outline and the Final Report, the Recipient must use the CEC Style Manual provided by the CAM.

The Final Report shall be a public document. If the Recipient has obtained confidential status from the CEC for any project tasks and will be preparing a confidential version of the Final Report as well, the Recipient shall perform the following activities for both the public and confidential versions of the Final Report.

Task 1.6.1 Final Report Outline

The Recipient shall:

- Prepare an Outline of the Final Report, in accordance with the *CEC Style Manual* provided by the CAM.

Recipient Products:

- Final Report Outline (Draft and Final).

CAM Products:

- CEC Style Manual.
- Web Accessibility Guidelines.
- Comments on Draft Final Report Outline.

Task 1.6.2 Final Report

The Recipient shall:

- Prepare a Draft Final Report in accordance with the approved Final Report Outline, *CEC Style Manual*, and *Final Report Template* provided by the CAM with the following considerations:
 - Ensure that the report includes the following items, in the following order:

Exhibit A Scope of Work Last Frontier Healthcare District

- Cover page (**required**).
 - Credits page on the reverse side of cover with legal disclaimer (**required**).
 - Acknowledgements page (optional).
 - Preface (**required**).
 - Abstract, keywords, and citation page (**required**).
 - Table of Contents (**required**, followed by List of Figures and List of Tables, if needed).
 - Executive summary (**required**).
 - Body of the report (**required**).
 - References (if applicable).
 - Glossary/Acronyms (If more than 10 acronyms or abbreviations are used, it is required.)
 - Bibliography (if applicable).
 - Appendices (if applicable) (Create a separate volume if very large.)
 - Attachments (if applicable).
 - Ensure that the report is following CEC's Digital Accessibility Standards.
- Submit a draft of the Executive Summary to the TAC for review and comment.
 - Develop and submit a *Summary of TAC Comments on Draft Final Report* received on the Executive Summary. For each comment received, the recipient will identify in the summary the following:
 - Comments the recipient proposes to incorporate.
 - Comments the recipient does propose to incorporate and an explanation for why.
 - Submit a draft of the report to the CAM for review and comment. The CAM shall provide written comments on the Draft Final Report within fifteen (15) business days of receipt. The Draft Final Report must be submitted at least 60 days before the end of the Agreement Term. If the Recipient disagrees with any comment, provide a *Written Responses to Comments* explaining why the comments were not incorporated into the final product.
 - Prepare and submit a Final Report that addresses any comments from the CAM.
 - Submit the revised Final Report electronically with any Written Responses to Comments within 10 days of receipt of CAM's Written Comments on the Draft Final Report, unless the CAM specifies a longer time period or approves a request for additional time.
 - Submit a hardcopy and electronic files (in both MS Word and .pdf formats) of the Final Report to the CAM for final review and formatting prior to CEC publication of the report. The .pdf file must follow ADA Guidelines.
 - Work with the CAM as necessary to address any questions about the Final Report or any formatting requirements necessary for CEC publication of the Final Report.

Recipient Products:

Exhibit A
Scope of Work
Last Frontier Healthcare District

- Summary of TAC Comments on Draft Final Report.
- Draft Final Report.
- Written Responses to Comments (if applicable).
- Final Report.

CAM Products:

- Written Comments on Draft Final Report.

Subtask 1.7 Identify and Obtain Match Funds

The goal of this task is to ensure that the Recipient obtains any match funds planned for this Agreement are obtained for and applies them to this Agreement during the Agreement term.

While the costs to obtain and document match funds are not reimbursable under this Agreement., the Recipient may spend match funds for this task. The Recipient may only spend match funds during this Agreement term, either concurrently prior to the use of CEC funds for each task during the term of this Agreement. Match funds must be identified in writing and the Recipient must obtain any associated commitments obtained before the Recipient can incur any costs for which the Recipient will request reimbursement.

The Recipient shall:

- Prepare a Match Funds Status Letter documenting the match funds committed to this Agreement and submit it to the CAM at least 2 working days prior to the kick-off meeting. If no match funds were part of the proposal that led to the CEC awarding this Agreement and none have been identified at the time this Agreement starts, then state this in the letter. If match funds were a part of the proposal that led to the CEC awarding this Agreement, then provide in the letter a list of the match funds that identifies the:
 - Amount of each cash match funds, its source(s), including a contact name, address and telephone number and the task(s) to which the match funds will be applied.
 - Amount of each in-kind contribution, a description, of the contribution type (e.g., property, services), the documented market or book value, and the source, including a contact name, address and telephone number and the task(s) to which the match funds will be applied. If the in-kind contribution is equipment or other tangible or real property, the Recipient must identify its owner and provide a contact name, address and telephone number, and the address where the property is located.
- If different from the solicitation application, provide a copy of the letter of commitment from an authorized representative of each source of cash match funding or in-kind contributions that these funds or contributions have been secured. For match funds provided by a grant, a copy of the executed grant shall be submitted in place of a letter of commitment.
- At the Kick-off meeting, discuss match funds and the implications or impact to the Agreement if they are significantly reduced or not obtained as committed. If applicable, match funds will be included as a line item in the progress reports and will be a topic at CPR meetings.
- Provide the Supplemental Match Funds Notification Letter to the CAM during the course of the Agreement additional match funds are received.

Exhibit A Scope of Work Last Frontier Healthcare District

- Provide the Match Funds Reduction Notification Letter and Notify the CAM within 10 days if during the course of the Agreement existing match funds are reduced and may trigger an additional CPR meeting.

Products:

- Match Funds Status Letter.
- Copy(ies) of each match fund commitment letter(s).
- Supplemental Match Funds Notification Letter(s) for new match funds (if applicable).
- Match Funds Reduction Notification Letter that matches funds were reduced (if applicable).

Subtask 1.8 Identify and Obtain Required Permits

The goal of this task is to obtain all permits required for work completed under this Agreement in advance of the date they are needed to keep the Agreement schedule on track.

Permit costs and the expenses associated with obtaining permits are not reimbursable under this Agreement. Permits must be identified in writing and obtained before the Recipient can make any expenditure for which a permit is required.

The Recipient shall:

- Prepare a Permit Status Letter documenting the permits required to conduct this Agreement and submit it to the CAM at least 2 working days prior to the kick-off meeting. If there are no permits required at the start of this Agreement, then state such in the letter. If it is known at the beginning of the Agreement that permits will be required during the course of the Agreement, provide in the letter:
 - A list of the permits that identifies the:
 - Type of permit.
 - Name, address and telephone number of the permitting jurisdictions or lead agencies.
 - The schedule the Recipient will follow in applying for and obtaining these permits.
- The list of permits and the schedule for obtaining them will be discussed at the kick-off meeting and develop a timetable for submitting the updated list, schedule, and the copies of the permits. The implications to the Agreement if the permits are not obtained in a timely fashion or are denied will also be discussed. If applicable, permits will be included as a line item in the Progress Reports and will be a topic at CPR meetings.
- If during the course of the Agreement additional permits become necessary, provide the CAM with an Updated List of Permits (including the appropriate information on each permit) and an updated Schedule for Acquiring Permits to the CAM.
- As permits are obtained, send a copy of each approved permit to the CAM.
- If during the course of the Agreement permits are not obtained on time or are denied, notify the CAM within 5 working days. Either of these events may trigger an additional CPR.

Products:

Exhibit A
Scope of Work
Last Frontier Healthcare District

- Permit Status Letter documenting the permits or stating that no permits are required.
- A copy of each final approved permit (if applicable).
- Updated list of permits as they change during the term of the Agreement (if applicable).
- Updated schedule for acquiring permits as changes occur during the term of the Agreement (if applicable).

Subtask 1.9 Obtain and Execute Subcontracts and Agreements with Site Hosts

The goal of this task is to (1) ensure quality products and (2) to execute subcontracts **and site host agreements, as applicable**, required to carry out the tasks under this Agreement consistent with the Agreement Terms and Conditions and the Recipient's own procurement **and contracting** policies and procedures. It will also provide the CEC an opportunity to review the subcontracts to ensure that the tasks are consistent with this Agreement, and that the budgeted expenditures are reasonable and consistent with applicable cost principles.

The Recipient shall:

- **Execute and** manage **subcontracts** and coordinate subcontractor activities in accordance with the requirements of this Agreement.
- **Execute and manage site host agreements, and ensure the right to use the project site throughout the term of the Agreement, as applicable. A site host agreement is not required if the Recipient is the site host.**
- **Notify the CEC in writing immediately, but no later than five calendar days, if there is a reasonable likelihood the project site cannot be acquired or can no longer be used for the project.**
- **Submit a letter to the CAM describing the subcontracts and any site host agreements needed or stating that no subcontracts or site host agreements are required.**
- Incorporate this Agreement by reference into each subcontract.
- Submit a draft of each subcontract **and any site host agreement** required to conduct the work under this Agreement to the CAM for review.
- Include any required CEC flow-down provisions in each subcontract, in addition to a statement that the terms of this Agreement will prevail if they conflict with the subcontract terms.
- Submit a final copy of the executed subcontract **and any site host agreement.**
- If Recipient decides to add new subcontractors, **or change subrecipients**, then the Recipient shall notify the CAM and receive written approval from the CAM prior to adding any new subcontractors.

Products:

- **Letter describing the subcontracts and site host agreements needed, or stating that no subcontracts or site host agreements are required**
- Subcontracts (draft and final)

Exhibit A Scope of Work Last Frontier Healthcare District

- **Draft site host agreement**
- **Final site host agreement**

Technical Advisory Committee

Subtask 1.10 Technical Advisory Committee (TAC)

The goal of this subtask is to create an advisory committee for this Agreement. The TAC should be composed of diverse professionals. The composition will vary depending on interest, availability, and need. TAC members will serve at the CAM's discretion. The purpose of the TAC is to:

- Provide guidance in project direction. The guidance may include scope and methodologies, timing, and coordination with other projects. The guidance may be based on:
 - Technical area expertise.
 - Knowledge of market applications; or
 - Linkages between the agreement work and other past, present, or future projects (both public and private sectors) that TAC members are aware of in a particular area.
- Review products and provide recommendations for needed product adjustments, refinements, or enhancements.
- Evaluate the tangible benefits of the project to the state of California, and provide recommendations as needed to enhance the benefits.
- Provide recommendations regarding information dissemination, market pathways, or commercialization strategies relevant to the project products.
- Help set the project team's goals and contribute to the development and evaluation of its statement of objectives as the project evolves.
- Provide a credible and objective sounding board on the wide range of technical and financial barriers and opportunities.
- Help identify key areas where the project has a competitive advantage, value proposition, or strength upon which to build.
- Advocate, to the extent the TAC members feel is appropriate, on behalf of the project in its effort to build partnerships, governmental support, and relationships with a national spectrum of influential leaders.
- Ask probing questions that insure a long-term perspective on decision-making and progress toward the project's strategic goals.

The TAC may be composed of qualified professionals spanning the following types of disciplines:

- Researchers knowledgeable about the project subject matter.
- Members of trades that will apply the results of the project (e.g., designers, engineers, architects, contractors, and trade representatives).
- Public interest market transformation implementers.
- Product developers relevant to the project.

Exhibit A Scope of Work Last Frontier Healthcare District

- U.S. Department of Energy research managers, or experts from other federal or state agencies relevant to the project.
- Public interest environmental groups.
- Utility representatives.
- Air district staff; and
- Members of relevant technical society committees.

The Recipient shall:

- Prepare a *List of Potential TAC Members* that includes the names, companies, physical and electronic addresses, and phone numbers of potential members. The list will be discussed at the Kick-off meeting, and a schedule for recruiting members and holding the first TAC meeting will be developed.
- Recruit TAC members. Ensure that each individual understands member obligations and the TAC meeting schedule developed in subtask 1.11.
- Prepare a *List of TAC Members* once all TAC members have committed to serving on the TAC.
- Submit *Documentation of TAC Member Commitment* (such as Letters of Acceptance) from each TAC member.

Products:

- List of Potential TAC Members.
- List of TAC Members.
- Documentation of TAC Member Commitment.

Subtask 1.11 TAC Meetings

The goal of this subtask is for the TAC to provide strategic guidance for the project by participating in regular meetings, which may be held via teleconference.

The Recipient shall:

- Discuss the TAC meeting schedule with the CAM at the Kick-off meeting. Determine the number and location of meetings (in-person and via teleconference) in consultation with the CAM.
- Prepare a *TAC Meeting Schedule* that will be presented to the TAC members during recruiting. Revise the schedule after the first TAC meeting to incorporate meeting comments.
- Prepare a *TAC Meeting Agenda* and *TAC Meeting Back-up Materials* for each TAC meeting.
- Organize and lead TAC meetings in accordance with the TAC Meeting Schedule. Changes to the schedule must be pre-approved in writing by the CAM.
- Prepare *TAC Meeting Summaries* that include any recommended resolutions of major TAC issues.

The TAC shall:

Exhibit A Scope of Work Last Frontier Healthcare District

- Help set the project team's goals and contribute to the development and evaluation of its statement of objectives as the project evolves.
- Provide a credible and objective sounding board on the wide range of technical and financial barriers and opportunities.
- Help identify key areas where the project has a competitive advantage, value proposition, or strength upon which to build.
- Advocate on behalf of the project in its effort to build partnerships, governmental support, and relationships with a national spectrum of influential leaders.
- Ask probing questions that insure a long-term perspective on decision-making and progress toward the project's strategic goals.
- Review and provide comments to proposed project Draft Public Outreach and Technology Transfer Plan.
- Review and provide comments to the draft of the Executive Summary of the Final Report

Products:

- TAC Meeting Schedule (draft and final).
- TAC Meeting Agendas (draft and final).
- TAC Meeting Back-up Materials.
- TAC Meeting Summaries.

VI. TECHNICAL TASKS

TASK 2 DESIGN FOR THE INJECTION WELL

The goal of this task is to develop a cost-effective, efficient design that will meet the needs of LFHD. This task will utilize historical information and current testing data to develop drawings and specifications to convert the well AL-1 from a production well to an injection well.

The Recipient shall:

- Develop a Design Drawing Report that contains all necessary information to build the project. Design Drawings will include, but are not limited to:
 - Site plan.
 - Well rework detail and specifications.
 - Pipe routes and installation details.
 - Valve type, location, and installation details.
 - Injection pumps and equipment.
 - Structure of the new well house.
 - Instrumentation and panel control modifications.
- Develop a Technical Specifications Document that contains all necessary information to build the project. That includes but is not limited to identification of the applicable

**Exhibit A
Scope of Work
Last Frontier Healthcare District**

standards and codes, materials and equipment needed, construction and installation procedures, environmental and safety requirements.

Products:

Design Drawing Report (draft and final).

Technical Specifications Document (draft and final).

TASK 3 BIDDING FOR WELL REWORK AND PIPING IMPROVEMENTS

The goal of this task is to solicit bids from qualified contract firms for both the well rework activities and piping improvements. Two separate bids will be requested in this task: one for well improvements, tailored for drilling companies, and another for piping, injection equipment, and related work, intended for general contractors.

The Recipient shall:

- Prepare two Bidding Packages per California public contracting regulations, one for well rework and one for piping improvement. The Bidding Packages will include, but is not limited to:
 - Bid schedule.
 - Instructions to bidders.
 - First tier subcontractor disclosure.
 - Bidding bond.
 - Project contact information.
 - Prevailing wage information.
 - Design drawings.
 - Technical specifications.
- Advertise the project per California public contracting regulations and develop two Bidding Tabulation Sheets for both drilling and piping bids.
- Select the lowest responsible bidders.
- Prepare a Notice of Award Letter to be sent to the successful bidders.
- **Products:**
 - Bidding Packages.
 - Bidding Tabulation Sheets.
 - Notice of Award Letters.

TASK 4 REWORK AND PIPING ON AL-1 WELL

The goal of this task is to deliver a quality project that is completed on schedule, within budget, and in accordance with the final design drawings and specifications. This is the core task of the project, completing modifications to the AL-1 well.

The Recipient shall:

Exhibit A
Scope of Work
Last Frontier Healthcare District

- Provide the contractors with rework and piping surveying as needed.
- Perform required rework and piping testing.
- Develop a Rework and Piping Testing Report that includes, but is not limited to, the results of the rework testing, well cuttings, and well injection tests.
- Perform daily rework inspections. These inspections include, but are not limited to:
 - Monitoring of well rework activities.
 - Monitoring of pipe installation activities.
- Develop a Rework and Piping Inspection Report that includes, but is not limited to, a description of the daily inspections performed by the design subconsultant and/or project manager.
- Review contractor change order documents and pay request. Submit approved Contractor Change Documents and Pay Request.

Products:

- Rework and Piping Testing Report (draft and final).
- Rework and Piping Inspection Report (draft and final).
- Contractor Change Order Documents and Pay Request Approvals.

TASK 5 PROJECT COMMISSIONING

The goal of this task is to verify all project elements have been constructed using as a reference the final design documents and all elements of the project are operational. An injection well test will be conducted at well AL-1 to make sure the well is functioning properly. Piping flows will be verified to ensure geothermal effluent is being routed correctly to either injection well, AL-1 and AL-4.

The Recipient shall:

- Review all contractor submittals and manufacturer data on equipment operating and maintenance procedures.
- Develop a Test Plan Document to support the validation of the status of all equipment, that includes, but is not limited to, injection well validation, expected metrics, mitigation plan and procedures.
- Test and verify the operational status of all equipment, including, but not limited to:
 - Pump and motor controls.
 - System controls.
 - Piping flows.
- Develop a Test and Validation of Results Document that includes, but is not limited to, the results of the injection well validation, meeting of the expected metrics, and any key information of the testing and validation process.
- Develop the Project Operation and Maintenance Manual that includes, but is not limited to, all maintenance and operation procedures for all equipment and systems installed and reworked.

Exhibit A Scope of Work Last Frontier Healthcare District

Products:

- Test Plan Document (draft and final).
- Test and Validation of Results Document (draft and final).
- Project Operation and Maintenance Manual (draft and final).

TASK 6 PROJECT CLOSEOUT

The goal of this task is to ensure all project tasks have been completed and all requirements have been met. These activities ensure LFHD, MJUSD, and other stakeholders are receiving a complete, quality product that functions correctly and the project brings the expected economic and social benefits to the community. This task also ensures that all regulatory and funding agency requirements have been met, and all necessary documentation is complete and available.

The Recipient shall:

- Meet with contractors to finalize all details regarding rework.
- Verify all rework requirements have been met, as specified in task 4.
- Verify that contractors have paid all material suppliers and subcontractors. Submit Final Pay Request Documents.
- Establish a final completion date for the beginning of the warranty term. Submit Warranty Documents.
- Develop a Social and Economic Benefits Report that includes, but is not limited to, an analysis of the economic dynamics and job creation in Alturas resulting from the project, reductions in heating costs, and potential revenue gains from the addition of new users, and other benefits.
- Develop an Engineer's Acceptance Report that includes, but is not limited to, the certification by the project engineer or project manager that all rework is complete and acceptable.
- Develop a Contractor's Acceptance Report that includes, but is not limited to, a certificate that rework is complete and all suppliers and subcontractors have been paid.

Products:

- Final Pay Request Documents.
- Warranty Documents.
- Social and Economic Benefits Report (draft and final).
- Final Engineer's Acceptance Report.
- Final Contractor's Acceptance Report.

TASK 7 PUBLIC OUTREACH AND TECHNOLOGY TRANSFER ACTIVITIES

The goal of this task is to develop a plan for public outreach during the term of the Agreement and to make the knowledge gained, results and lessons learned from Agreement tasks available to the public, interested parties and appropriate decision-makers.

Exhibit A Scope of Work Last Frontier Healthcare District

The Recipient shall:

- Develop and submit a Public Outreach and Technology Transfer Plan explaining any public outreach actions proposed during the term of the Agreement and how the knowledge gained from Agreement tasks will be made available to the public. Key elements from this report shall be included in the Final Report for this Agreement.
- Present the draft Public Outreach and Technology Transfer Plan to the Technical Advisory Committee (TAC) for feedback and comments.
- Develop and submit a Summary of TAC Comments that summarizes comments received from the TAC members on the Draft Public Outreach and Technology Transfer Plan. This document will identify:
 - TAC comments the Recipient proposes to incorporate into the final Public Outreach and Technology Transfer Plan.
 - TAC comments the Recipient does not propose to incorporate with and explanation why.
- Submit the final Public Outreach and Technology Transfer Plan to the CAM for approval.
- Conduct and implement the public outreach/technology transfer activities in accordance with the Final Public Outreach and Technology Transfer Plan.
- Develop and submit Monthly Progress Reports that include high level summaries of the activities, results, and lessons learned of tasks performed relating to implementing the Final Public Outreach and Technology Transfer Plan. This report should not include any proprietary information.
- Provide at least (6) six *High Quality Digital Photographs* (minimum resolution of 1300x500 pixels in landscape ratio) of pre and post technology installation at the project sites or related project photographs, if applicable.

Products:

- Draft Public Outreach and Technology Transfer Plan.
- Summary of TAC Comments.
- Final Public Outreach and Technology Transfer Plan.
- Monthly Progress Reports (draft and final).
- High Quality Digital Photographs, if applicable.

VII. PROJECT SCHEDULE

Please see the Excel spreadsheet in Attachment 6.

EXHIBIT A
Project Schedule
Last Frontier Healthcare District

Agreement Term: March-30-2026 - March-9-2029

Within this project schedule, "days" means business days.

Changes to due dates must be approved in writing by the CAM, and may require approval by the CEC's Executive Director or his/her designee.

Task/ Subtask #	Task/Subtask Name	Meeting Name	Product(s)	Due Date
1	Administration Tasks			
1.1	Products			
1.2	Kick-off Meeting	Kick-off Meeting		4/10/2026
			Kick-off Meeting Presentation	5 days prior to the kick-off meeting
			Updated Products Schedule	5 days after determination of the need to update the documents
			Updated List of Match Funds (if applicable)	5 days after determination of the need to update the documents
			Updated List of Permits (if applicable)	5 days after determination of the need to update the documents
			CAM Product	
			Kick-off Meeting Agenda	7 days prior to the kick-off meeting
1.3	CPR Meeting	CPR Meeting #1		10/9/2026
		CPR Meeting #2 (to be deleted by the CAM if inapplicable)		9/20/2027
			CPR Report(s)	15 days prior to the CPR meeting
			CAM Product(s)	
			CPR Agenda and a list of expected participants	5 days prior to the CPR meeting
			Schedule for Progress Determination	5 days after CPR meeting
			Progress Determination	As indicated in the Schedule for Progress Determination
1.4	Final Meeting	Final Meeting		2/9/2029
			Final Meeting Agreement Summary (if applicable)	7 days after the final meeting
			Schedule for Completing Agreement Closeout Activities	7 days after the final meeting
			All Final Products	7 days after the final meeting
1.5	Progress Reports and Invoices		Monthly Progress Reports	10 days after the first of each month
			Invoices	10 days after the first of each month or quarter
1.6	Final Report			
1.6.1	Final Report Outline		Report Outline (Draft)	6/6/2028
			Report Outline (Final)	As determined by the CAM
			CAM Product(s)	
			CEC Style Manual	At least 2 months prior to the final report outline due date
			Web Accessibility Guidelines	At least 2 months prior to the final report outline due date
			Comments on Draft Final Report Outline	10 days after receipt of the Draft Final Report Outline
1.6.2	Final Report		Summary of TAC Comments on Draft Final Report	10 days of receipt of CAM's Comments on Draft Final Report
			Final Report (Draft)	8/8/2028
			Written Responses to Comments on the Draft Final Report (if applicable)	10 days of receipt of CAM's Comments on Draft Final Report
			Final Report	10/3/2028
			CAM Product(s)	
			Comments on Draft Final Report	15 days after receipt of the Draft Final Report
1.7	Identify and Obtain Match Funds		Match Funds Status Letter	2 days prior to the kick-off meeting
			Copy(ies) of each match fund commitment letter(s)	2 days prior to the kick-off meeting
			Supplemental Match Funds Notification Letter (if applicable)	10 days after receipt of additional match funds
			Match Funds Reduction Notification Letter (if applicable)	10 days after any reduction of match funds
1.8	Identify and Obtain Required Permits		Permit Status Letter	2 days prior to the kick-off meeting
			Copy of Each Final Approved Permit (if applicable)	7 days after receipt of each permit
			Updated List of Permits (if applicable)	10 days after determination of the need for a new permit
			Updated Schedule for Acquiring Permits As Changes Occur During the Term of the Agreement (if applicable)	10 days after determination of the need for a new permit
			Letter describing the subcontracts and site host agreements needed, or stating that no subcontracts <u>or site host</u> agreements are required	As determined by the CAM

EXHIBIT A
Project Schedule
Last Frontier Healthcare District

Task/ Subtask #	Task/Subtask Name	Meeting Name	Product(s)	Due Date
1.9	Obtain and Execute Subcontracts <u>and</u> <u>Agreements with Site Hosts</u> <u>[if applicable]</u>		Draft Subcontracts <i>(if required by the CAM)</i>	As determined by the CAM
			Final Subcontracts	As determined by the CAM
			Draft Site Host Agreement	As determined by the CAM
			Final Site Host Agreement	As determined by the CAM
1.10	Technical Advisory Committee (TAC)		List of Potential TAC Members	2 days prior to the kick-off meeting
			List of TAC Members	7 days after finalization of the TAC
			Documentation of TAC Member Commitment	7 days after receipt of the documentation
1.11	TAC Meetings	TAC Meeting #1		5/10/2026
		TAC Meeting #2 (to be deleted by the CAM if inapplicable)		TBD
			TAC Meeting Schedule (Draft)	20 days after the kickoff meeting
			TAC Meeting Schedule (Final)	10 days after the first TAC meeting
			TAC Meeting Agendas (Draft)	20 days prior to each TAC meeting
			TAC Meeting Back-up Materials	21 days prior to each TAC meeting
			TAC Meeting Agenda (Final)	7 days prior to each TAC meeting
			TAC Meeting Summaries	10 days after each TAC meeting
Technical Tasks				
2	Design for the Injection Well		Design Drawings (Draft)	5/29/2026
			Design Drawings (Final)	7/26/2026
			Technical Specifications (Draft)	5/29/2026
			Technical Specifications (Final)	7/26/2026
3	Bidding for Well Rework and Piping Improvements		Bidding Packages	8/31/2026
			Bidding Tabulation Sheets	9/30/2026
			Notice of Award Letters	9/30/2026
4	Rework and Piping on AL-1 Well		Rework and Piping Testing Reports (Draft)	6/20/2027
			Rework and Piping Testing Reports (Final)	8/12/2027
			Rework and Piping Inspection Reports (Draft)	9/20/2027
			Rework and Piping Inspection Reports (Final)	10/10/2027
			Contractor Change Order Documents and Pay Request Approvals	10/31/2027
5	Project Commissioning		Test Plan Document (Draft)	7/31/2027
			Test Plan Document (Final)	10/31/2027
			Test and Validation of Results Document (Draft)	11/31/2027
			Test and Validation of Results Document (Final)	1/15/2028
			Project Operation & Maintenance Manual (Draft)	1/15/2028
			Project Operation & Maintenance Manual (Final)	4/1/2028
6	Project Closeout		Final Pay Request Documents	1/15/2028
			Warranty Documents	1/15/2028
			Social and Economic Benefits (Draft)	1/15/2028
			Social and Economic Benefits (Final)	4/1/2028
			Final Engineer's Acceptance Report	4/1/2028
			Final Contractor's Acceptance Report	4/1/2028
7	Public Outreach and Technology Transfer Activities		Draft Public Outreach and Technology Transfer Plan	As determined by the CAM
			Summary of TAC comments	As determined by the CAM
			Final Public Outreach and Technology Transfer Plan	As determined by the CAM
			Monthly Progress Reports (Draft)	As determined by the CAM
			Monthly Progress Reports (Final)	As determined by the CAM
			High Quality Digital Photographs	As determined by the CAM

ATTACHMENT I

Independent Contractor Agreement - Green Stanley Lunch Pale (Tom Mitchell)



INDEPENDENT CONTRACTOR AGREEMENT-Physician Assistant Green Stanley Lunch Pale

THIS INDEPENDENT CONTRACTOR AGREEMENT ("Agreement") is made effective for all purposes and in all respects as of [REDACTED], by and between **LAST FRONTIER HEALTHCARE DISTRICT dba MODOC MEDICAL CENTER** (hereinafter the "Principal") and **Green Stanley Lunch Pale** (hereinafter the "Independent Contractor").

WHEREAS, the Principal desires to engage the Independent Contractor, which is a company that will provide a professional practitioner (Thomas Mitchell) to the Principal to perform medical services in the hospital and emergency room:

WHEREAS, The Independent Contractor desires to act for the Principal in the aforesaid capacity; and

WHEREAS, the Principal and the Independent Contractor desire to set forth in writing the terms and conditions of their agreements and understandings.

NOW, THEREFORE, in consideration of the foregoing, of the mutual promises herein contained, and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is hereby agreed as follows:

1. REPRESENTATIONS

Independent Contractor represents that it's practitioner is a licensed physician assistant, licensed to practice medicine in all jurisdictions where he shall be required to perform his duties pursuant to this Agreement, in the state of California. Independent Contractor also represents that he is not currently subject to any professional disciplinary proceeding of any state or federal authorities or to any disciplinary action of any hospital or other hospital facility in any jurisdiction. Thomas Mitchell will be referenced as the practitioner throughout the remainder of this Agreement, any references to he/his in this Agreement are referring to Thomas Mitchell, who is the practitioner who will be provided by Independent Contractor, under this Agreement.

2. TERM OF AGREEMENT AND TERMINATION

Subject to the provisions of **Section 1**, the Principal and all subsidiaries and affiliates of the Principal, shall engage the Independent Contractor and the Independent Contractor agrees to be so engaged commencing on or about the date first written above for two years.

3. DUTIES OF INDEPENDENT CONTRACTOR

- a. Independent Contractor, in accepting such engagement by the Principal, shall undertake and assume the responsibility of performing professional medical services in the hospital's emergency room. Independent Contractor hereby agrees to act in a competent and professional manner in carrying out

the duties of his engagement and that he shall make all clinical decisions using his best medical judgment. Notwithstanding anything to the contrary herein, nothing in the Agreement shall be construed to restrict the Independent Contractor's duties and obligations to his patients, including, but not limited to, duties in the prescription or administration of medication and the performance of medical services with respect to any patient.

- b. During the term of this Agreement, the Independent Contractor shall:
 - i. Have and maintain a valid and unrestricted license to practice medicine in all jurisdictions in which the Independent Contractor provides services for, and on behalf of, the Principal pursuant to the terms of this Agreement and in those states in which the Independent Contractor becomes licensed to practice medicine during the term of this Agreement.
 - ii. Comply with, be controlled and governed by and otherwise provide medical services in accordance with all legal requirements, and the ethics and standard of care of the medical community where the Independent Contractor provides medical services pursuant to this Agreement.
 - iii. Obtain and retain full medical staff membership with appropriate clinical privileges at any hospital or healthcare facility at which medical services are to be provided by the Independent Contractor for or on behalf of the Principal. Procurement of temporary staff privileges pending the completion of the medical staff approval process shall satisfy the requirements of Subpart iii. of the preceding sentence, provided that the Independent Contractor actively pursues full appointment and actually receives full appointment within a reasonable time.
- b. The Independent Contractor agrees to abide by any rules, regulations and any other policies and procedures covering the Independent Contractor established by the Principal.
- d. The Independent Contractor shall be obligated to obtain required Continuing Medical Education ("CME") in compliance with state license requirements in all states in which the Independent Contractor is licensed to practice medicine at the time of this Agreement or in which the Independent Contractor becomes licensed to practice during the term of this Agreement. Upon request by Principal, Independent Contractor shall provide a copy of the CME certificate to the Principal or its designee.
- e. Notwithstanding anything to the contrary herein, the Independent Contractor agrees to provide the Principal with all information necessary to document Independent Contractor's citizenship and work status and to sign all documents reasonably necessary to document the service relationship contemplated herein and to properly designate the Principal or any subsidiaries or affiliates of the Principal as the designee of Independent Contractor's reassignment of rights pursuant to **Section 7** hereof. The Independent Contractor acknowledges and agrees that notwithstanding anything to the contrary herein, the Principal may withhold payment to the Independent Contractor until such documents as the Principal may reasonably request are produced or signed, as applicable.

4. NON-INTERFERENCE AND NON-COMPETITION CLAUSE

For and in consideration of the anticipated benefits to be derived from this Agreement, the Independent Contractor hereby agrees that during the term of this Agreement, and for twelve (12) months after the termination of the Agreement, regardless of cause, Independent Contractor shall not directly or indirectly solicit to provide like professional services, or induce, persuade, or attempt to persuade any Hospital to terminate or breach contracts with Principal. FURTHER, during the term of the Agreement and for twelve (12) months after the termination of the Agreement, regardless of cause, Independent Contractor shall

not directly or indirectly compete with Principal in the area of providing hospital medical services at any medical facility doing business in any of the parishes or municipalities within 25 miles of Principal.

5. PATIENT RECORDS AND DISCLOSURE INFORMATION

The Independent Contractor shall prepare and maintain such medical records incidental to the medical services that he performs hereunder as required under standard medical practices and as otherwise required by Principal. All patient records and case histories shall at all times remain the property of the Hospital or Principal. Included within the foregoing are all records and information coming into the possession of the Principal and Independent Contractor that are the property of any hospital and for which the Principal has assumed temporary or permanent custodial responsibility. Unless required by legal process, no medical or any other Principal or hospital records shall be displayed by the Independent Contractor to any person or entity not authorized by the Principal, except in strict accordance with medical ethics and such rules relating thereto as are promulgated by the Principal's Board of Directors or Officers from time to time. Independent Contractor shall maintain appropriate documentation in completion of all medical records in compliance with all rules, regulations and guidelines established by the Principal and state or federal governmental authorities, including, but not limited to, the Health Care Finance Administration (HCFA). Principal and Independent Contractor recognize that during the course of the work under this Agreement the Independent Contractor may from time to time as necessity of his work have access to Principal information and documents that are recognized as sole, exclusive and confidential property of the Principal. The Independent Contractor therefore agrees that he will not, during the term of his engagement, divulge or disclose any information relating to the Principal to any other person or entity whatsoever, for any purpose whatsoever, including the use of such information by the Independent Contractor himself for the purposes of securing other engagements or the practice of medicine other than for the Principal pursuant to the terms of this Agreement. It is understood that the prohibitions set forth in the preceding paragraphs do not apply to medical reports on patients for the purposes of consultation with reference to other physicians or mid-levels for the patients' welfare and care, claims in connection with accidents or disability made by the patient, or other legitimate ties in furtherance of the Principal's business and the welfare of its patients or its contractual relationship with any hospital.

6. COMPENSATION AND BENEFITS

In consideration for the services provided to Principal as contemplated herein, the Independent Contractor shall receive as compensation the amount(s) set forth herein on **Appendix A**, which may be amended from time to time, by mutual written agreement between both parties. Contractor may invoice Principal on a bi-weekly basis. Principal will process invoices within two (2) weeks of receiving them.

7. FEES FOR MEDICAL SERVICES

The Independent Contractor shall have no ownership interest in any amounts owned or collected for medical services performed by the Independent Contractor pursuant to this Agreement. The Independent Contractor hereby unconditionally assigns to the Principal and all subsidiaries and affiliates of the Principal to whom Independent Contractor is engaged pursuant to **Section 2** hereof, all amounts owned or collected for medical services performed by the Independent Contractor during the term of this Agreement, and shall assist the Principal in billing such amounts, which shall be the sole and exclusive property of the Principal. Upon request of Principal, Independent Contractor shall execute and deliver such additional documents and instruments as may be necessary to evidence or effect the assignment of fees, including without limitation, any documents necessary in order to allow Principal to bill and collect all amounts owed for medical services performed from Medicaid, Medicare, and any other third-party payors.

8. INSURANCE

The Principal shall procure professional malpractice insurance for Independent Contractor, which will be limited to activities of the Independent Contractor while performing services pursuant to this Agreement. Such insurance shall be under a "claims made" policy with minimum coverage limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate. Upon termination of this Agreement, Principal agrees to continue coverage amounts set forth herein by either, at Principal's option, continuing the corporate coverage relationship with the malpractice carrier of the Principal or by purchasing the necessary tail coverage to protect Independent Contractor for all work performed during the term of this Agreement or any authorized extension thereof.

9. TERMINATION OF AGREEMENT AND ENGAGEMENT

The Principal and Independent Contractor hereby agree that during the term of this Agreement and any extensions hereof, this Agreement and the services of the Independent Contractor may be terminated and the Independent Contractor's compensation shall be measured to the date of such termination: (i.) at will by either party with 60 (sixty) day notice; (ii.) immediately by mutual consent of both parties; or (iii.) immediately upon the Principal providing written notice to the Independent Contractor upon the occurrence of any of the following events:

- a. Suspension, revocation, cancellation or limitation of Independent Contractor's right to practice in any jurisdiction whether because of loss of Independent Contractor's license or any other reason, including, without limitation failure to obtain appropriate CME credits.
- b. Revocation, in whole or in part of Independent Contractor's medical privileges as extended to him by the appropriate authorities of any hospital at which the Principal conducts its business.
- c. Failure or refusal by the Independent Contractor to perform diligently his duties under this Agreement or to comply with the rules, regulations or other policies established by the Principal or the appropriate authorities of any hospital at which Independent Contractor provides services.
- d. Conviction of the Independent Contractor of any felonious crime in any federal or state jurisdiction of the United States of America.
- e. Unprofessional, unethical, immoral or fraudulent conduct by the Independent Contractor or a finding by a professional society of such conduct.
- f. Proof of Independent Contractor's dishonesty with respect to his duties and obligations to the business and affairs of the Principal. If Principal shall believe Independent Contractor to be guilty of the foregoing and pending the establishment of proof of the same, the Principal may place Independent Contractor on leave of absence with or without pay, at Principal's sole discretion until the resolution of such matter.
- g. Termination for whatever reason of Principal's to provide medical services at the hospital(s) or a hospital where the Independent Contractor is working.
- h. In the event, due to circumstances beyond Independent Contractor's control, Independent Contractor shall be unable to perform his duties under this Agreement for any extended period covered by this Agreement.

- i. In addition, this Agreement shall be automatically terminated should the Principal be declared by a Court of competent jurisdiction to be bankrupt under the Federal Bankruptcy Act or shall be determined to be insolvent under the insolvency laws of the state of governance of this Agreement.

The Independent Contractor agrees and understands that medical staff membership and privileges at hospitals contracting with Principal, affiliates of Principal or companies contractually affiliated with Principal are predicated and contingent upon such hospital's contractual relationship with such entity. Upon termination of this Agreement between Principal and Independent Contractor, regardless of cause, Independent Contractor relinquishes without recourse medical staff membership and privileges at the hospital(s) with which Principal, affiliates of Principal or companies contractually affiliated with Principal contract. Further, upon termination, for any reason regardless of cause, of any agreement between Principal, affiliates of Principal or companies contractually affiliated with Principal and a hospital where the Independent Contractor retains medical staff membership and privileges for the purposes of providing services under this Agreement, Independent Contractor shall relinquish without recourse such medical staff membership and privileges at such hospital(s).

10. CONFIDENTIALITY

The Independent Contractor will not disclose any Confidential Information (as defined below) of the Principal without the Principal's express written authorization, such Confidential Information will not be used in any way directly or indirectly detrimental to the Principal, and the Independent Contractor will keep such Confidential Information confidential. If the Independent Contractor is requested or required (by oral question, interrogatories, requests for information or documents, subpoenas, civil investigative demands, or similar processes) to disclose or produce any Confidential Information furnished in the course of his work with the Principal, the Independent Contractor will (i.) provide the Principal with prompt notice thereof and copies, if possible, and if not, a description, of the Confidential Information requested or required to be produced so that the Principal may seek an appropriate protective order or waive compliance with the provisions of this section and (ii.) consult with the Principal as to the advisability of the Principal taking legally available action to resist or narrow such request. The Independent Contractor further agrees that, if in the absence of a protective order or the receipt of a waiver hereunder the Independent Contractor is nonetheless, in the written opinion of his legal counsel, compelled to disclose or produce Confidential Information concerning the Principal to any tribunal or to stand liable for contempt or suffer other censure or penalty, the Independent Contractor may disclose or produce such Confidential Information to such tribunal legally authorized to request and entitled to receive such Confidential Information without liability hereunder; provided, however, that the Independent Contractor shall give the Principal written disclosure or production as is practicable and shall use reasonable efforts to obtain, to the greatest extent practicable, an order or other reliable assurance that confidential treatment will be accorded to such Confidential Information so required to be disclosed or produced. For the purposes of this Section, the term "Confidential Information" shall mean any information of Principal (whether written or oral), including all business or management methods, marketing data, fee schedules, or trade secrets of the Principal whether or not such Confidential Information is disclosed or otherwise made available to the Independent Contractor. Confidential Information does not include any information that the Independent Contractor can establish (i.) is or becomes generally available to and known by the public or medical community (other than as result of a unpermitted disclosure directly or indirectly by the Independent Contractor); (ii.) is or becomes available to the Independent Contractor on a non-confidential basis from a source other than the Principal or its Affiliates, provided that such source is not and was not bound by a confidentiality agreement with or other obligation of secrecy to the Principal of which the Independent Contractor has knowledge; or (iii.) has already been or is hereafter independently acquired or developed by the Independent Contractor without violating any confidentiality agreement with or other obligation of secrecy to the Principal. The terms and provisions of this Section shall survive the termination of this Agreement.

11. NOTICES

Any and all notices required or permitted to be given pursuant to this Agreement shall be sufficient if in writing and hand delivered to the Independent Contractor or if forwarded by registered or certified mail, return receipt requested, to his then residence address. In the case of notice by the Independent Contractor to the Principal, the same manner of delivery mail shall be sufficient, as shall hand delivery either upon written receipt of any officer of the Principal (other than the Independent Contractor) or Principal to the place of business address.

12. ASSIGNABILITY

Neither this Agreement nor any right or interest hereunder shall be assignable by the Independent Contractor, his beneficiaries, or legal representatives without the Principal's prior written consent; provided, however, that nothing herein shall preclude (i.) the Independent Contractor from designating a beneficiary to receive any benefit payable hereunder upon his death; (ii.) the executors, administrators, or other legal representative of the Independent Contractor or his estate from assigning any rights hereunder to the person or persons entitled thereunto; (iii.) the assignment by the Principal of the compensation owed to the Independent Contractor hereunder to a Garnishee upon the receipt of a Garnishment order of any local, state, or federal authority received by the Principal; or (iv.) the assignment by the Principal of its rights and obligation under this Agreement.

13. AMENDMENT

No amendment or modification of this Agreement shall be effective unless or until executed in writing by the parties hereto.

14. WAIVER OF BREACH

The waiver by any party hereto of a breach of any provision of this Agreement shall not operate or be construed as a waiver or breach of any other provision or any subsequent breach of any party.

15. ARBITRATION

Subject to **Section 4** of this Agreement, the parties hereby agree to submit all disputes relating to this Agreement to binding arbitration and agree that such arbitration shall be the sole and exclusive process for adjudication of disputes relating to the Agreement. The arbitrator shall be selected, and the arbitration shall be conducted pursuant to the National Health Lawyers Association Alternate Dispute Resolution Service Rules of Procedure for Arbitration and pursuant of the rules and auspices of the American Arbitration Association; provided, however, that the Nation Health Lawyers Association Alternate Dispute Resolution Service Rules of Procedure for Arbitration shall prevail in all conflicts.

Notwithstanding, any rules or provisions to the contrary, the arbitrator shall have full authority to award any relief in law or equity, which the arbitrator deems appropriate to remedy any breach of this Agreement; provided, however, that the arbitrator must award attorney's fees to the prevailing party with respect to disputes relating to **Section 4** of this Agreement. The arbitrator shall not have any authority to add or to subtract from the terms of this Agreement. Rather, the arbitrator's authority is limited to the strict interpretation of its terms. It is further agreed that any final award of the arbitrator can be reviewed by any court of competent jurisdiction under prevailing standards for reviewing arbitrage awards. All arbitration proceeding shall be conducted in Alturas, California, unless Principal agrees, in its sole discretion, to another venue.

16. TERMINATION DUE TO LEGISLATURE OR ADMINISTRATIVE CHANGE

In the event that there are changes in the current federal or state laws or regulations regarding Medicare/ MediCal, the adoption of new legislation, or a change in other third-party reimbursement systems that materially affect the reimbursement that the Principal or Independent Contractor may receive for their respective services, the Principal may immediately terminate this Agreement by providing appropriate notice under **Section 11**.

17. GOVERNING LAW

The construction and interpretation of this Agreement shall at all times and in all respects be governed by the laws of the State of California.

18. SEVERABILITY

If any provision of the Agreement shall be determined to be invalid, illegal or unenforceable in whole or in part, neither the validity of the remaining part of such provision nor the validity of any other provision of this Agreement shall in any way be affected thereby.

19. COUNTERPARTS

This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

20. GENDER

Whenever the context of this Agreement requires, the gender of all words herein shall include the masculine and feminine.

21. TAX WITHHOLDING

The Independent Contractor agrees that the Principal may withhold from any amount payable by the Principal hereunder such amounts as the Principal reasonably determines to be necessary for compliance with federal and state tax withholding requirements in the event such requirements exist, in which event the Principal shall file such reports and make such payments as may be required thereunder. However, Independent Contractor is not an employee, and shall at all times remain responsible for payment of all applicable taxes and shall remain responsible at all times to pay or properly deposit such sums with taxing authorities as are necessary and required by or for any applicable taxing authority, whether state, federal, or local.

22. ENTIRE AGREEMENT

This Agreement and the attachment to this Agreement together constitute the entire Agreement and understanding by and between the Principal and the Independent Contractor with respect to the engagement herein referred to, and no representations, promises, agreements or understandings, written or oral, not here in contained shall be of any force and effect. No change or modification hereof shall be valid or binding unless the same is in writing and signed by the party intended to be bound.

SIGNATURES

IN WITNESS WHEREOF, the Principal and the Independent Contractor have duly executed this Agreement under seal as of the day and year first above written.

PRINCIPAL

LAST FRONTIER HEALTHCARE DISTRICT dba
MODOC MEDICAL CENTER

INDEPENDENT CONTRACTOR

Green Stanley Lunch Pale

Kevin Kramer, CEO

Thomas Mitchell, PA, Principal

Date

Date

APPENDIX A

The Independent Contractor will receive compensation in the amount of \$1,350.00 per day. Independent Contractor will generally work a 10-hour day in the Emergency Room. If Independent Contractor is required to work more than a 10-hour shift, Independent Contractor and Principal will establish a process to track additional time worked. Time worked may be accumulated until a full day is worked and Independent Contractor may then be paid for that complete day. Times and shift duration may be changed on occasion with prior approval from the Emergency Room Director or a member of Administration. In addition to the daily compensation outlined above, Principal will cover the following expenses under this Agreement:

- Housing for the days that Independent Contractor is filling Emergency Room Shifts.
- Medical Malpractice insurance as outlined in **Section 8** of this agreement.
- Reimbursement of up to \$2,000 for CEU expenses or travel, lodging, and food expenses when Independent Contractor attends CEU events/seminars/conferences in person. Independent Contractor must provide receipts and proof of attendance at the event in order to be reimbursed.
- A \$10,000 retention bonus will be paid upon completion of one year of service under this Agreement.
- A \$15,000 retention bonus will be paid upon completion of two years of service under this Agreement.
- Contractor will receive a 3% Cost of Living Adjustment upon completion of one year of service under this Agreement.

This Agreement is confirmed pending completion of all privileges, credentialing, licensure, and Board approval.