AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Thursday, May 28, 2026, 3:30 pm
City Council Chambers; Alturas, California

Parties with a disability, as provided by the American Disabilities Act, who require special accommodations or aids in order to participate in this public meeting should make requests for accommodation to the Modoc Medical Center Administration at least 48 hours prior to the meeting. Board Agenda packets are available to the public online at www.modocmedicalcenter.org or at the MMC Administration offices.

3:30 pm - CALL TO ORDER – R. Boulade, Chair

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

2. AGENDA APPROVAL - Additions/Deletions to the Agenda – R. Boulade, Chair

3. PUBLIC COMMENT - *This is the time set aside for citizens to address the Board on matters not on the Agenda or Consent Agenda. Comments should be limited to matters within the jurisdiction of the Board. If your comment concerns an item shown on the Agenda, please address the Board after that item is open for public comment.* ***By law, the Board cannot act on matters that are not on the Agenda.*** *The Chairperson reserves the right to limit the duration of each speaker to* ***three minutes.*** *Speakers may not cede their time. Agenda items with times noted, will be considered at that time. All other items will be considered as listed on the Agenda, or as deemed necessary by the Chairperson.*

4. VERBAL REPORTS

A.) K. Kramer – CEO Report to the Board
B.) E. Johnson – CNO Report to the Board
C.) A. Vucina – CHRO Report to the Board
D.) A. Willoughby – COO Report to the Board
E.) Board Member Reports

5. DISCUSSION

A.) R. Boulade - Board Member Appointment-Keith Weber Resignation

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 – April 30, 2026, Attachment A
B.) T. Ryan - Medical Staff Committee Meeting Minutes – April 29, 2026 Attachment B

- **Medical Staff Committee Meeting Minutes – March 25, 2026**
- **OP Infusion Committee Meeting Minutes – 4/14/2026**
- **Surgery Committee Meeting Minutes – 4/14/2026**
- **ER Committee Meeting Minutes – 3/26/2026**
- **Pathology Report – No Report**

C.) E. Johnson – Policy and Procedures Attachment C
SURGERY/OPERATING ROOM

7420.26 Electric Clipper for Skin Prep
7420.26 Resuscitation in the OR
7420.26 After the patient enters the surgical area

SNF
6580.26 Restraint Usage

DIETARY/ACUTE
8345.26 Cleaning the Flat Top Grill
8345.26 Handling Cold Food for the Tray Line

FACILITIES/EOC
8460.26 Preventative Maintenance
8460.26 Condition of Electrical Receptacles
8460.26 Filter Log System
8460.26 Utilities Management Emergency Shutoff Labels
8460.26 Preventative Maintenance of Water Distribution and Pump
8460.26 Definition of Utility Failure
8460.26 HVAC System Shutdown
8460.26 Electrical Distribution Annual Check
8460.26 Preventative Maintenance of HVAC System
8460.26 Torn Media Inspection

MED/SURG
6170.26 Ace Bandage Application Policy and Procedure

HOSPITAL PHARMACY
7710.26 Vasopressin in Conjunction with Norepinephrine for Septic or Hypovolemic Shock
7710.26 Droperidol for Agitation, Nausea and Vomiting

7.CONSIDERATION/ACTION

A.) E. Johnson – Departmental Manuals — Attachment D
B.) K. Kramer – April 2026 LFHD Financial Statement *(unaudited)* — Attachment E
E.) K. Kramer – Cardiology Group Contract — Attachment F

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –April 29, 2026, (Per Evidence Code 1157) — Attachment G
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –March 25, 2026

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –April 29, 2026 (Per Evidence Code 1157)
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – March 25, 2026

10. MOTION TO ADJOURN – R. Boulade – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE / MMC FRONT ENTRANCE - (www.modocmedicalcenter.org) ON May 22, 2026.

ATTACHMENT A

Adoption of LFHD Board of Directors Regular Meeting Minutes

April 30, 2026

REGULAR MEETING MINUTES
LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
Thursday, April 30, 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; Dr. Burkholder, Chief Medical Officer; Alicia Doss, Risk Management**
Staff absent:

CALL TO ORDER

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

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

2. AGENDA – Additions/Deletions to the Agenda

Paul Dolby moved that the agenda be approved with the change of moving Item 6A to 7D. **Keith Weber seconded**, and the motion carried with all present voting "aye."

3. PUBLIC COMMENT

There was no public comment.

4. VERBAL REPORTS

A.) L. Burkholder – CMO Report to the Board

- Physician recruitment efforts remain ongoing as the organization continues to focus on strengthening provider coverage and expanding access to care for the community.
- Administration and medical leadership are actively engaged in recruitment discussions to attract additional physician providers to support both current service demands and future growth initiatives.
- In addition, Modoc Medical Center is currently in discussions with cardiology providers to explore opportunities to establish cardiology services at our facility. Expanding access to specialty cardiac care locally would be a significant benefit to our community, improving convenience for patients and reducing the need for out-of-area travel for specialty consultations and care.
- Leadership will continue to provide updates to the Board as recruitment efforts progress and specialty service opportunities develop.

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

Provider Recruitment

- Recruitment efforts remain ongoing for permanent provider positions across the organization, including physician and advanced practice provider roles for Alturas Clinic, Canby Clinic, walk-in services, and the Skilled Nursing Facility.
- Leadership continues to explore telemedicine-based provider models to improve access to walk-in care services and enhance provider coverage.

Security Incident

- The organization continues to work with Mox5 to complete a comprehensive review of files impacted by the recent cybersecurity incident.

- Required public notifications have been completed, including a media announcement, website posting, and activation of a call center for impacted individuals.
- Once the full scope of affected individuals has been identified, formal notification and credit/fraud protection services will be initiated in accordance with regulatory requirements.
- Legal counsel will continue to assist with any related matters as the process moves forward.

Cost-Based Ambulance Services

- Discussions continue with the County and NorCal EMS regarding the potential transition to a cost-based ambulance reimbursement model.
- Preliminary financial analysis indicates the transition could result in approximately $650,000 in additional annual Medicare reimbursement, if approved.

ERHC Grant with USDA

- A partial reimbursement request totaling $750,000 has been submitted under the USDA ERHC grant, with the remaining funds to be requested upon completion of additional project milestones.
- Progress continues on the geothermal energy project, including coordination with the California Energy Commission, establishment of a technical advisory committee, development of a partnership agreement with the school district, and engineering design work.

Strategic Infrastructure Planning

- Initial planning efforts for a potential solar energy project for the new hospital and Skilled Nursing Facility campus are expected to begin in the coming weeks.

Specialty Service Expansion

- Contract discussions are underway with cardiology providers with the goal of establishing local cardiology services this summer.
- Leadership anticipates this expansion may improve patient access to specialty care while also creating potential financial advantages through clinic scope expansion.
- Discussions have also begun with laparoscopic surgeons regarding future surgical service expansion and physician succession planning.

Other Items

- Public communication regarding repayment of prior loans made to Surprise Valley Health Care District has been finalized and is expected to be published in the near future.

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

Skilled Nursing Facilities

- The Skilled Nursing Facility continues to maintain its 5-star CMS rating.
- A total of 15 resident falls were reported in March. In response, an ad hoc committee has been established to review fall incidents and implement corrective measures.
- Interventions currently underway include:
  - Monthly inspection of wheelchair brakes
  - Staff re-education on proper use and response expectations for bed and chair alarms
  - Review and monitoring of resident behavioral factors contributing to fall risk
- The effectiveness of these interventions will be evaluated in 30 days.
- Following an incident involving a resident accessing the front parking lot independently after dinner, a procedural change has been implemented requiring the lobby hallway door to be closed at 8:00 PM following visiting hours.
- The facility celebrated a resident's 100th birthday, which was well attended by staff, family, and community members.
- Residential Care Census:
  - Warnerview census: 15 residents
  - Mountain View census: 47 residents, with one additional admission scheduled, bringing occupancy to 48

Pharmacy

- Ryan Yang has agreed to serve as interim Pharmacy Manager.
- A pharmacist candidate recently completed a site visit and is being considered for a formal offer.
- A refrigerator/freezer monitoring system has been implemented in the pharmacy, with plans for future expansion throughout additional departments including Laboratory, Clinic, Acute Care Kitchen, and Mountain View Kitchen.

Physical Therapy

- Two traveling physical therapists have been secured to assist with staffing needs and maintain therapy service coverage.

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

Accounting

- The organization received a net IRS tax refund of $1.311 million in March related to the 2021 tax year.
- An additional $1.2 million PHP direct payment was received in April, positively impacting organizational cash flow.

Budget Development

- Preparation of the Fiscal Year 2027 operating budget is currently underway.
- Budget development is anticipated to be completed by early June 2026.

Payroll Operations

- The organization will transition payroll services back to ADP effective September 13, 2026.

Purchasing

- Purchasing staff are preparing for the annual physical inventory count process at the end of next month.
- Physical inventory counts are scheduled to occur during the first week of July.

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

Permanent/Travel Staff

- We currently have 320 total staff
- We have a total of 27 travelers, both Acute and SNF.
- Six New hires started in April.

Compliance

- Performance Evaluations 77% compliant
- TB 95% complaint
- Physicals 95% compliant

Salary Survey

- Currently conducting a market wage analysis of all job classifications to evaluate compensation competitiveness against comparable facilities of similar size, geographic location, and special district structure.
- Where compensation disparities are identified, wage adjustments will be implemented effective June 1, 2026, in addition to the previously approved 3.5% healthcare minimum wage increase, which applies to all job classifications.

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

Revenue Cycle

- Revenue Cycle performance remains exceptionally strong, with March closing at $2.82 million in payments, exceeding monthly target by over $300,000, and generating $5.2 million in revenue with a record Average Daily Revenue (ADR) of $167,000.
- April continued this positive momentum, with month-end cash collections reaching $3.52 million, exceeding target by over $1 million. Revenue totaled approximately $5.1 million, with a new record ADR of $175,000, Accounts Receivable (AR) at $10 million, and AR Days reduced to 56.96, reflecting a strong recovery following the cybersecurity breach.
- The CMS credentialing/reassignment issue is nearing resolution, with nearly all of the previously delayed $250,000 in claims released.
- Outstanding AR with the Sheriff's Office remains a concern, with approximately $500,000 currently outstanding and expected to continue increasing as reconciliation efforts continue.

Clinics

- It was confirmed that Modoc Medical Center will remain in the modified PHP QIP program for the current calendar year after clarification from the program coordinator. While financial impact is minimal, this was a disappointing correction after prior expectations of program graduation.
- Planning is underway for the Alturas Clinic Expansion Project, with a building committee established and meetings beginning next week. Preliminary plans include a 4,500 sq. ft. expansion featuring:
  - 8 exam rooms
  - 1 procedure room
  - 5 provider offices
  - 3 flexible counseling offices

- Expanded MA station and support spaces
- The expansion will require relocation of the current landing zone westward across the access road.
- Due to annual cost considerations, the OneRoom telehealth initiative will not move forward; however, a more cost-effective internally developed telehealth exam room model is being explored.

Maintenance

- Progress on the Highway 299/Nagle streetlight project continues in coordination with the City and Warren, though timelines remain dependent on city processes and contractor availability.

IT

- Administration is evaluating implementation of a Managed Extended Detection & Response (MXDR) cybersecurity service to further strengthen cybersecurity infrastructure, with formal discussion scheduled under a separate action item.

F.) Board Member Reports

- **Carol Madison** – Was happy to see the Enhanced Care Coordinators attend the Denim Day Walk.
- **Paul Dolby –** Attended the Special Board Meeting and Joint Conference Meeting.
- **Mike Mason –** Absent.
- **Rose Boulade –** Absent.
- **Keith Weber –** Nothing to report.

5. DISSCUSSION

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

- The Board received a report on the number of events by category that had been reported through the risk management reporting system, Safety First.
- The Board received an update on key Quality Assurance and Performance Improvement (QAPI) metrics, including current HCAHPS pharmacy performance indicators and PHP QIP quality measures.
- Discussion focused on ongoing monitoring of patient experience and quality performance benchmarks, with continued oversight of targeted improvement initiatives in these areas.

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**~~

B.) T. Ryan - Medical Staff Committee Meeting Minutes – April 16, 2026

- **Medical Staff Committee Meeting Minutes – March 25, 2026**
- **OP Infusion Committee Meeting Minutes – 3/10/2026**
- **Patient Safety/Safe Lifting Committee Meeting Minutes – 3/18/2026**
- **EOC Committee Meeting Minutes – 1/6/2026**
- **Quality Council Meeting Minutes – 10/8/2025**
- **Surgery Committee Meeting Minutes – 3/10/2026**
- **Pathology Report – No Report**

C.) E. Johnson – Policy and Procedures

Paul Dolby moved that the Consent Agenda be approved, **Keith Weber** 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.

Keith Weber moved to approve the **Departmental Manuals**, **Paul Dolby** seconded, and the motion carried with all voting "aye."

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

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

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

C.) A. Willoughby – MXDR Information Security Proposal
Jason Moeller, Information Technology Department, provided an overview of the proposed cybersecurity service, including its purpose in strengthening the organization's security posture through enhanced threat monitoring, detection, and incident response capabilities.

Paul Dolby moved to accept the **MXDR Information Security Proposal** as presented, **Keith Weber seconded**, and the motion carried with all present voting "aye."

D.) K. Kramer - Geothermal Grant Agreement with SHN
Kevin Kramer, CEO presented the **Geothermal Grant Agreement with SHN** provided to the Board. Kevin addressed questions from Board members and provided clarification regarding the agreement.

Keith Weber moved to accept the **Geothermal Grant Agreement with SHN** as presented, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

E.) K. Kramer - Independent Contractor Agreement - Green Stanley Lunch Pale (Tom Mitchell)
Kevin Kramer, CEO presented the **Independent Contractor Agreement – Green Stanley Lunch Pale (Tom Mitchell)** to the Board and answered the questions they had.

Paul Dolby moved to accept **Independent Contractor Agreement - Green Stanley Lunch Pale (Tom Mitchell)** as presented, **Keith Weber** seconded, and the motion carried with all present voting "aye."

F.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – March 26, 2026
Kevin Kramer, CEO, requested that the prior month's Board meeting minutes be amended within the Finance Director's Report to remove reference to specific personnel action taken within the accounting department.

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:30 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Carol Madison, Vice Chair**, at 4:30 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – April 16, 2026 – (*Per Evidence Code 1157*).

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

- **Haley Kielbas, PA** – Recommends appointment of Allied Health status/privileges in the Family Practice category.
- **Wendy Richardson, FNP** – Recommends reappointment of Allied Health status/privileges in the Family Practice category.
- **Carlo Fernandes, DO** – Recommends appointment of Provisional privileges in the Family Medicine category.
- **Christopher Baumann, MD** – Recommends reappointment of Limited Active privileges in the Interventional Radiology category.
- **James Helmer, MD** – Recommends reappointment of Limited Active privileges in the Emergency Medicine category.

B.) C. Madison – K. Kramer, CEO Evaluation
(Per Evidence Code 54957)

The Executive Session of the Board of Directors was adjourned at 4:40 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Carol Madison, Vice Chair**, at 4:40 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –April 16, 2026 – (Per Evidence Code 1157).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – March 25, 2026.**

B.) C. Madison – K. Kramer, CEO Evaluation
(Per Evidence Code 54957)

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

The Board discussed **Kevin Kramer's** evaluation and evaluation forms will be turned into Rose so they can be retained in **Kevin Kramer's** personnel file.

11.) MOTION TO ADJOURN

Paul Dolby moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:42 pm**, Keith Weber** seconded, and the motion carried with all present voting "aye."

The next meeting of the Last Frontier Healthcare District's Board of Directors will be held on May 28, 2026, at 3:30 pm in the Alturas City Council Chambers, City Hall in Alturas, California.

Respectfully Submitted:

_____ _____

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

ATTACHMENT B

Medical Staff Committee Meeting Minutes

March 25, 2026

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

DATE: MAY 28, 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 April 29, 2026, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

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

B. COMMITTEE REPORTS

1. ER Committee Meeting Minutes – 03/26/2026
2. OP Infusion Committee Meeting Minutes – 04/14/2026
3. Surgery Committee Meeting Minutes – 04/14/2026

C. PATHOLOGY REPORT – No Report

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

MEDICAL STAFF COMMITTEE MEETING
March 25, 2026 – Education Building
MINUTES

In Attendance

Lisanne Burkholder, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Landin Hagge, DO
Barbara Howe, RDN
Kevin Kramer- CEO
Walter Dimarucut- Laboratory Manager
Shannon King- Assistant Laboratory Manager
Vahe Hovasapyan- Pharmacist
Alicia Doss- Risk Management
Brandy Morris-Wright- MSC/H.I.M
Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1205 by Dr. Burkholder, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of February 25, 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. EOC Committee Meeting Minutes, 01/06/2026. B. Patient Safety/Safe Lifting Committee Meeting Minutes, 03/18/2026. C. OP Infusion Committee Meeting Minutes, 03/10/2026. D. Surgery Committee Meeting Minutes, 03/10/2026. E. Quality Council Committee Meeting Minutes, 10/08/2025.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	No Pathology Report.	
IV.	Currently, there is not too much new information	Report at next meeting

SUBJECT	DISCUSSION	ACTION
CHIEF MEDICAL OFFICER REPORT	since last meeting. We are still recruiting Physicians. Since Dr. Edmonds departure, he has passed on the radio spots to continue. I told our radio guy to continue to cycle through the ones he has for now and once we can come up with some new topics and Providers willing to do those, we will connect with our radio guy to get those completed and out. We are still in the process of working with some Cardiologists to get their services at our facility so we can provide that to our community.	
V. EMERGENCY ROOM REPORT	Nothing to Report.	
VI. CEO REPORT	Currently, on the Provider Recruitment front, we are still recruiting 2 permanent Physicians, 1 for Canby and 1 for Alturas. I am looking for Wendy's replacement in the Alturas Clinic as well as another FNP/PA for Canby and the SNF. A lot of recruiting is going on right now. The good news is Thomas Mitchell, PA is wanting to come on permanent, so we are discussing with CompHealth, his locums' company, about getting a contract going. A brief update with the Security Incident, we are still working on that. We have had some patients provide notices to us that they have retained attorneys that have filed suits with us for the breach, class action suits, and so we have a defense counsel now that has been assigned to us from our insurance company. Right now, we are currently gathering information that we need to make a good decision on whether it is worth our time, effort, and money to have somebody go through the 390,000 files that potentially have PHIM. I have a call scheduled tomorrow to discuss that with our response counsel to figure out if we want to do that or not. We are still working with Surprise Valley to see if there is a legal mechanism we can use for both of our ambulance services to become cost based. So, we are still working on that and working with a law firm called Hall Render. They have had success doing this in other states and so they are looking into California laws and if our county were to pass subordinance that basically prevents Surprise Valley EMS services from taking patients from our Hospital elsewhere and vice versa. So,	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	still working on this and more to come. The USDA is going to allow us to submit on behalf of the EHRC million-dollar grant, submit the stuff we have already paid for which is our HVAC systems and generators for the new Skilled Nursing Facility so hopefully we get a million-dollars or maybe a little less, 900,000 out of it. There is a budget amendment going tomorrow for design fees so that we can start the Clinic expansion drawings. The plan there is that we get final construction drawings done and then we get at least a bid. Hopefully we can get a bid in this fiscal year or early next fiscal year to know what we are dealing with as far as how much it is going to cost so we then will make decisions based on what our cash flow is at that point. With that, we are going to take another hard look at solar and see if we can do a solar grid out near our Hospital. Our power bill is like 30,000 a month so we are going to start that process of engaging some firms. There are some tax credits available for that too.	
VII. CNO/SNF REPORT	Absent.	
VIII. PHARMACY REPORT	Currently, in the Retail Pharmacy, we have Ryan as our interim manager. I have hired a permanent manager who will be starting mid to late April. We have fixed some issues with the register, we are no longer double charging patients, but we are still working on the credit card processing. We had a pretty bad weekend where nobody could process credit cards, but we did get through it, and patients did get their medications. We are working on the IVR, which is the after-hours prescription request. It is communication between ScriptPro and our telecom system, so that is in the works. After the departure of our previous manager, I looked at our policies, and they were lacking so I have obtained a new policy manual that we're going to review and put through the process of approval. In the Inpatient Pharmacy, we have finished installing the flex lock on the outpatient refrigerator so now everything is seamless, the medications are being stored, there is no lock and key necessary, so hopefully we will get our Omnicell this summer and everything will be smooth sailing from there. We are expanding the ER Omnicell by a full unit and replacing all the	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	other Omnicells. H-caps are ongoing. We have kind of switched it up from the initial plan, but we are still doing what we are supposed to be doing. We are working on implementing the new automated dispensing cabinet policies that I put in place early to mid-last year so that is too in the works.	
NEW BUSINESS IX. POLICY REVIEW & APPROVAL	The following New Business was presented for review/approval: 1. Updated Policies, March 2026 (7)	After review and discussion, a recommendation was made to implement the Updated Policies (7) presented March 2026. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.
X. ADJOURNMENT	The meeting was adjourned at 1300.	

Lisanne Burkholder, MD Chief Medical Officer

04/29/2026
Date

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

MINUTES

ER COMMITTEE MEETING

On Tuesday 3-26-2025 from 3:00 to 4:00 pm
Modoc Medical Center – 1111 N. Nagle Street
Education Conference Room; Alturas, California

Present:

- Dr. Jay Lai
- Susan Saueheber, Acute/Er Nursing Manager
- Ed Johnson, CNO
- Shannon King
- Sandra Brown
- Megan Wright
- Mary Lawrence
- Lance Chrysler
- Vahe Hovasapyan
- Alicia Doss

Absent:

- Shelly Bailey
- Kevin Kramer, CEO

Subject	Discussion	Attachment
1. **Call to Order** – The meeting was called to order by **Susan Sauerheber** at 3:00 pm in the Education Conference Room.		
2. **Agenda Approval**	**Susan Sauerheber** - Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. **Minutes of 12/2025 ER Committee Meeting**	**Susan Sauerheber** – Presentation of 12/2025, ER Committee meeting minutes for approval.	All present approved the presented meeting minutes for the 12/2025 meeting
4. Old Business	• See attached Minutes	
5. New Business		
A.	• Blood Transfusion-Ongoing issues with orders. Shannon is willing to train anytime, even on the weekends. Providers are the	

Subject	Discussion	Attachment
	only ones that can order but Nurses need to know how to process orders which may be something that can be addressed in next nurses meeting	
B.	• Equipment-Slitlamp and table all here. Looks great, stored in storage closet • Ventilator-going well. Still need one piece, Marty will be ordering it.	
C.	• Zio Patch-we have received them. Need to go on the site, register the patient, place patch on patient. Currently Dawn and Michael are trained for this. • The patch stays on for 7-14 days. Irregularity calls go to physician phone; default info is sent to Susan S. email.	
5. Roundtable – See attached.		
6. Adjournment	The next ER Committee Meeting will be TBD in the Education Conf. Room.	

ER COMMITTEE MEETING

On Thursday 3-26-2026 from 3:00 to 4:00 pm
Modoc Medical Center – 1111 N. Nagle Street
Education Conference Room; Alturas, California

ROUNDTABLE

Alicia-

After a talk with Brandy she wanted to make sure we need to improve transfers from ER to Acute/Med/Surg. The ER Nurse transfers per Susan S. Somehow, they are missing a step. This is a learning opportunity that can be delivered at next Nurses' meeting.

Vahe-

Bringing a patient from SNF to ER, please note that the med list in Cerner is not accurate. It may have listed meds that have been discontinued. You have to look at the Active Mar Summary to determine current meds.

ROUNDTABLE CONTINUED

Lance-

Butterfly BVM new 3-1 system, NorCal has not yet approved this. Trying to do a trial through ER. Needs Medical Device Authorization. Discussion with Dr. Lai about what that is and that it does not deal with an actual prescription. Dr. Lai on board with signing for it after talking to Lance.

Shannon K.-

Still a problem with the blood bank orders. Dr. Lai to inform the physicians that if they have questions, to call the lab. All lab staff is willing to help out with the order so that it is processed correctly and can be billed out and paid for. Shannon will train, even on weekends.
Insurance is no longer paying for Urinalysis with a Drug Screen. You can order a Urinalysis with microscopy on the majority of patients and they will cover that.
Pediatric draw volumes, Dr. James said it comes from ER and ER is to pick the draw volume. (some training is warranted.)

We are going to submit an SR to make blood bank more user friendly.

Introduction of the new form that Shannon was talking about for Lab (see attached).

Megan W-.

Ventilator-EMS staff would like more training, post Intubation sedation issues. Patients seem uncomfortable and our physicians seem hesitant to change medications after intubation whereas the flight crews come in and immediately change script and patients are more comfortable. Vahe indicates he can have stand-by sedation meds for overnight if Dr. Lai can advise what he should set aside.

Marty L.

This is for budget item cost request for new budget year.
Just confirming she needs to order:
Part for Ventilator
Stretcher/gurney that weighs
Scale that weighs in kilos only
EMS- scale that you can roll up on with a gurney.

ROUNDTABLE CONTINUED

Sandra for Edward J-

Ed left early for the BoD.
Good Catch Award we are implementing (see attached nomination form)

Dr. Lai:

We need further training and communication between SNF and ER. Not all residents that are at SNF need to be transferred to ER for work up but, there has to be communication and follow up to make sure there is an RN that can hang IV, etc., during that shift or ensure the resident is transferred to ER so that they are not waiting all night into the next day to start their meds.

Susan S.-

The plan will be to discuss the above-mentioned issues in the next nurses' meeting.

Set up the training for EMS folks on the Ventilator.

Make sure conversations and training happens with regard to communication between SNF and ER as well as with labs, transfusions, medications and charting issues.

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

AGENDA

ER COMMITTEE MEETING

On Thursday, March 26, 2025 3:00 to 4:00 p.m.

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

Subject	Discussion	Attachment
1. Call to Order		
2. Agenda Approval	**Susan Sauerheber, changes, additions and /or deletions**	
3. Minutes of 12/2025, ER Committee Meeting	Minutes 12/2025	Minutes of 12/2025
4. Old Business		
	• **See attached Minutes**	**Minutes of 12/2025**
5. New Business		
	• Blood Transfusion • Equipment • Zio Patch	
6. Roundtable		
7. Adjournment	**The next ER COMMITTEE Meeting "To be determined" in the Education Conf. Room.**	

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MINUTES

OP INFUSION COMMITTEE MEETING

Tuesday, 4/14/2026 at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Infusion Department, Alturas, California

Present:

- Shirley Hughes, Infusion
- Linda Sawyer, Infusion Nurse
- Sandra Brown, Admin. Assistant
- Vahe Hovasapyan, Hospital Pharmacy Manager
- Ed Johnson, CNO
- Lisanne Burkholder, M.D.
- Susan Sauerheber, Committee Chair
- Delinda Gover Perez, Surgery Manager

Absent:

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order at 8:35 am in the Infusion Room.		
2. Agenda Approval	No Changes, additions and/or deletions to the Agenda.	All present approved the presented Agenda.
3. Minutes	Approved	Attached hereto (3/2026)
4. Old Business	**As noted on Minutes and discussed at 3/2026 OP Infusion Committee Meeting**	
5. New Business		
	• Rylee ordering infusion carts	
	• Omnicell works 50% for Linda	
	• Discussion regarding biologics and oncology meds (aim for 5 years in the future) Linda interested in upskilling	
	• Vahe, Adam and Ed to go on a fieldtrip to other facilities and check out procedure and profitability	
6. Roundtable All discussed above		
7. Adjournment	**The next OP Infusion Meeting will be Tuesday, 5/12/2026 @ 8:30 a.m. in the Infusion Department**	

MODOC MEDICAL CENTER
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MINUTES

SURGERY COMMITTEE MEETING

Tuesday, 4/14/2026, at 8:30-9:30 a.m.
Modoc Medical Center – 1111 N. Nagle Street
Infusion Department Alturas, California

Present:

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

Absent:

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

Subject	Discussion	Attachment
1. Call to Order – The meeting was called to order at 9:32 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		
	• NO yearly budget provided-still waiting	
	• Severson changed the OR, Marty said no, it will be switched back	
	• Surgery going well-doing more direct scheduling	
	• Retail pharmacy doing much better and having meds ready for patients.	

Subject	Discussion	Attachment
	• Need help with using Microlab and forwarding phones, better communication is necessary	
7. Adjournment	The next Surgery Meeting will be Tuesday, 5/12/2026 @ 8:30 a.m. in the Infusion Room.	

ATTACHMENT C

Policy and Procedures

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

MEMORANDUM

DATE: 5/28/2026
TO: Last Frontier Healthcare District Board of Directors
FROM: Policy Committee
SUBJECT: **Review of Departmental Policies and**

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

Review of Departmental Policies (see attached):

SURGERY/OPERATING ROOM
7420.26 Electric Clipper for Skin Prep
7420.26 Resuscitation in the OR
7420.26 After the patient enters the surgical area

SNF
6580.26 Restraint Usage

DIETARY/ACUTE

8345.26 Cleaning the Flat Top Grill
8345.26 Handling Cold Food for the Tray Line

FACILITIES/EOC

8460.26 Preventative Maintenance
8460.26 Condition of Electrical Receptacles
8460.26 Filter Log System
8460.26 Utilities Management Emergency Shutoff Labels
8460.26 Preventative Maintenance of Water Distribution and Pump
8460.26 Definition of Utility Failure
8460.26 HVAC System Shutdown
8460.26 Electrical Distribution Annual Check
8460.26 Preventative Maintenance of HVAC System
8460.26 Torn Media Inspection

MED/SURG

6170.26 Ace Bandage Application Policy and Procedure

HOSPITAL PHYARMACY

7710.26 Vasopressin in Conjunction with Norepinephrine for Septic or Hypovolemic Shock
7710.26 Droperidol for Agitation, Nausea and Vomiting

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

HEALTH INFORMATION MANAGEMENT

Memorandum
Annual Review Signature Page

INFORMATION TECHNOLOGY

Memorandum
Annual Review Signature Page

EXCEL SPREADSHEET OF POLICIES FOR APPROVAL BY BoD

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

Thank you for your time and attention to the above.

Respectfully submitted:

Sandra A. Brown
Administrative Assistant to CNO
1111 N. Nagle Street
Alturas, CA 96101
(530) 708-8808

Enc.

SURGERY/
OPERATING ROOM

REFERENCE #	7420.26	EFFECTIVE: 04/2009
SUBJECT:	7420.26 ELECTRIC CLIPPER FOR SURGERY SKIN PREP	REVISED: 03/2026
DEPARTMENT:	OPERATING ROOM/SURGERY	

PURPOSE:
The purpose of this policy is to educate staff regarding hair clipping prior to surgery.

AUDIENCE:
Department Wide

TERMS AND DEFINITIONS:

None

POLICY:
It is the policy of Modoc Medical Center (MMC) that hair clipping prior to surgery will be performed using electric clippers only.

PROCEDURE:

Hair removal should be performed as close to the start of surgery as feasible. Communicate with the surgeon the area to be clipped of hair. The amount of hair removed should be kept to a minimum.

Hair removal should be done in the pre-operative area. It may be done in the operating room only if necessary. If hair removal is done in the operating room, it should be done in a manner that prevents dispersal of hair into the air of the operating room.

Place the clipper head on the end of the clipper handle.

Clip the hair using a gentle stroking motion by gently running the unit along the hair in the direction the hair falls.

Make sure to clean the clipped hair from the skin and linen using the adhesive prep hand mitten.

Try not to irritate the skin that is being shaved.

After completing the procedure, discard the clipper's head.

Clean the clipper handle with a disinfectant and place it back on the charger according to manufacturer's instructions.
Document in the patient's health care record the person performing hair removal, the hair removal method, time of removal and area of hair removal.

REFERENCES:

GUIDELINES FOR PERI OPERATIVE PRACTICE, 2025 EDITION, PATIENT SKIN ANTISEPSIS PAGE, 646 3.2.3, 3.2.4, PAGE, 647 3.2.5, 3.2.6, 3.2.8

ATTACHMENTS:

None

REFERENCE #	7420.26	EFFECTIVE: 09/2011
SUBJECT:	7420.26 RESUSCITATION IN THE OR	REVISED: 03/2026
DEPARTMENT:	OPERATING ROOM/SURGERY	

PURPOSE:
The purpose of this policy is to provide guidance to the operation room (OR) staff during emergency resuscitation.

AUDIENCE:
Department Wide

TERMS/DEFINITION:

None

POLICY:
It is the policy of Modoc Medical Center (MMC) that a skilled medical team will respond to any emergency resuscitation that happens in the operating room (OR), post anesthesia care unit (PACU), or procedure room.

PROCEDURE:

- A **CODE BLUE** for cardiopulmonary resuscitation will be initiated on those patients having a cardiac or pulmonary arrest or requiring emergent intubation in the OR, PACU, or procedure room.

- A member of the surgery staff will initiate the response by pressing the CODE BLUE alarm located on the wall. These are located in every area of the surgery department.

STAFF RESPONSIBILITIES

Physicians:
- Perform advanced cardiac life support (ACLS), basic life support (BLS), pediatric advanced life support (PALS), as appropriate.
- Manages the code.
- Terminates the code.
- Communicates status to the family and/or primary care physician.

Anesthetist or Anesthesiologist:
- Manages the airway and monitors vital signs.
- Assists in obtaining additional intravenous access
- Assists in managing the code as requested
- Administers medications.

Circulating Nurse:

- Performs BLS and other advanced life support measures as appropriate.
- Establishes additional peripheral intravenous access if needed.
- Assists in the transport to the PACU or emergency department.
- Completes the code record and places it in the patient's chart.

Scrub Technician:

- Maintains the sterility of the back table, mayo stand, and surgical site.
- Packs the surgical wound with moist sponges and covers it with a sterile drape or sterile towels.
- Keeps track of all instruments, sponges, and needles on the sterile field and anticipates the needs of the surgeon.
- If CPR must be provided within the sterile field and / or defibrillation, the surgical technologist in a team effort with the other sterile team members, should provide whatever care is necessary to attempt to preserve the life of the patient.

Chief Nursing Officer and Nursing Supervisor:

- Provides crowd control.
- Facilitates transfer of the patient if appropriate.
- Participates in the code

OR Manager:

- Conducts follow up on the incident and complete the appropriate paperwork.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7420.26	EFFECTIVE: 04/2009
SUBJECT:	7420.26 AFTER THE PATIENT ENTERS THE OPERATING ROOM OR PROCEDURE ROOM	REVISED: 03/2026
DEPARTMENT:	OPERATING ROOM/SURGERY	

PURPOSE:
The purpose of this policy is to provide guidance for the staff when a patient enters the Operating Room (OR), or Procedure Room.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None

POLICY:
It is the policy of Modoc Medical Center (MMC) that a systematic process is conducted when ~~every patient~~patients enter~~s~~ the operating room (OR), or the procedure room.

PROCEDURE:
- Check the identification prior to entering the ~~Operating Room~~OR by verifying the name, date of birth~~,~~ and procedure.
- Assist anesthesia with proper positioning, providing safety and securing of any safety devices i.e., arm board straps, safety belt, pressure reduction devices and warming devices.
- If any personal items are removed, i.e., dentures, jewelry, or hearing aids, place these items in a labeled container with the patients' name on it and give it to the post anesthesia care unit (PACU) nurse when the patient leaves the OR.
- Assist anesthesia when intubation is being performed.
- Apply a grounding pad if an ESU will be used.
- The circulating nurse and the surgical scrub technician must perform a count of all sponges, sharps, and instruments (when applicable) prior to the beginning of the case, before deep closure~~,~~ and again before the skin closure is completed.
- A "Time Out" procedure is done prior to starting the surgery, that includes all of the team members present in the OR.
- The circulating nurse completes all applicable documentation in the Electronic Health Record (EHR) and completes all specimen request forms.
- If packing is placed in a patient, it must be documented in the EHR how many soft goods were placed, and this must be reported to the PACU nurse. If the patient is admitted to in-patient status this must be reported the receiving nurse. When the packing is removed the number of soft goods must be recorded and reconciled with the EHR from the OR.

- After the operation is completed, the circulating nurse will accompany the anesthesia provider to the PACU.
- Patients leaving the OR must have a clean gown, blanket, oxygen if needed, any personal supplies, and peri-pads if needed.
- The OR will be cleaned in between every case and at the end of the day.

REFERENCES:

~~None~~**None**

ATTACHMENTS:

None

SNF

REFERENCE # 6580.26 #416	EFFECTIVE 4/01/2016
SUBJECT: 6580.26 RESTRAINT USEAGE	REVISED 4/01/2026
DEPARTMENT: SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to provide guidelines for the use of restraints in order to promote the optimal amount of freedom for residents of Warnerview and Mountain View Skilled Nursing Facilitiesy at Modoc Medical Center, without jeopardizing their safety or the safety of others and comply with all State and Federal regulations.

AUDIENCE

Department Wide

TERMS/DEFINITIONS

1. Physical Restraints are any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easilyeasily, which restricts freedom of movement or normal access to one's body. Physical Restraints include but are not limited to:

    a. Leg restraints.

    b. Arm restraints.

    c. Hand mitts.

    d. Soft ties or vests.

    e. Lap cushions and lap trays.

    f. Side rails which keep a resident from voluntarily getting out of bed.

    g. Tucking in or using Velcro to hold a sheet, fabric, etc. so, so the resident's movements are restricted.

    h. Using devices in conjunction with a chair, such as trays, tables, bars or belts that the resident cannot remove easily and that prevent the resident from rising.

    i. Placing a resident in a chair that prevents a resident from rising.

    j. A restrictive ambulation device which restricts the resident from exiting the device without assistance. (e.g. Merry Walker)

2. Chemical Restraints are any drugs which are used for discipline or convenience and not required to treat medical symptoms.

3. Discipline is any action taken by the facility for the purpose of punishing or penalizing residents.

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REFERENCE #	6580.26 #416	EFFECTIVE 4/01/2016
SUBJECT:	6580.26 RESTRAINT USEAGE	REVISED 4/01/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

4.• Convenience is any action taken by the facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interest.

5.• Medical Symptoms is an indication or characteristics of a physical or psychological condition.

6.• Seclusion is the placement of a resident alone in a room.

POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Facilitiesy that all residents have a right to be as free as possible from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

PROCEDUREE

ER

1.• Restraints will only be imposed to ensure the physical safety of the resident or other residents and only upon the order of a physician that specifies the duration of use, the type of restraint and the circumstances under which the restraint is to be used. There will be no standing orders and there will be no "as needed" (P.R.N.) orders for physical restraints. In an emergency, a restraint may be applied without the written order of a physician, but the phone order must be signed within twenty-four (24) hours. five (5) days.

2.• All residents being restrained, physical or chemically, will be assessed for continued need, for participation in a restraint reduction program, and/or for the use of a less restrictive device that will still promote the resident's safety. Assessments will be done by the Interdisciplinary team quarterly and at any time the resident's condition warrants it.

3.• Residents and/or surrogate representatives will be involved in decisions regarding restraint reduction and/or continued use of restraints. The resident and/or surrogate representative will be informed of the resident's conditions and circumstances, and the risks and benefits for the use of restraints. The decisions will be care planned and reviewed and evaluated on an ongoing basis. Verbal consents for the use of restraints will be obtained as soon as possible after initiation from the resident and/or surrogate representative and written consent within five days.

4.• Behaviors or conditions of residents which may justify the use of a restraining device/chemical are as follows:

a.○ Residents who have a history of severe falls or are at extremely high risk of having a life-threatening fall.

b.○ Residents who are neurologically, orthopedically or muscularly impaired and need postural support for safety and/or comfort.

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REFERENCE # 6580.26 #416	EFFECTIVE 4/01/2016
SUBJECT: 6580.26 RESTRAINT USEAGE	REVISED 4/01/2026
DEPARTMENT: SKILLED NURSING FACILITIES	

c. Residents who experience any ~~of a number of~~ mental dysfunctions that may cause the resident to be a serious hazard to him/herself.

d. Residents who have medical symptoms that are life-threatening and a restraint is used temporarily to provide the necessary treatment.

5. All residents who continue to be in physical restraints will be monitored and will be released every two hours for repositioning. The restraint must:

a. Be easily removed in an emergency.

b. Be applied per the manufacturer's instructions.

c. Not restrict circulation.

d. Not compromise respiratory function.

e. Only be applied to immobile parts of moveable equipment (i.e. wheelchair, bed, etc.)

6. Every individual with restraints is entitled to range of motion, toilet consideration, nourishment consideration and restorative activities.

7. Bedrails will only be used when less restrictive devices such as placing the mattress on the floor (low bed), placing soft padding around the bed and/or frequent checks at night for needs that have failed and /or when the bedrails are used to assist the resident to attain his/her highest level of physical, mental or psychosocial wellbeing.

8. Seclusion will not be employed.

- All nursing staff will be in-serviced on a regular basis regarding the proper application of restraints, restraint reduction techniques, and behavior modification techniques. All nursing staff will be aware of each individual's plan of care regarding restraint use and will document behavior.

REFERENCES

None

ATTACHMENTS

None

9.

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DIETARY/ACUTE

REFERENCE #	8345.26	EFFECTIVE: 04/23/2026
SUBJECT:	8345.26 CLEANING THE FLAT-TOP GRILL	REVISED
DEPARTMENT:	DIETARY - ACUTE	

PURPOSE:

The purpose of this policy is to ensure the flat-top grill is cleaned and maintained in a sanitary manner to prevent cross-contamination, maintain food safety compliance, and extend equipment life in accordance with hospital infection prevention standards.

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AUDIENCE:

Department Staff

TERMS/DEFINITION:

A Grill Brick is a non-toxic, reusable pumice or volcanic stone abrasive block designed to scour and deep-clean stubborn, burnt on carbon residue and grease from hot or cold grill grates and flat-top griddles.

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POLICY:

It is the policy of Modoc Medical Center (MMC), that the Ddietary staff shall clean the flat-top grill at the end of each day using approved tools and procedures. A grill brick and oil will be used for routine cleaning and must be done safely and correctly.

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PROCEDURE:

Throughout the day, it is procedure to scrape off excess food into grease trap to avoid build up. At the end of the day turn grill off and allow surface to cool slightly (warm but safe to clean). Scrape surface thoroughly. Apply cooking oil lightly to the surface. Scrub entire cooking surface with a grill brick. Remove loosened carbon buildup with a scraper. Wipe surface with disposable towels. Repeat this process until ~~surface~~the surface is cleaned. Clean splash guard, grease trough, and grease trap container.

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REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	8345.26	EFFECTIVE: 04/23/2026
SUBJECT:	8345.26 CLEANING THE FLAT-TOP GRILL	REVISED
DEPARTMENT:	DIETARY - ACUTE	

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REFERENCE #	8345.26	EFFECTIVE 2005
SUBJECT:	8345.26 HANDLING COLD FOODS FOR TRAYLINE	REVISED 4/2026
DEPARTMENT:	DIETARY - ACUTE	

PURPOSE

The purpose of this policy is to ensure that all cold food temperatures will be maintained during meal service.

TERMS/DEFINITIONS

None

POLICY

The policy of Modoc Medical Center's (MMC) dietary department is to maintain proper temperatures of cold food during meal service.

PROCEDURE

Prior to Service:

- Cold food items (such as canned fruits, desserts, salads, puddings, cottage cheese, juice, milk) will be placed in the refrigerator at least 3 to 4 hours before serving. Food will be chilled to <41 degrees Fahrenheit
- Cold temperatures will be taken prior to meal service and recorded on the appropriate form.

At the Time of Service:

- Cold food items will be taken from the refrigerator one tray at a time to be used at the meal service (unless a reach-in refrigerator or system for icing cold foods down on the serving line is available)
- Cold food temperatures will be taken and recorded prior to and halfway through service to ensure foods are <41 degrees Fahrenheit.

REFERENCES

2019 Becky Dorner & Associates, Inc.

2017 Federal Food Code

ATTACHMENTS

None

FACILITES/EOC

REFERENCE #	8460.26	EFFECTIVE 09/1997	Formatted Table
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE	REVISED 04/2026	
DEPARTMENT:	FACILITIES		

PURPOSE:
The purpose of this policy is ~~T~~to ensure all applicable equipment at Modoc Medical Center (MMC) is maintained in a safe, reliable and compliant manner through a structured Preventive Maintenance Program that supports patient safety, regulatory compliance, and uninterrupted operations.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC)~~,~~ to maintain a comprehensive Preventive Maintenance (PM) Program that includes a written schedule for inspection, testing, and maintenance of all equipment included in the program. Preventive maintenance activities are conducted at established intervals, including annually, semi-annually, quarterly, weekly, and daily, as applicable.

The Director of Facilities is responsible for ensuring that the Preventive Maintenance Program is accurate, current~~,~~ and consistently implemented.

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

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

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

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

- Maintenance activities are performed in accordance with the instructions outlined in the work order. The assigned engineer documents all completed work and any pertinent observations directly on the work order. Upon completion, the work order is returned to the Engineering Department office.

- If scheduled maintenance cannot be performed (e.g., parts are unavailable), the reason is documented on the work order and returned to the Engineering Department office. The work order is placed under "Outstanding Jobs" and included in the 30- or 60-day report.

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- If equipment must be removed from the user area for more than one day, the engineer initiates a corrective maintenance work order. A copy of the work order is provided to the department from which the equipment was removed.

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- When preventive maintenance is performed by an external vendor, the Engineering Department coordinates with the vendor to ensure the equipment is serviced as specified in the work order. The vendor must document all work performed and return the equipment within 30 days, unless otherwise approved.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 CONDITION OF ELECTRICAL RECEPTACLES	REVISED 04/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is ~~T~~to identify substandard or defective electrical receptacles that could pose an electrical or fire hazard, ensuring a safe environment for patients, staff~~,~~ and visitors.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center that ~~A~~all electrical receptacles within the facility shall be inspected annually to ensure they are in safe working condition and compliant with applicable electrical and hospital safety standards. Any receptacle found to be defective or noncompliant shall be repaired or replaced promptly to minimize electrical hazards.

Hospital-grade receptacles are required in all special care and electrically sensitive patient care areas. Two-slot (ungrounded) receptacles are not permitted and must be scheduled for replacement when identified.

PROCEDURE:
Physical Inspection
- Inspect receptacles for visible damage.
- Replace the outlet if the plastic cover is broken, cracked, or not securely fastened in a manner that could interfere with safe use.
- Look for evidence of damage caused by shorting or arcing, such as burn marks or cracking.

Outlet Type Verification
- Confirm that hospital-grade receptacles are installed in all special care or electrically sensitive patient areas.
- Identify any two-slot (ungrounded) receptacles and schedule them for replacement as soon as possible.

Polarity and Ground Testing
- Insert a polarity/ground tester to confirm correct polarity and the presence of a ground connection.
- Note that this tester does not verify ground quality.
- Verify ground quality using an Ecos Model 1019M or equivalent testing device.

Contact Integrity and Retention Force
- Inspect outlet contacts to ensure phosphor bronze contact leaves make proper surface contact with plug blades.
- Insert a retention force tester into all three slots of each outlet.
- Confirm a minimum retaining force of 8 ounces (225 grams).

Defective Receptacles

- If a defect is identified and immediate repair is not possible:
  - Tag the receptacle as defective.
  - Notify Maintenance for prompt repair or replacement.

Documentation

- Record inspections in the Receptacle Test Log, noting:
  - Area tested
  - Any failures identified
- No additional details are required unless failures are noted.

Inspection Schedule

- Develop an annual electrical receptacle inspection schedule.
- The schedule must be reviewed and approved by the Safety Committee.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 FILTER LOG SYSTEM	REVISED 04/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to~~To~~ ensure consistent documentation, scheduling, and maintenance of the hospital's air filter systems in order to support cleanliness, air quality~~,~~ and regulatory compliance.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to standardize procedures for maintaining accurate records of the hospital's filter systems, including documentation of cleaning and replacement activities.

PROCEDURE:
- The Engineering Department/Service shall implement a planned and programmed system for the cleaning and replacement of all hospital air filters.
- All filters shall be cleaned or replaced in accordance with the POM (Preventive Maintenance) schedules.
- A standardized system shall be used to identify:
  - Filter quantity
  - Location
  - Size
  - Maintenance frequency
  - Date of completion
- A Filter Log shall be maintained in the ~~Engineering~~Facilities Department/Service for active documentation and recordkeeping.
- Completed annual Filter Logs shall be filed and retained in the ~~Engineering~~Facilities Department/Service.
- This instruction shall be referenced and supported by ~~Engineering~~Facilities Department/Service Logs.

REFERENCES:
None.

ATTACHMENTS:
Modoc Medical Center Filter Log

Modoc Medical Center Filter Log

ACUTE	***Date of changed***										***Note***
AHU1 Prefilter											
AHU1 Final											
AHU2 Prefilter											
AHU2 Final											
AHU3 Prefilter											
AHU3 Final											
Mountain View&HA	***Date of changed***										***Note***
RTU1 Prefilter											
RTU1 Final											
RTU2 Prefilter											
RTU2 Final											
RTU3 Prefilter											
RTU3 Final											
RTU4 Prefilter											
RTU4 Final											
RTU5 Prefilter											
RTU5 Final											
MAU1 Prefilter											
MAU1 Final											

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 FILTER LOG SYSTEM	REVISED 04/2026
DEPARTMENT:	FACILITIES	

REFERENCE #	8460.26	EFFECTIVE 09/1997	Formatted Table
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY SHUTOFF LABELS	REVISED 05/2026	
DEPARTMENT:	FACILITIES		

PURPOSE:
The purpose of this policy is to ensure that all emergency utility system shutoff controls are clearly, visibly, and permanently labeled so they can be quickly identified and safely operated during emergencies.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to clearly, visibly, and permanently label all emergency shutoff controls for utility system components throughout the facility, including but not limited to propane, electricity, water distribution, steam, medical air, ~~and~~ vacuum~~,~~ and piped gas systems.

PROCEDURE:
- Emergency shutoff controls for all utility systems shall be clearly, visibly, and permanently labeled.
- Utility systems covered by this policy include, but are not limited to:
  - Propane
  - Electricity
  - Water distribution
  - Steam
  - Medical air and vacuum
  - Piped gases
- The Director of Facilities shall conduct periodic rounds at least monthly to verify that all emergency shutoff labels are present, legible, and properly placed.
- Any missing, damaged, or illegible labels shall be corrected promptly.
- The locations and proper operation of utility system shutoff controls shall be reviewed with Engineering Department/Service personnel:
  - During new employee orientation, and
  - Annually thereafter as part of ongoing in-service training.

REFERENCES:
None.

ATTACHMENTS:
EMERGENCY SHUT OFF FOR MEDICAL AIR
EMERGENCY SHUT OFF FOR OXYGEN

REFERENCE #	8460.26	EFFECTIVE 09/1997	
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY SHUTOFF LABELS		
DEPARTMENT:	FACILITIES	REVISED 05/2026	

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MEDICAL AIR

AUTHORIZED PERSONNEL ONLY

REFERENCE #	8460.26	EFFECTIVE 09/1997	Formatted Table
SUBJECT:	8460.26 UTILITIES MANAGEMENT EMERGENCY SHUTOFF LABELS	REVISED 05/2026	
DEPARTMENT:	FACILITIES		

OXYGEN

AUTHORIZED PERSONNEL ONLY

REFERENCE #	8460.26	
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE OF WATER DISTRIBUTION & PLUMBING SYSTEM	EFFECTIVE 11/2006
DEPARTMENT:	FACILITIES	REVISED 04/2026

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PURPOSE:
The purpose of this policy is ~~T~~to establish a scheduled maintenance process for the inspection, testing, maintenance, and documentation of the water distribution and plumbing systems to ensure regulatory compliance and safe healthcare operations.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC), that ~~there is~~ a scheduled maintenance system ~~which~~ is used to schedule, monitor and document the testing and maintenance of the water distribution and plumbing system at (See P.M.S) intervals.

PROCEDURE:

- Work orders are generated for each component of the water distribution and plumbing system on a predetermined interval.
- The water distribution and plumbing system is inspected, tested, and preventative maintenance is completed at the above predetermined intervals.
- The work orders are assigned by the Director of Facilities.
- The Engineering Department/Service personnel will perform preventative and corrective maintenance (as needed), inspection of the system, and testing as predetermined.
- A corrective maintenance form is submitted for any repair work that exceeds 30 minutes to complete or for which tools or parts are not readily available.
- A scheduled maintenance work order is completed by the engineer, indicating specific preventative or corrective actions taken. The date the scheduled maintenance was completed is entered on the form, and it is submitted to the Director of Facilities.
- The backflow protection devices are inspected and maintained annually by B.E. Gibbons (530-640-0699), an outside vendor who is under contract with this hospital.
- See separate binder for the Canby water supply permit for well testing required by the State Water Resources Control Board, including testing for coliform bacteria, nitrite, and nitrate.

REFERENCE #	8460.26	EFFECTIVE 11/2006	
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE OF WATER DISTRIBUTION & PLUMBING SYSTEM	REVISED 04/2026	
DEPARTMENT:	FACILITIES		

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- ~~See separate binder Water Management Program for reduce Legionella risk in health care facilities water system and testing.~~
  Refer to the separate Water Management Program binder for information on reducing Legionella risk in healthcare facility water systems including testing procedures.

Commented [AC1]: Should this sentence be worded like this. Refer to the separate Water Management Program binder for information on reducing Legionella risk in healthcare facility water systems, including testing procedures.

- Monthly testing of water quality for total hardness.

REFERENCES:
None.

ATTACHMENTS:
None.

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

PURPOSE:—

The purpose of this Policy is to define the types of utility failures that may occur at Modoc Medical Center (MMC).

AUDIENCE:
Department Wide

TERMS/DEFINITION:

As listed below

POLICY:

It is the policy of Modoc Medical Center (MMC), to properly define the types of utility outages that may occur as follows:

Electrical Distribution: One breaker in a distribution panel which would shut down a whole area Any facility-wide failure lasting 60 seconds or more.

Emergency Power: Any contamination of fuel source, switch gear malfunction, power interruption lasting 60 seconds. Any failure or shutdown during monthly testing or actual use.

Communication:
Nurse Call: Any zone failure.

HVAC: Unscheduled complete shutdown of one chiller or major air handling unit or air control system.

Plumbing Potable Water: Contamination of the potable water supply. Unscheduled shutdown of main riser for more than one hour.

Boiler Heating: Lockout or misfire.

Sewer: Unscheduled shutdown of a main riser for more than one hour.

Sterilizer: 1 in Central sterile steam.

Plumbing – Sanitary Sewer: Any partial or complete loss of sanitary sewer system function that prevents proper wastewater collection or disposal, including blockages, breaks, backups, overflows, or equipment failures.

Fire Alarm and Detection: Loss or unscheduled shutdown of a zone.

Fire Sprinkler System: Loss or unscheduled shutdown of a zone.

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

REFERENCES:

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None

ATTACHMENTS:

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None

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 HVAC SYSTEM SHUTDOWN	REVISED 05/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is t~~T~~o ensure HVAC systems and their shutdown controls are clearly identified, labeled~~,~~ and documented so e~~E~~ngineering personnel can respond quickly and safely during partial or complete HVAC system shutdowns, especially in emergency situations.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to maintain current documentation identifying all HVAC systems and the locations of their shutdown controls. All shutdown controls shall be clearly labeled. The Engineering Department shall follow established procedures in the event of a partial or complete HVAC system shutdown.

PROCEDURE:
- Comprehensive HVAC drawings for all hospital buildings shall be maintained in the Engineering Office.
- Engineering personnel shall ensure drawings are organized and readily accessible for quick reference during emergencies.
- Because emergencies may not allow time to consult full architectural drawings, e~~E~~ngineering personnel shall maintain additional generalized plot plan drawings.
- The generalized plot plans shall identify the main shutdown valves and switches for each HVAC system in the hospital.
- In addition to plot plans, e~~E~~ngineering personnel shall maintain a detailed written list of all HVAC shutdown valves and switches.
- The written list shall include, for each shutdown control:
  - The physical location (e.g., room, cage, mechanical area)
  - The type of control (valve, switch, etc.)
  - The areas or systems served by the control
  - Any critical or essential equipment that would be adversely affected by shutdown
- Engineering personnel shall maintain a list of all areas controlled by automatic HVAC shutdown devices.
- All documentation shall be kept current and reviewed as systems are modified or updated.

REFERENCES:
None.

ATTACHMENTS:
EMERGENCY SHUTOFF OF HVAC SYSTEM

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 HVAC SYSTEM SHUTDOWN	REVISED 05/2026
DEPARTMENT:	FACILITIES	

EMERGENCY SHUTOFF OF HVAC SYSTEM

LOCATION OF VALVE OR SWITCH	TYPE OF CONTROL	AREA HANDLED BY CONTROL	EQUIPMENT THAT MAY BE ADVERSELY AFFECTED

REFERENCE #	8460.26	EFFECTIVE 11/2006
SUBJECT:	8460.26 ELECTRICAL DISTRIBUTION ANNUAL CHECK	REVISED 04/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure the safe, reliable, and compliant operation of all electrical distribution panels and subpanels at Modoc Medical Center (MMC) through regular inspection, proper documentation, and controlled authorization of electrical repairs.

AUDIENCE:
Department wWide

TERMS/DEFINITION:
Electrical dDistribution pPanel: aA panel that distributes electrical power to multiple circuits within the facility.
Subpanel: aA secondary electrical panel that receives power from a main distribution panel.

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

- Establish and maintain a system for the annual inspection of all electrical distribution panels and subpanels.
- Ensure inspections are conducted only by licensed and approved electrical professionals.
- Maintain accurate inspection documentation within the Director of Facilities office.
- Require authorization from the Director of Facilities~~Engineering~~ prior to performing any electrical repairs.
- Mandate that all electrical repairs exceeding 220 volts be completed by a licensed electrical professionals~~contractor.~~

PROCEDURE:

- All electrical distribution panels and subpanels will be identified using electrical distribution blueprints.
- Inspections will be conducted annually by a licensed electrical professional~~contractor~~.
- Inspection results and related documentation will be retained in the Director of Facilities office.
- If deficiencies or repair needs are identified:
  - No repairs may be initiated without notifying and obtaining approval from the Director of Facilities~~Engineering.~~
- Electrical repairs involving systems greater than 220 volts must be performed by a licensed electrical professional~~contractor~~, in accordance with eEngineering dDepartment policy.

REFERENCES:
None.

ATTACHMENTS:
None.

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE OF HVAC SYSTEM	REVISED 05/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is ~~T~~to ensure the Heating, Ventilation, and Air Conditioning (HVAC) system at Modoc Medical Center (MMC), is properly scheduled, monitored, tested, maintained~~,~~ and documented. ~~in order to~~This policy also ~~-~~supports safe, reliable~~,~~ and efficient facility operations.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC), to maintain a scheduled maintenance system that is used to schedule, monitor~~,~~ and document the testing and maintenance of the HVAC system at established ~~P.M.S.~~ (Preventive Maintenance Schedule)P.M.S. intervals.

PROCEDURE:
- Work orders are generated for each component of the HVAC system at predetermined intervals.
- The HVAC system is inspected, tested~~,~~ and preventive maintenance is performed according to the established schedule.
- Work orders are assigned by the Director of Facilities.
- Engineering Department/Service personnel perform preventive and corrective maintenance (as needed), inspections~~,~~ and testing as scheduled.
- A corrective maintenance form is submitted for any repair work that:
  - Exceeds 30 minutes to complete, or
  - Requires tools or parts that are not readily available.
- A scheduled maintenance work order is completed by the engineer, documenting specific preventive or corrective actions taken.
- The completion date is recorded on the work order, which is then submitted to the Director of Facilities.

REFERENCES:
None~~.~~

ATTACHMENTS:
None~~.~~

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE OF HVAC SYSTEM	REVISED 05/2026
DEPARTMENT:	FACILITIES	

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 TORN MEDIA INSPECTION	
DEPARTMENT:	FACILITIES	REVISED 04/2026

PURPOSE:
To ensure heating, ventilation, and air conditioning (HVAC) filter media are properly installed, undamaged, and operating within manufacturer specifications ~~in order to~~to maintain air quality and system performance.

AUDIENCE:
Facility w~~W~~ide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to inspect HVAC filter media to verify proper installation, ensure filters are free from damage, and confirm that static pressure readings are within manufacturer-specified limits.

PROCEDURE:
- Shut off the fan unit.
- Inspect filters using a flashlight.
- Check filter media for tears or damage.
- Inspect the filter seating area and frame for cracks or gaps.
- Replace the filter if any tears are found.
- Re-seat the filter or replace it if cracks or improper seating are observed.
- Restart the fan unit.
- Measure and log static pressure on the inspection sheet.
- Verify that static pressure is within the limits specified by the filter manufacturer.

REFERENCES:
None.

ATTACHMENTS:
None.

MED/SURG

REFERENCE #	6170.25	
SUBJECT:	6170.25 ACE BANDAGE APPLICATION	EFFECTIVE: 09/2006
DEPARTMENT:	NURSING -MED SURG	REVISED: 7/2025

PURPOSE:
The purpose of this policy is to provide guidance to the nursing staff on how to apply an ace bandage.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
Ace bandage:~~s are elastic bandages that provide support and compression to injured or weak body parts. They are made of stretchy fabric that allows~~ flexibility and movement. ~~The bandage wraps around the affected area to reduce swelling and stabilize the injury. It immobilizes the body part, preventing further damage and promotes healing.~~ An elastic compression bandage made of stretchable fabric, used to support and stabilize injured or weakened body parts. It is applied by wrapping around the affected area to provide controlled compression, reduce swelling, and limit movement, helping prevent further injury and promote healing.

POLICY:
It is the policy of Modoc Medical Center (MMC), to ensure ~~proper use and care of the patient requiring the application of an ace bandage.~~ the proper application, use, and care of ace bandages for patients requiring compression and support.

PROCEDURE:
1. Verify the provider's order.
2. Perform hand hygiene and don gloves, if indicated.
3. Confirm the patient's identity using at least two patient identifiers.
4. Examine the area to be wrapped for any lesions or skin breakdown. If these conditions are present, consult the healthcare provider before applying the elastic bandage.
5. Explain the procedure to the patient, provide ~~privacy~~privacy, and answer any questions to decrease anxiety and increase cooperation.
6. Position the patient with the body part to be bandaged in normal functioning position to promote circulation and prevent deformity and discomfort.
7. Avoid applying a bandage to a dependent extremity. If you are wrapping an extremity, elevate the extremity for fifteen to thirty minutes before application to facilitate venous return.
8. Apply the bandage so that two skin surfaces do not remain in contact when wrapped. Place gauze pads or absorbent cotton as needed between skin surfaces, such as between toes and fingers and under breasts and arms, to prevent skin irritation.
9. Hold the bandage with the roll facing upward in one hand and the free end of the bandage in the other hand. Hold the bandage roll close to the part being bandaged to ensure even tension and pressure.
10. Unroll the bandage as you wrap the body part in a spiral or spiral-reverse method. Never unroll the entire bandage before wrapping because this could produce uneven pressure, which interferes with blood circulation and cell nourishment.
11. Overlap each layer of bandage by one-half to two-thirds the width of the strip.

12. Begin wrapping an extremity at the most distal part and work proximally to promote venous return. Wrap firmly but not too tightly. As you wrap, ask the patient to tell you if the bandage feels comfortable. If the patient complains of tingling, itching, numbness, or pain, loosen the bandage.
13. When wrapping an extremity, anchor the bandage initially by circling the body part twice. To prevent the bandage from slipping out of place on the foot, wrap it in a figure eight around the foot, the ankle and then the foot again before continuing. The same technique works on any joint, such as the knee, wrist, or elbow. Include the heel when wrapping the foot but never wrap the toes (or fingers) unless necessary because the distal extremities are used to detect impaired circulation.
14. When you are finished wrapping, secure the end of the bandage with tape, pins, or self-closures. Be careful not to scratch or pinch the patient. Avoid using metal clips because they typically come loose when the patient moves and can get lost in the bed linens and injure the patient.
15. Check distal circulation after the bandage is in place because the elastic may tighten as you wrap.
16. Elevate a wrapped extremity for fifteen to thirty minutes to facilitate venous return.
17. Check distal circulation once or twice every eight hours because an elastic bandage that is too tight may result in neurovascular damage. Lift the distal end of the bandage and assess the skin underneath for color, temperature, and integrity.
18. Remove the bandage every eight hours or whenever it is loose and wrinkled. Roll it up as you unwrap to ready it for reuse. Observe the area and provide skin care before rewrapping the bandage.
19. Change the bandage at least once daily. Clean the skin with soap and water, dry it thoroughly and observe for irritation and breakdown before applying a fresh bandage.
20. Remove and discard gloves and perform hand hygiene.
21. Document the procedure in the patient's electronic medical record. Record the date and time of bandage application and removal, application site, bandage size, skin condition before application, skin care provided after removal, any complications, the patient's tolerance of the treatment, any patient teaching and the patient's understanding of the teaching.

REFERENCES:
None

ATTACHMENTS:
None

HOSPITAL PHARMACY

REFERENCE #	7710.26	
SUBJECT:	7710.26 VASOPRESSIN IN CONJUNCTION WITH NOREPINEPHRINE FOR SEPTIC OR HYPOVOLEMIC SHOCK	EFFECTIVE 3/2026
DEPARTMENT:	PHARMACY - HOSPITAL	REVISED

PURPOSE:

The purpose of this policy is to provide a standardized emergency department (ED) protocol for the safe and effective use of **vasopressin** as an adjunct to **norepinephrine** in adult patients with **septic or hypovolemic shock**, with vasopressin dosing between **0.01–0.04 units/min**.

Scope

- **Setting:** Emergency Department
- **Population:** Adult patients (≥18 years)
- **Applies to:** Physicians, advanced practice providers, nurses, pharmacists

AUDIENCE:

- Facility Wide

TERMS/DEFINITION:

- **Shock:** Persistent hypotension (MAP <65 mmHg) with evidence of tissue hypoperfusion despite adequate fluid resuscitation
- **Refractory shock:** Ongoing hypotension despite norepinephrine ≥0.1–0.2 mcg/kg/min or escalating doses

POLICY:

It is the policy of Modoc Medical Center (MMC) to do the following:

- Initiate **vasopressin (adjunctive)** when **all** of the following are met:
- Suspected or confirmed **septic shock** *or* **hypovolemic shock**
- Adequate initial volume resuscitation attempted (e.g., ≥30 mL/kg crystalloid for septic shock, unless contraindicated)
- Persistent hypotension with **MAP <65 mmHg** despite norepinephrine infusion
- Need to reduce escalating catecholamine dose or improve MAP

5. Contraindications / Precautions

Absolute contraindications:

- Known hypersensitivity to vasopressin

Relative contraindications / Use with caution:

- Active mesenteric, digital, or limb ischemia
- Severe coronary ischemia

- Chronic hyponatremia
- Advanced heart failure or significant arrhythmias

6. Vasopressor Strategy

First-Line Agent

- **Norepinephrine** (primary vasopressor)
  - Start: 0.05–0.1 mcg/kg/min
  - Titrate to MAP ≥65 mmHg

Adjunct Agent

- **Vasopressin** (non-catecholamine adjunct)

8. Vasopressin Dosing and Administration (Resource-Limited Adaptation)

Dose:

- Start at **0.01 units/min**
- Increase to **0.03 units/min** if MAP remains <65 mmHg after 10–15 minutes
- **Maximum dose: 0.04 units/min**

Key Principles:

- Vasopressin should be used as a **fixed or minimally titrated adjunct**
- Avoid frequent up/down titration when staffing is limited
- Do not exceed 0.04 units/min

Access:

- May be infused via **well-functioning peripheral IV** when central access is unavailable
- Prefer antecubital or proximal forearm site; avoid hand or wrist veins
- Inspect IV site at least every 15–30 minutes

Preparation:

- 20 units vasopressin in 200 mL NS (0.1 units/mL)
- At 0.03 units/min → 18 mL/hr

9. Hemodynamic Goals

- **Primary goal:** MAP ≥65 mmHg
- If MAP measurement is unreliable, use surrogate markers:
  - Improved mentation

- Palpable radial pulse
- Systolic BP ≥90 mmHg

- Secondary goals:
  - Urine output present (any improvement is meaningful)
  - Decreasing vasopressor requirements

10. Monitoring

Continuous (as available):

- Cardiac monitor
- Pulse oximetry

Blood Pressure:

- Non-invasive BP q5 minutes during initiation and titration
- Space to q15 minutes once stable

Clinical Perfusion Checks (at least hourly):

- Mental status
- Skin temperature and color
- Capillary refill
- Urine output (if measurable)

Laboratory Monitoring:

- Serum sodium and creatinine when feasible
- Lactate trending if available, but not required for ongoing management

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11. Adverse Effects / Complications

- Peripheral or mesenteric ischemia
- Hyponatremia (less common at shock doses)
- Decreased cardiac output (rare)
- Skin necrosis with extravasation (rare)

12. Weaning and Discontinuation

- Once shock resolves and norepinephrine dose is decreasing:
  - **Wean norepinephrine first**

- Discontinue vasopressin last (do not taper; stop when no longer needed)

13. Special Considerations

- **Peripheral vasopressors are acceptable** with close site monitoring

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	7710.26	
SUBJECT:	7710.26 DROPERIDOL FOR AGITATION, NAUSEA AND VOMITING	EFFECTIVE 3/2026
DEPARTMENT:	PHARMACY - HOSPITAL	REVISED

PURPOSE:

The purpose of this policy is to provide standardized, evidence-informed guidance for the safe and effective use of droperidol injections for the timely management of acute agitation and refractory nausea and vomiting while minimizing medication-related adverse events.

AUDIENCE:
Department Wide

TERMS/DEFINITION:

- **Agitation:** A state of excessive motor or verbal activity associated with distress, delirium, intoxication, psychiatric illness, or medical conditions requiring pharmacologic intervention for patient or staff safety
- **Refractory Nausea and Vomiting:** Persistent nausea and/or vomiting despite appropriate first-line antiemetic therapy
- **QTc:** Corrected QT interval on electrocardiogram, used to assess risk of ventricular arrhythmias
- **Cumulative Dose:** Total amount of droperidol administered during a single encounter

Scope

- Physicians, Advanced Practice Providers, Nursing, Pharmacy

Indications:

- Acute agitation (including hyperactive delirium) requiring pharmacologic management
- Refractory nausea and vomiting unresponsive to first-line antiemetics

POLICY:
It is the Policy of Modoc Medical Center (MMC) to adhere to the following:

FDA Black Box Warning Statement:

- Droperidol carries a U.S. Food and Drug Administration (FDA) Black Box Warning for QT prolongation and risk of torsade de pointes
- This protocol authorizes droperidol use at low, evidence-supported doses with defined monitoring parameters
- When droperidol is used in accordance with this protocol, the benefits of rapid symptom control are determined to outweigh potential risks
- In emergent situations, droperidol may be administered prior to ECG acquisition when delay would jeopardize patient or staff safety; the clinical rationale must be documented in the medical record

Contraindications & Precautions

Absolute Contraindications:

- Known hypersensitivity to droperidol or butyrophenones
- Known congenital long QT syndrome

Relative Contraindications / Use with Caution:

- QTc > 500 ms (or > 450 ms with multiple risk factors)
- Concurrent use of other QT-prolonging medications (e.g., methadone, certain antiarrhythmics, macrolides)
- Significant bradycardia (<50 bpm)
- Electrolyte abnormalities (hypokalemia, hypomagnesemia)
- Parkinson disease or Lewy body dementia
- Pregnancy (use only if benefits outweigh risks)

PROCEDURE:

Dosing Protocol

Initial Dose:

- Droperidol 1.25 mg IV or IM once

Re-dosing:

- May repeat 1.25–2.5 mg IV or IM every 10–15 minutes based on clinical response
- Titrate to effect using the lowest effective dose

Maximum Dose:

- Maximum cumulative dose: 10 mg per encounter

Route of Administration

- **IV (preferred if access available):** administer slowly over 2–5 minutes
- **IM:** acceptable if IV access is not available or unsafe

Monitoring Requirements

Baseline (prior to or immediately after first dose):

- Vital signs (HR, BP, RR, SpO_2)
- Current or prior history of extrapyramidal symptoms
- Cardiac rhythm assessment (telemetry if available)
- Review medication list for QT-prolonging agents

ECG:

- Baseline ECG recommended when feasible, especially if cumulative dose >2.5 mg anticipated
- ECG may be deferred in severely agitated patients when treatment delay would pose risk

Ongoing Monitoring:

- Continuous pulse oximetry
- Cardiac monitoring for at least 2 hours after last dose if:
  - Cumulative dose ≥5 mg, or
  - Known QT risk factors present
- Extrapyramidal symptoms

Expected Onset & Duration

- **Onset:** 3–10 minutes (IV), 10–20 minutes (IM)
- **Duration:** 2–4 hours (dose dependent)

Adverse Effects & Management

Common:

- Sedation
- Akathisia or dystonia (rare at low doses)

Serious (rare):

- QT prolongation/torsade de pointes
- Neuroleptic malignant syndrome (very rare)
- Laryngospasm or bronchospasm

Management:

- Akathisia/dystonia: diphenhydramine 25–50 mg IV/IM
- Significant QT prolongation: stop droperidol, correct electrolytes, continuous monitoring

Special Populations

Older Adults (≥65 years):

- Start at 1.25 mg
- Re-dose cautiously with longer intervals

Renal or Hepatic Impairment:

- No formal dose adjustment required; use conservative titration

Nursing Instructions

- Document indication, dose, time, response and adverse effects
- Reassess agitation or nausea score every 10–15 minutes after dosing

Provider Documentation

- Indication (agitation vs refractory nausea/vomiting)
- Total cumulative dose administered
- Rationale if ECG not obtained prior to dosing

REFERENCES:

None

ATTACHMENTS:

None

POLICY SPREADSHEET

Contact	Name	Date Tech Rea	Tech Reader Appro
Delinda Gover	7420.26 Electric Clipper for Skin Prep.docx	4/12/2026	Edward Johnson
Delinda Gover	7420.26 Resuscitation In The OR.docx	4/12/2026	
Delinda Gover	7420.26 After the patient enters the surgical area.docx	4/15/2026	Amber Vucina
Edward Johnson	6580.26 Restraint Usage (25).docx	5/7/2026	Mallory Adams
Jeremy Murray	8345.26 Cleaning the Flat-Top Grill.docx	5/10/2026	Edward Johnson
Jeremy Murray	8345.26 HANDLING COLD FOODS FOR TRAYLINE.docx	5/11/2026	Alicia Doss
Marty Shaffer	8460.26 PREVENTATIVE MAINTENANCE.docx	5/11/2026	Alex Cole
Marty Shaffer	8460.26 CONDITION OF ELECTRICAL RECEPTACLES.docx	5/10/2026	Edward Johnson
Marty Shaffer	8460.26 FILTER LOG SYSTEM.docx	5/13/2026	Kevin Kramer
Marty Shaffer	8460.26 UTILITIES MANAGEMENT EMERGENCY SHUTOFF LABELS.docx	5/11/2026	Alex Cole
Marty Shaffer	8460.26 PREVENTATIVE MAINTENANCE OF WATER DISTRIBUTION&PLUMB	5/6/2026	Alex Cole
Marty Shaffer	8460.26 DEFINITION OF UTILITY FAILURE.docx	5/6/2026	Alex Cole
Marty Shaffer	8460.26 HVAC SYSTEM SHUTDOWN.docx	5/7/2026	Mallory Adams
Marty Shaffer	8460.26 ELECTRICAL DISTRIBUTION ANNUAL CHECK.docx	5/11/2026	Alicia Doss
Marty Shaffer	8460.26 PREVENTATIVE MAINTENANCE OF HVAC SYSTEM.docx	5/10/2026	Edward Johnson
Marty Shaffer	8460.26 TORN MEDIA INSPECTION.docx	5/11/2026	Alicia Doss
Susan Sauerheber	6170.26 Ace Bandage Application Policy and Procedure.docx	4/9/2026	Mallory Adams
Vahe Hovasapyan	7710.26 VASOPRESSIN IN CONJUNCTION WITH NOREPINEPHRINE FOR SE	4/12/2026	Edward Johnson
Vahe Hovasapyan	7710.26 Droperidol for Agitation, Nausea and Vomiting.docx	4/12/2026	Edward Johnson

MAY-2026 Board of Directors

APPROVED BY: _____

ATTACHMENT D

Departmental Manuals

YEARLY REVIEW DOCUMENTS

HEALTH INFORMATION MANAGEMENT

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

MEMORANDUM

DATE: 4/23/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: BRANDY MORRIS/MEDICAL RECORDS DIRECTOR
SUBJECT: MEMO TO BoD

I have completed the yearly policy manual review and am confident that my policy manual is ready to be approved at this time.

The attached archived/revising list shows what policies have been archived and those that require revising. I will complete all my revisions by July 23, 2026.

Thank you for your attention to the above.

Respectfully Submitted,

BRANDY MORRIS
Medical Records Director
BM/sab

Enc. Revised/archived policy list

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

HEALTH INFORMATION MANAGEMENT POLICY MANUAL
2026

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

Health Information Management — Date: 4/23/26

Chief Executive Officer — Date

Chair, Board of Directors — Date

HEALTH INFORMATION MANAGEMENT POLICY & PROCEDURE MANUAL

REVISING LIST

CORRESPONDENCE PROCEDURE

INTEGRATION OF INFORMATION SYSTEMS

PURPOSE AND OBJECTIVES

PERMANENT FILING OF THE MEDICAL RECORD

MULTIPLE VOLUME MEDICAL RECORDS

DICTATION/TRANSCRIPTION

MODOC MEDICAL CENTER AUTORIZATION FOR USE OF DISCLOSURE OF MEDICAL INFORMATION (PUT IN UPDATED VERSION)

RELEASE OF MEDICAL INFORMATION PURSUANT TO SUBPOENA

PATIENT RIGHTS TO FILE COMPLAINT

RETRIEVAL OF INFORMATION/DISEASE

ARCHIVED LIST

YEARLY REVIEW DOCUMENTS

INFORMATION TECHNOLOGY

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

MEMORANDUM

DATE: 5/08/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: ANDREAS CAMACHO/INFORMATION TECHNOLOGY DIRECTOR
SUBJECT: ANNUAL INFORMATION TECHNOLOGY MANUAL REVIEW

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

The only policies with revisions are as following (also see attached list):

1. Acceptable Encryption
2. Email Retention
3. Wireless Communications Standard
4. Mobile Computer Storage Policy

These revisions will be completed no later than August 30,2026.

Thank you for your attention to the above.

Respectfully submitted,

ANDREAS CAMACHO
INFORMATION TECHNOLOGY DIRECTOR
AC/sab

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

INFORMATION TECHNOLOGY POLICY & PROCEDURE MANUAL 2026

The Information Technology Policy and Procedure Manual has been reviewed and is approved for use at Modoc Medical Center.

Andreas Camacho, IT Director — Date: 5/8/2026

Chief Executive Officer — Date

Chair, Board of Directors — Date

INFORMATION TECHNOLOGY DEPARTMENT

REVISING LIST

ACCEPTABLE ENCRYPTION

EMAIL RETENTION

WIRELESS COMMUNICATION STANDARD

MOBILE COMPUTER STORAGE POLICY

ATTACHMENT E

LFHD Financial Statement

April 2026

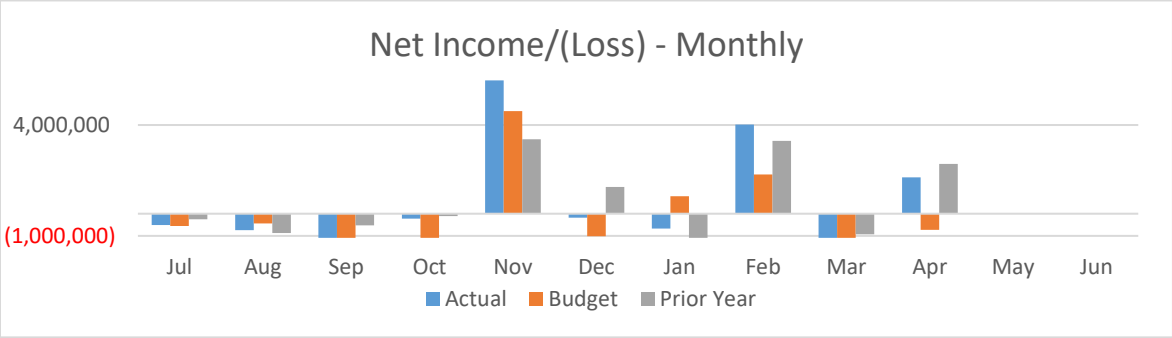
(unaudited)

Modoc Medical Center
Financial Narrative
For the Month of April 2026

Prepared by Jin Lin, Finance Director

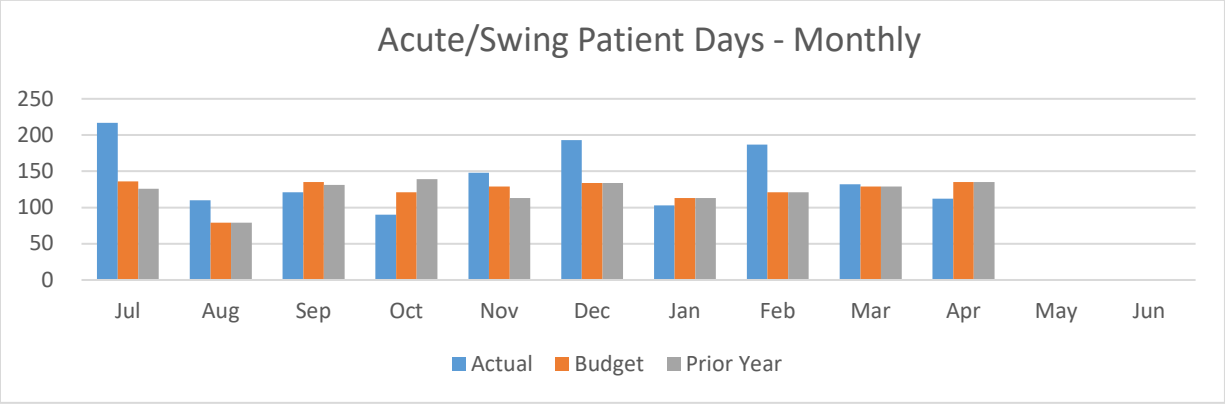
Summary

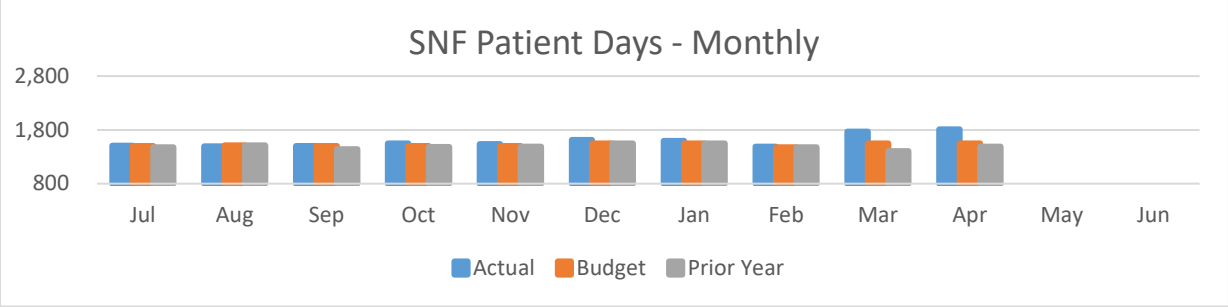
During the month of April, Modoc Medical Center reported an income from operations of $1.7 million, outperforming the budget that anticipated an operating loss in April of $785K. Inpatient revenue was above the budget by $339K. Outpatient revenue was above budget by $10K for the month. Total patient revenue was $4.8 million, above budget of $349K. Modoc Medical Center delivered net income of $1.6 million for the month that was $2.4 million favorable to budget.



Patient Volumes

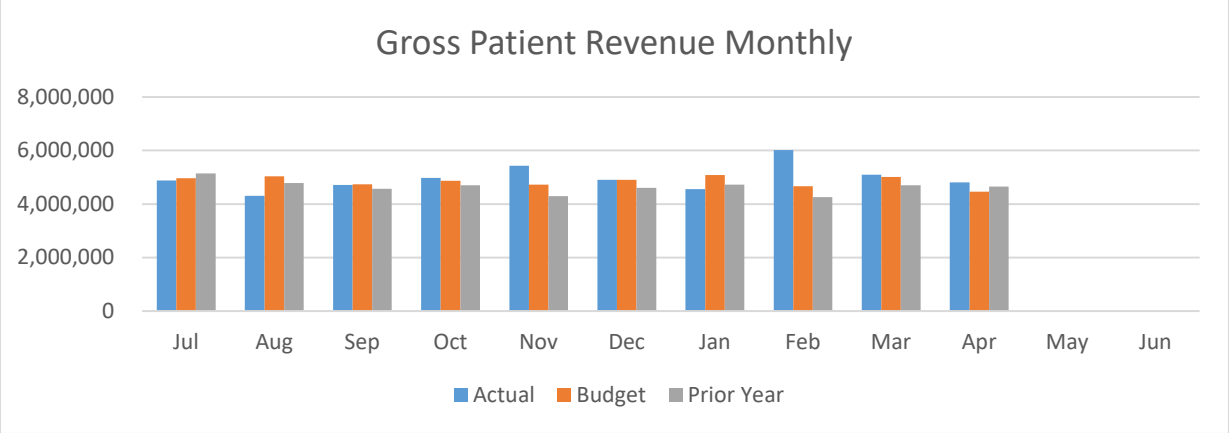
Combined Acute Days were below budget for the month by 23 days. SNF Patient Days were 1,811 for the month. Overall Inpatient and SNF Days were above budget by 261 days (1,811 actual vs. 1,550 budget). Most outpatient visits were above budget; however, ER, Amb and CT were below budget.

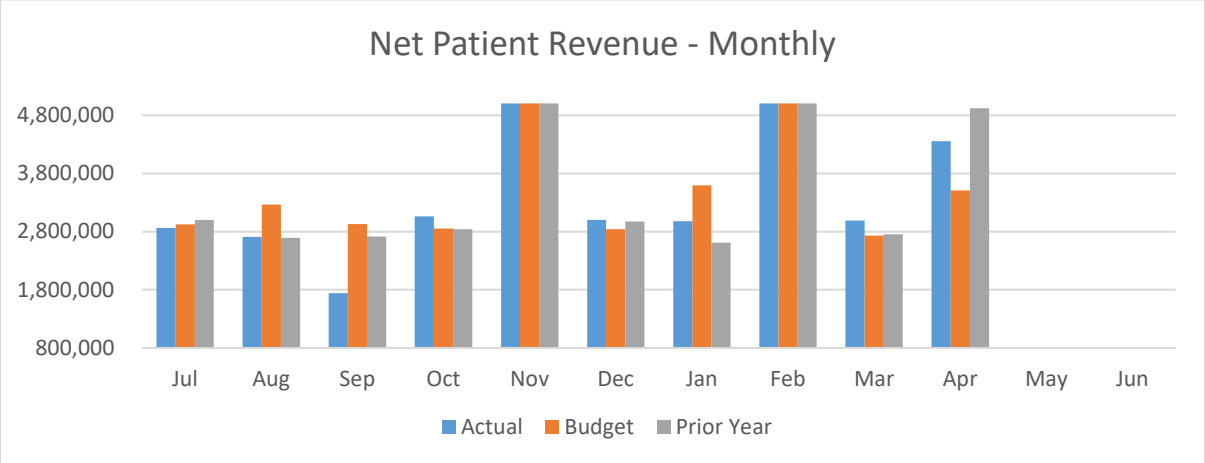




Revenues

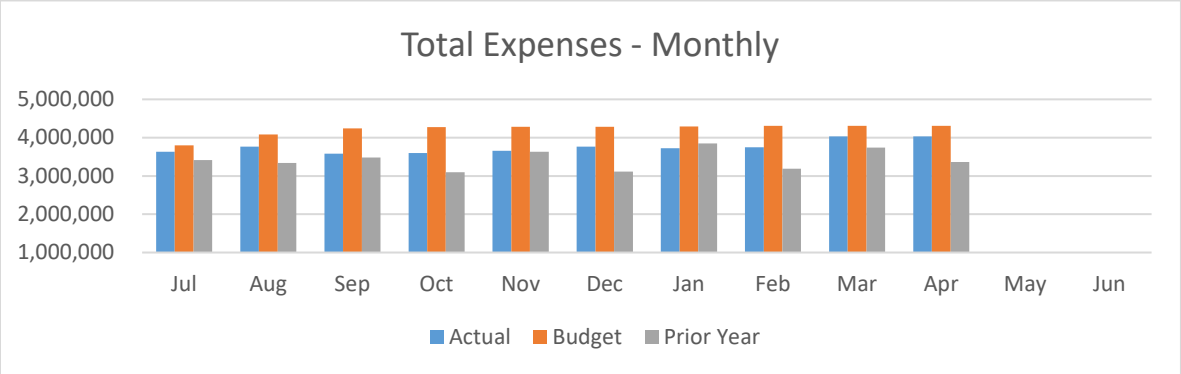
During the month of April, gross revenue (total patient revenue plus other revenue) exceeded budget by $1.7 million. Net revenue exceeded budget by $2.2 million due to receiving ERC tax refund of $1.8 million and PHP direct payment of $1.2 million. Gross Patient Revenue was $4.8 million vs $4.5 million budgeted. Inpatient Revenue was $1.6 million vs $1.2 million budgeted; and Outpatient Revenue was $3.2 million in line with budget. Total deductions from revenue were $450K vs $950K budgeted. Net patient Revenue was $4.4 million vs $3.5 million budgeted.





Expenses

Total operating expenses were $4.0 million this month and finished $280K favorable to the expense budget. The savings were mainly in Benefits, Purchased Services, and Supplies.

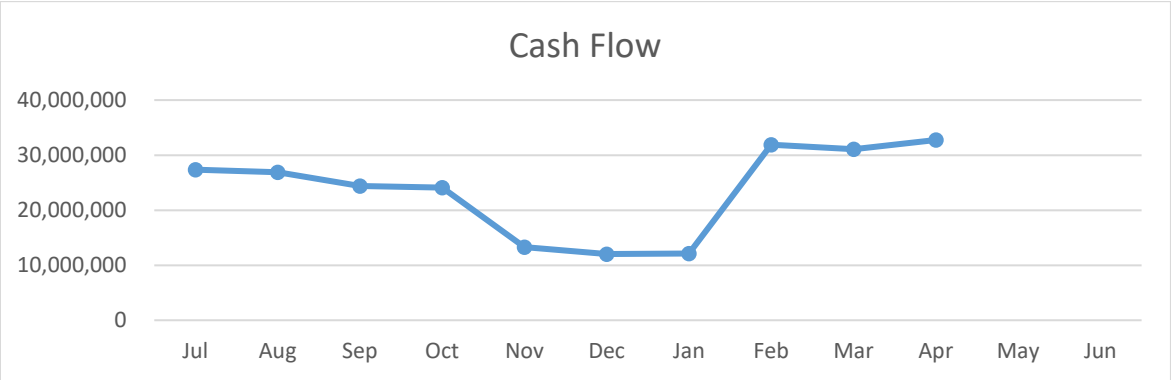


Non-Operating Activity

Non-Operating expenses for the month were as follows: accrued Interest expense from USDA Loan was $159K. Interest income of $88K was earned from CDs. The retail pharmacy showed a profit of $27K. District vouchers were $6K. Total non-operating net loss for the month was $49K, which was below the budget.

Balance Sheet

Cash increased in April by $1.6 million to $32.7 million. The total current liabilities were $4.5 million. Days in Cash totaled 266. Days in AP totaled 15. Days in AR totaled 65. The current ratio was 8.74. Net AR as a percentage of gross AR was 45.61%.



Modoc Medical Center
Income Statement
For the month of April 2026

	Month	Apr-26 Budget	Variance	Prior Year Month	2026 YTD	2026 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	553,481	471,626	81,856	465,847	5,977,039	6,027,991.90	(50,952)	5,861,344
Room & Board - SNF	1,022,875	765,765	257,110	749,778	9,390,898	8,108,788.80	1,282,109	7,842,423
Total Inpatient Revenue	1,576,357	1,237,391	338,966	1,215,625	15,367,937	14,136,781	1,231,157	13,703,767
Outpatient Revenue	3,231,645	3,221,873	9,772	3,436,621	35,207,950	34,285,774	922,175	32,734,922
Total Patient Revenue	4,808,001	4,459,264	348,738	4,652,246	50,575,887	48,422,555	2,153,332	46,438,689
Bad Debts (580000,580011,58010	(256,573)	385,124	(641,697)	(74,232)	910,957	196,966	713,991	(1,256,078)
Contractuals Adjs	656,971	547,590	109,381	(287,309)	6,665,027	8,664,143	(1,999,116)	5,998,787
Admin Adjs (5930002-593001,598	49,618	16,897	32,721	89,976	1,163,566	168,970	994,596	3,998,185
Total Revenue Deductions	450,016	949,611	(499,595)	(271,565)	8,739,550	9,030,079	(290,529)	8,740,893
Net Patient Revenue	4,357,985	3,509,653	848,333	4,923,811	41,836,337	39,392,476	2,443,861	37,697,796
% of Charges	*90.6%*	*78.7%*	*11.9%*	*105.8%*	*82.7%*	*81.4%*	*1.4%*	*81.2%*
Other Revenue	1,368,094	17,793	1,350,301	108,713	1,728,256	848,756	879,500	593,003
Total Net Revenue	5,726,079	3,527,446	2,198,634	5,032,524	43,564,593	40,241,233	3,323,360	38,290,799
Expenses								
Salaries	1,832,395	1,798,571	33,824	1,693,660	17,440,578	17,807,635	(367,056)	15,121,001
Benefits and Taxes	440,250	546,659	(106,409)	384,251	3,743,730	5,292,378	(1,548,649)	3,302,874
Registry	283,630	284,982	(1,352)	172,792	2,614,686	2,849,817	(235,131)	2,750,559
Professional Fees	489,117	433,562	55,555	285,185	4,388,103	4,053,034	335,068	3,870,765
Purchased Services	135,862	238,080	(102,219)	160,929	1,344,609	2,343,950	(999,341)	1,701,934
Supplies	340,617	412,197	(71,580)	304,636	3,736,499	4,133,793	(397,294)	3,413,052
Repairs and Maint	42,746	37,991	4,755	30,574	413,150	374,655	38,494	321,960
Lease and Rental	13,308	4,541	8,766	4,223	45,688	45,425	263	45,780
Utilities	63,422	79,256	(15,834)	55,886	715,774	792,561	(76,787)	722,503
Insurance	44,267	45,821	(1,554)	43,852	413,896	458,214	(44,317)	458,213
Depreciation	263,464	343,633	(80,169)	175,394	2,321,561	3,146,423	(824,862)	1,765,557
Other	83,555	86,927	(3,373)	54,211	747,095	891,602	(144,507)	746,417
Total Operating Expenses	4,032,631	4,312,220	(279,589)	3,365,591	37,925,368	42,189,487	(4,264,118)	34,220,616
Income from Operations	1,693,448	(784,774)	2,478,223	1,666,932	5,639,225	(1,948,254)	7,587,479	4,070,183
Property Tax Revenue	0	0	0	547,677	1,345,292	1,596,367	(251,075)	1,886,366
Interest Income	88,399	107,670	(19,271)	90,298	798,435	1,076,704	(278,269)	1,076,706
Interest Expense	(158,539)	(155,543)	(2,996)	(81,859)	(1,929,292)	(1,405,736)	(523,555)	(1,076,704)
Gain/Loss on Asset Disposal/Forte	0	0	0		0	0	0	0
Retail Pharmacy Net Activity	26,759	116,699	(89,940)	33,213	753,231	1,177,623	(424,392)	308,762
DISTRICT VOUCHERS AND OTHER	(5,809)	(12,937)	7,128	(12,937)	(49,910)	(96,683)	46,772	(96,900)
Total Non-Operating Revenue	(49,189)	55,889	(105,079)	576,392	917,756	2,348,275	(1,430,518)	2,098,230
Net Income/(Loss)	1,644,259	(728,885)	2,373,144	2,243,324	6,556,981	400,020	6,156,960	6,168,412
EBIDA	2,066,262	(229,710)	2,295,971	2,500,577	10,807,833	4,952,179	5,855,654	9,010,674
Operating Margin %	29.6%	-22.2%	51.8%	33.1%	12.9%	-4.8%	17.8%	10.6%
Net Margin %	28.7%	-20.7%	49.4%	44.6%	15.1%	1.0%	14.1%	16.1%
EBIDA Margin %	36.1%	-6.5%	42.6%	49.7%	24.8%	12.3%	12.5%	23.5%

Modoc Medical Center
Income Statement Trend

	Apr-25	FYE 2025 YTD July-April	FYE 2026 YTD July-April	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
Revenues													
Room & Board - Acute	465,847	5,861,344	5,977,039	685,444	529,453	467,429	452,283	571,794	726,928	532,410	829,139	628,680	553,481
Room & Board - SNF	749,778	7,842,423	9,390,898	841,152	893,655	878,216	946,063	942,003	992,223	940,242	871,877	1,062,592	1,022,875
	-		0	-									
Total Inpatient Revenue	1,215,625	13,703,767	15,367,937	1,526,595	1,423,108	1,345,645	1,398,346	1,513,797	1,719,151	1,472,651	1,701,016	1,691,271	1,576,357
Outpatient Revenue	3,436,621	32,734,922	35,207,950	3,351,869	2,878,680	3,369,321	3,571,943	3,919,351	3,429,157	3,578,275	4,315,586	3,562,122	3,231,645
Total Patient Revenue	4,652,246	46,438,689	50,575,888	4,878,465	4,301,788	4,714,967	4,970,289	5,433,148	5,148,309	5,050,926	6,016,602	5,253,393	4,808,001
Bad Debts	(74,232)	(1,256,078)	910,957	84,182	101,595	192,942	68,244	223,030	(104,018)	125,304	132,101	344,149	(256,573)
Contractual Adjs	(287,309)	5,998,787	6,665,027	1,918,848	1,481,549	1,894,197	1,731,019	(4,281,656)	1,908,514	1,634,160	(2,093,338)	1,814,765	656,971
Admin Ajds	89,976	3,998,185	1,163,566	12,361	24,241	884,264	109,742	(331,083)	344,426	17,150	24,770	28,077	49,618
Total Revenue Deductions	(271,565)	8,740,893	8,739,550	2,015,392	1,607,384	2,971,403	1,909,004	(4,389,709)	2,148,922	1,776,614	(1,936,467)	2,186,991	450,016
Net Patient Revenue	4,923,811	37,697,796	41,836,338	2,863,073	2,694,403	1,743,564	3,061,284	9,822,857	2,999,387	3,274,312	7,953,069	3,066,402	4,357,985
% of Charges	*105.8%*	*81.2%*	*82.7%*	*58.7%*	*62.6%*	*37.0%*	*61.6%*	*180.8%*	*58.3%*	*64.8%*	*132.2%*	*58.4%*	*90.6%*
Other Revenue	108,713	593,003	1,728,256	37,741	14,505	34,509	66,379	33,683	41,958	79,759	31,929	19,699	1,368,094
Total Net Revenue	5,032,524	38,290,799	43,564,594	2,900,814	2,708,908	1,778,073	3,127,663	9,856,540	3,041,345	3,354,071	7,984,998	3,086,102	5,726,079
Expenses													
Salaries	1,693,660	15,121,001	17,440,578	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	1,832,395
Benefits and Taxes	384,251	3,302,874	3,743,730	377,349	382,644	340,699	374,615	375,762	379,134	490,351	209,638	373,288	440,250
Registry	172,792	2,750,559	2,614,686	262,589	207,040	199,454	240,036	196,051	176,352	282,474	433,811	333,250	283,630
Professional Fees	285,185	3,870,765	4,388,103	379,442	488,717	373,455	441,028	281,514	468,475	422,087	539,964	504,303	489,117
Purchased Services	160,929	1,701,934	1,344,609	58,880	209,739	118,558	152,633	139,926	132,753	145,105	140,264	110,890	135,862
Supplies	304,636	3,413,052	3,736,499	397,284	344,376	403,531	351,006	432,662	334,753	331,062	398,634	402,573	340,617
Repairs and Maint	30,574	321,960	413,150	32,193	80,938	55,206	30,158	25,319	34,313	24,202	42,206	45,868	42,746
Lease and Rental	4,223	45,780	45,688	2,393	1,683	2,205	3,241	3,151	1,749	7,171	3,822	6,966	13,308
Utilities	55,886	722,503	715,774	59,208	60,628	56,867	54,083	65,332	111,339	64,551	101,653	78,692	63,422
Insurance	43,852	458,213	413,896	43,282	44,241	43,413	20,745	20,745	43,103	65,808	44,026	44,267	44,267
Depreciation	175,394	1,765,557	2,321,561	183,888	183,829	177,432	182,003	228,214	314,861	270,835	245,372	271,662	263,464
Other	54,211	746,417	747,095	70,025	77,764	135,953	16,174	67,798	86,043	80,616	65,455	63,712	83,555
Total Operating Expenses	3,365,591	34,220,616	37,925,368	3,651,953	3,771,953	3,591,532	3,595,087	3,680,117	3,861,512	3,815,453	3,838,564	4,086,567	4,032,631
Income from Operations	1,666,932	4,070,183	5,639,225	(751,139)	(1,063,045)	(1,813,459)	(467,424)	6,176,423	(820,166)	(461,382)	4,146,434	(1,000,465)	1,693,448
Property Tax Revenue	547,677	1,886,366	1,345,292	0	61,179	0	0	0	1,284,113	0	0	0	0
Interest Income	90,298	1,076,706	798,435	214,143	104,327	43,952	84,301	31,985	29,043	54,192	69,472	78,621	88,399
Interest Expense	(81,859)	(1,076,704)	(1,929,292)	(83,144)	(82,545)	(81,291)	(81,800)	(82,675)	(885,057)	(82,881)	(233,855)	(157,505)	(158,539)
Gain/Loss on Asset Disposal/Fortera		0	0	0	0	0	0	0	0	0	0	0	0
Retail Pharmacy Net Activity	33,213	308,762	753,231	93,595	235,880	40,127	246,605	(4,584)	107,370	37,725	(41,698)	11,453	26,759
DISTRICT VOUCHERS AND OTHER	(12,937)	(96,900)	(49,910)	(7,186)	(8,218)	(7,451)	(2,202)	(4,834)	9,897	(9,573)	(3,916)	(10,620)	(5,809)
Total Non-Operating Revenue	576,392	2,098,230	917,756	217,408	310,623	(4,663)	246,904	(60,108)	545,366	(537)	(209,997)	(78,051)	(49,189)
Net Income	2,243,324	6,168,412	6,556,982	(533,731)	(752,421)	(1,818,122)	(220,520)	6,116,315	(274,800)	(461,918)	3,936,437	(1,078,516)	1,644,259
EBIDA	2,500,577	9,010,674	10,807,834	(266,700)	(486,048)	(1,559,399)	43,283	6,427,204	925,118	(108,203)	4,415,665	(649,349)	2,066,262
Operating Margin %	33.1%	10.6%	12.9%	-25.9%	-39.2%	-102.0%	-14.9%	62.7%	-27.0%	-13.8%	51.9%	-32.4%	29.6%
Net Margin %	44.6%	16.1%	15.1%	-18.4%	-27.8%	-102.3%	-7.1%	62.1%	-9.0%	-13.8%	49.3%	-34.9%	28.7%
EBIDA Margin %	49.7%	23.5%	24.8%	-9.2%	-17.9%	-87.7%	1.4%	65.2%	30.4%	-3.2%	55.3%	-21.0%	36.1%

Modoc Medical Center
Balance Sheet
For the month of April 2026

	Unaudited 4/30/2026	Unaudited 3/31/2026	Unaudited 2/28/2026	Unaudited 1/31/2026	Unaudited 12/31/2025	Unaudited 11/30/2025	Unaudited 10/30/2025	Unaudited 9/30/2025	Unaudited 8/31/2025	Unaudited 7/31/2025	Unaudited 6/30/2025
Cash	120,812	862,818	1,502,729	419,248	932,650	537,100	1,377,232	537,347	364,654	133,445	1,343,671
Investments	30,595,755	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	25,133,123
Designated Funds	2,031,240	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	7,993,985
Total Cash	32,747,807	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	34,470,779
Gross Patient AR (Patient AR-I	10,316,538	10,906,972	11,590,925	9,971,748	9,031,770	9,100,176	8,191,503	8,552,822	9,637,386	10,084,488	10,432,654
Allowances	(5,611,151)	(5,938,125)	(6,111,852)	(5,702,060)	(5,353,141)	(5,408,452)	(4,812,248)	(5,100,262)	(5,197,898)	(5,333,160)	(5,933,536)
Net Patient AR	4,705,387	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	4,499,118
% of Gross	*45.6%*	*45.6%*	*47.3%*	*42.8%*	*40.7%*	*40.6%*	*41.3%*	*40.4%*	*46.1%*	*47.1%*	*43.1%*
Third Party Receivable	174,715	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	1,955,578
Other AR	697,254	742,070	753,769	1,329,133	1,521,565	1,455,046	920,000	784,190	842,542	674,415	636,825
Inventory	641,987	835,520	797,593	720,700	692,837	683,165	753,237	760,880	737,889	688,927	685,089
Prepaids	522,869	547,209	590,573	347,674	420,697	457,912	441,445	489,130	433,931	495,492	487,234
Total Current Assets	39,490,019	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	42,734,623
Land (120000-120900)	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540
Bldg & Improvements (12110(	104,953,797	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	47,927,861
Equipment (124100-124204)	16,642,370	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	14,495,515
Construction In Progress (125	2,126,123	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	56,547,764
Fixed Assets	124,435,830	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	119,684,680
Accum Depreciation	(22,775,817)	(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)	(20,452,542)
Net Fixed Assets	101,660,013	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	99,232,138
Other Assets	0	0	0	0	0	0	0	0	0	0	0
Total Assets	141,150,032	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	141,966,761
Accounts Payable	1,841,817	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	8,745,420
Accrued Payroll	1,527,471	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	1,241,389
Patient Trust Accounts	11,715	11,375	11,475	11,195	11,195	11,118	11,016	10,906	10,906	10,556	10,580
Third Party Payables	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000
Accrued Interest											
Current Portion Liabilities	263,132	263,132	263,132	163,368	163,368	24,163,368	24,163,368	24,163,368	24,163,368	24,163,368	24,163,368
Other Current Liabilities/Accr	322,602	246,869	171,399	18,753	479,328	437,402	361,244	283,740	400,082	321,529	519,110
Total Current Liabilities	4,520,736	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	35,233,868
Long Term Liabilities	55,366,422	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	32,027,000
Total Liabilities	59,887,158	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	67,260,868
Fund Balance	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	74,705,892	71,480,156
Current Year Income/(Loss)	6,556,982	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)	3,225,737
Total Equity	81,262,874	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	74,705,893
Total Liabilities and Equity	141,150,032	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	141,966,761
Days in Cash	266	258	265	94	81	58	151	151	176	180	330
Days in AR (Gross)	65	69	73	63	57	50	53	55	61	64	66
Days in AP	15	14	19	11	12	27	29	29	34	29	80
Current Ratio	8.74	7.73	7.45	8.67	7.80	1.15	1.05	1.06	1.17	1.21	1.21
Net AR as a percentage of gro	45.61%	45.56%	47.27%	42.82%	40.73%	40.57%	41.25%	40.37%	46.07%	47.12%	43.13%
Check	0	0	(0)	0	0	(0)	0	(0)	0	0	(0)

STATEMENT OF CASH FLOWS

April-26

	CURRENT MONTH	FISCAL YEAR YTD
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	1,644,259	6,556,982
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	263,433	2,323,275
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	273,731	-206,270
CHANGE IN OTHER RECEIVABLES	16,696	1,720,434
CHANGE IN INVENTORIES	-6,238	43,102
CHANGE IN PREPAID EXPENSES	24,340	-35,635
CHANGE IN ACCOUNTS PAYABLE	149,179	-6,903,604
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	-688,055	286,082
CHANGE IN OTHER PAYABLES	75,733	-196,508
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	108,820	-2,969,123
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-147,430	-4,751,150
CUSTODIAL HOLDINGS	340	1,134
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-147,090	-4,750,016
CASH FROM FINANCING ACTIVITIES		
Current Libility	0	-23,900,236
Long Term Liability	-26,769	23,339,422
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	-26,769	-560,814
CASH AT BEGINNING OF PERIOD	31,168,588	34,470,779
NET INCREASE (DECREASE) IN CASH	1,579,219	-1,722,972
CASH AT END OF PERIOD	32,747,807	32,747,807

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending April 30th, 2026

	Apr-26		Mar-26		Feb-26		Jan-26		Dec-25		Nov-25		Oct-25		Sep-25		Aug-25		Jul-25		Jun-25		May-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	53	*76*	45	*64*	89	*48*	49	*56*	69	*64*	56	*83*	52	*75*	47	*86*	49	*48*	53	*90*	47	*57*	51	*76*	562	643	660
Swing	59	*59*	87	*65*	98	*73*	54	*57*	124	*70*	92	*46*	38	*76*	74	*49*	61	*31*	164	*36*	87	*50*	46	*71*	851	496	984
SNF	1,811	*1,550*	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*	15,863	14,581	18,740
Total "Patient Days"	*1,923*	*1,685*	*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*	17,276	15,720	20,384
ADC																											
Adults/Peds	1.77	2.45	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	1.85	2.12	1.81
Swing	1.97	1.90	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	2.80	1.63	2.70
SNF	60.37	50.00	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	52.18	47.96	51.34
Total "Average Daily Census"	*64.10*	*54.35*	*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*	56.83	51.71	55.85
ALOS																											
Adults/Peds	2.94		3.46		3.30		2.72		3.63		3.50		3.06		2.94		3.50		3.12		3.36		3.00		3.21	3.12	3.20
Swing	6.56		8.70		7.00		10.80		10.33		9.20		7.60		14.80		8.71		13.67		10.88		4.60		9.56	7.29	9.20
Admissions																											
Adults/Peds	18	20	13	20	27	17	18	17	19	19	16	8	17	20	16	28	14	14	17	27	14	17	17	23	175	206	206
Swing	9	4	10	11	14	6	5	6	12	9	10	10	5	5	5	8	7	5	12	6	8	7	10	12	89	68	107
SNF	7	1	10	2	3	-	2	2	-	2	5	2	-	2	-	2	1	1	5	4	3	5	4	4	33	17	40
Total "Admissions"	*34*	*25*	*33*	*33*	*44*	*23*	*25*	*25*	*31*	*30*	*31*	*20*	*22*	*27*	*21*	*38*	*22*	*20*	*34*	*37*	*25*	*29*	*31*	*39*	297	291	353
Discharges																											
SNF	7		3		1		1		2		1		1		-		1		2		4		1		19	19	24
																									-	-	-
Days in Period	30		31		28		31		31		30		31		30		31		31		30		31		304	304	365
																									-	-	-
Amulatory Service Statistics																									-	-	-
Emergency Visits	440	518	485	510	444	482	485	440	486	510	474	421	550	474	471	476	494	525	487	464	460	464	481	552	4,816	4,888	5,757
Ambulance Runs Visits	56	92	65	99	78	95	73	87	107	93	90	93	78	91	94	83	82	87	106	81	75	81	77	113	829	892	981
Clinic Visits	972	905	1,112	872	968	790	805	970	772	684	808	813	837	923	791	809	827	857	959	772	574	772	1,081	902	8,851	7,885	10,506
Canby Clinic Visits	276	257	216	872	220	243	222	290	290	251	202	264	233	268	210	225	248	325	312	301	232	301	261	274	2,429	2,818	2,922
Canby Dental	347	163	170	171	158	133	178	185	145	147	129	171	183	200	195	180	169	210	169	171	192	171	136	237	1,843	1,514	2,171
Observation Admits	6		1	3	4	2	7		1	5	5	4	2	2	-	5	1	6	2	2	5	2	5	5	29	35	39
Observation Care Hours	214.2	110	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	1,206	1,034	1,593
																									-	-	-
Ancillary Services Statistics																									-	-	-
Surgeries	5	2	8	3	4	4	4	10	3	11	4	2	3	3	10	4	3	2	2	4	5	4	11	8	46	50	62
Endoscopies	26	21	17	21	16	20	21	28	23	20	23	21	35	20	21	25	24	17	17	24	25	24	19	30	223	185	267
Surgery & Recovery Minutes	835	767	541	623	732	666	632	682	658	731	577	462	1,016	566	716	498	638	501	414	642	802	642	869	1,064	6,759	5,993	8,430
Anesthesia Minutes	1,333	864	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	10,078	9,079	12,874
Laboratory Tests	5,497	4,773	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	48,099	46,693	57,458
Radiology-Diagnostic Proc	304	227	345	258	348	301		282	287	256	236	261	307	285	244	267	267	283	330	300	266	300	297	293	2,668	2,758	3,231
Ultrasounds Proc	135	92	127	75	96	105		92	126	86	73	53	138	106	112	99	114	99	156	102	82	102	83	85	1,077	857	1,242
CT Scans Proc	166	167	142	149	181	153		127	182	145	160	152	149	152	168	128	181	167	196	139	150	139	150	173	1,525	1,563	1,825
MRI Proc	38		38		39				45		21	15		-				28		26	-	26		18	181	46	181
Physical Therapy Sessions	497	763	873	745	409	517	469	569	545	429	450	542	582	552	851	573	967	677	1,232	775	817	775	551	718	6,875	6,423	8,243
Retail Pharmacy-Scripts	4,630	2,784	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	41,686	26,047	48,243

MODOC MEDICAL CENTER

"FULL TIME EQUIVALENT REPORT"

Twelve Months Ending: April 30th, 2026

Department	Apr-26	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25	Jun-25	May-25	12 Mo Ave		
Med / Surg	16.98	18.32	19.24	18.35	16.90	17.36	15.63	15.21	16.15	15.37	16.06	16.47	16.84	-1.34	(0.08)
Comm Disease Care													#DIV/0!	0.00	#DIV/0!
Swing Beds													#DIV/0!	0.00	#DIV/0!
Long Term - SNF	69.35	69.30	61.27	59.65	37.41	64.09	59.56	56.28	57.55	55.38	53.39	55.93	58.26	0.05	0.00
Mountainview - SNF	3.31	2.91	9.79	10.26	31.66								11.59	0.40	0.12
Emergency Dept	12.79	11.46	13.66	12.26	11.60	12.19	12.93	12.49	14.13	10.59	12.51	12.64	12.44	1.33	0.10
Ambulance - Alturas	12.65	10.99	11.90	10.55	11.55	10.79	10.86	11.31	12.65	12.06	12.31	12.50	11.68	1.66	0.13
Clinic	21.74	21.85	20.74	17.92	17.28	19.78	19.45	20.43	19.71	20.32	19.93	20.31	19.96	-0.11	(0.01)
Canby Clinic	11.31	9.29	9.48	9.04	10.54	11.49	12.06	11.47	10.55	10.89	9.80	10.95	10.57	2.02	0.18
Canby Dental	3.94	4.59	4.60	4.43	4.66	5.11	4.75	4.86	4.33	3.85	4.37	5.29	4.57	-0.65	(0.16)
Surgery	3.97	4.10	4.45	3.67	4.33	5.05	4.12	3.97	3.93	4.11	3.70	3.98	4.12	-0.13	(0.03)
IRR													#DIV/0!	0.00	#DIV/0!
Lab	8.94	8.29	8.32	8.65	8.51	8.90	8.94	9.08	9.07	8.21	8.74	8.78	8.70	0.65	0.07
Radiology	5.77	5.56	6.49	6.05	6.86	7.13	5.37	5.05	5.67	5.85	3.65	4.12	5.63	0.21	0.04
MRI													#DIV/0!	0.00	#DIV/0!
Ultrasound	1.33	1.36	1.42	1.70	1.39	1.33	1.37	1.31	1.28	1.33	1.13	1.27	1.35	-0.03	(0.02)
CT	1.24	1.31	1.58	1.34	1.51	1.81	1.29	1.62	1.72	1.67	1.47	2.10	1.56	-0.07	(0.06)
Pharmacy	2.13	2.24	2.12	2.01	2.05	2.00	1.96	2.16	1.83	1.33	1.09	1.17	1.84	-0.11	(0.05)
Physical Therapy	6.65	6.25	7.35	6.30	6.61	7.38	6.40	4.84	6.75	6.88	6.41	5.46	6.44	0.40	0.06
Other PT													#DIV/0!	0.00	#DIV/0!
Dietary	19.02	17.10	18.14	19.07	13.72	16.43	12.85	12.25	13.15	14.01	11.48	12.87	15.01	1.92	0.10
Dietary - MV SNF	3.73	2.98	3.10	2.33	5.89								3.61	0.75	0.20
Dietary Acute	9.62	8.29	7.52	7.35	7.48	7.08	8.43	8.17	7.77	6.76	7.36	7.81	7.80	1.33	0.14
Laundry	1.05	1.01	1.02	1.01	1.00	1.10	1.00	1.01	1.03	1.01	0.90	1.02	1.01	0.04	0.04
Activities	5.59	5.75	5.87	5.21	5.11	5.72	5.67	4.74	4.64	4.43	4.41	4.50	5.14	-0.16	(0.03)
Social Services	3.07	2.77	1.96	2.16	1.79	1.97	2.02	1.82	1.95	1.43	1.65	2.12	2.06	0.30	0.10
Purchasing	3.01	2.99	2.98	3.01	3.01	3.01	2.92	3.00	3.01	3.01	3.02	2.96	2.99	0.02	0.01
Housekeeping	20.37	20.55	18.65	16.81	17.10	15.12	13.97	13.67	14.00	13.78	13.94	13.82	15.98	-0.18	(0.01)
Maintenance	5.94	5.91	5.99	6.03	6.06	5.93	6.05	5.80	5.16	5.82	5.99	5.96	5.89	0.03	0.01
Data Processing	4.41	4.11	4.21	4.16	4.07	4.87	4.68	4.69	4.73	4.58	4.63	4.68	4.49	0.30	0.07
General Accounting	2.88	3.84	3.86	4.21	4.14	3.92	3.94	3.71	3.99	3.92	3.40	3.38	3.77	-0.96	(0.33)
Patient Accounting	9.08	9.34	8.45	9.48	9.13	9.30	8.46	7.67	7.17	8.25	8.95	8.85	8.68	-0.26	(0.03)
Administration	3.27	3.51	3.44	3.21	3.38	3.37	3.49	3.43	3.53	3.40	3.65	3.25	3.41	-0.24	(0.07)
Human Resources	2.85	2.88	2.12	2.89	2.99	3.01	2.97	2.85	2.92	1.98	2.01	2.00	2.62	-0.03	(0.01)
Medical Records	8.75	8.74	8.81	8.52	8.58	8.70	7.76	7.96	8.30	8.51	8.51	8.57	8.48	0.01	0.00
Nurse Administration	3.02	3.11	2.77	2.93	2.91	2.78	3.07	3.02	3.02	2.88	2.80	3.05	2.95	-0.09	(0.03)
In-Service	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.94	1.00	0.00	-
Utilization Review	1.49	1.43	1.50	1.44	1.48	1.49	1.49	1.44	1.48	1.41	1.44	1.49	1.47	0.06	0.04
Quality Assurance	0.50	0.50	0.50	0.50	0.50	0.50	0.51	0.50	0.50	0.50	0.51	0.50	0.50	0.00	-
Infection Control	0.60	0.59	0.60	0.59	0.59	0.61	0.69	0.64	0.64	0.39	0.70	0.46	0.59	0.01	0.02
Retail Pharmacy	6.43	6.16	6.41	7.15	6.41	6.39	6.67	6.17	5.94	4.96	4.50	5.03	6.02	0.27	0.04
TOTAL	**297.78**	**290.38**	**291.31**	**281.24**	**279.20**	**276.71**	**262.33**	**253.62**	**259.25**	**249.87**	**245.41**	**254.23**	**270.11**	7.40	0.02

April thru May 3,241.33

ATTACHMENT F

Cardiology Group Contract

PROFESSIONAL SERVICES AGREEMENT

This Professional Services Agreement (the "**Agreement**") is entered into as of May 7, 2026 (the "**Effective Date**"), by and between **RHVI ROWAN PLLC**, a Nevada professional limited liability company, doing business as "Rowan Cardiology," with its principal place of business at 689 Sierra Rose, Suite B, Reno, NV, 89511 ("**Provider**"); and **MODOC MEDICAL CENTER**, a California critical access hospital located at 1111 N. Nagle Street, Alturas, California 96101 (the "**Hospital**"). Provider and Hospital may be referred to herein individually as a "**Party**" and collectively as the "**Parties.**"

RECITALS

WHEREAS, the Hospital is a rural critical access hospital serving Modoc County and surrounding areas with limited on-site cardiology services;

WHEREAS, Provider is a group of qualified cardiologists with expertise in non-invasive cardiology, device monitoring, and related services;

WHEREAS, the Hospital desires to engage Provider to furnish periodic outpatient cardiology outreach services to improve patient access in this rural region;

WHEREAS, Provider desires to provide such services on the terms set forth herein;

WHEREAS, the Parties intend this Agreement to comply with applicable federal and state healthcare laws, including, to the extent applicable, the federal physician self-referral prohibition (42 U.S.C. § 1395nn), the federal Anti-Kickback Statute (42 U.S.C. § 1320a-7b), and Medicare regulations for critical access hospitals (such statutory and regulatory references being included for reference purposes only, as further described in Section 12.16);

WHEREAS, compensation is set in advance pursuant to this Agreement, is fair market value, is commercially reasonable, and is not determined in any manner that takes into account the volume or value of referrals or other business generated between the Parties;

NOW, THEREFORE, in consideration of the mutual promises and covenants herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

ARTICLE 1: SERVICES

1.1 Scope of Services. Provider shall furnish non-invasive outpatient cardiology services at the Hospital (the "**Services**"), including but not limited to: consultations, interpretations of cardiac testing (electrocardiograms, echocardiograms, stress tests, and similar diagnostic tests), phone consultations for cardiac testing performed at the Hospital, and related professional services. For the avoidance of doubt, the Services under this Agreement are limited to services actually furnished at or for the Hospital in connection with Provider's outreach activities hereunder. Except as expressly provided in this Agreement, nothing herein shall restrict Provider from furnishing separate professional services from Provider's principal practice location or another Provider-controlled location, including remote monitoring, follow-up care, or other lawful patient care services.

1.2 Schedule. Services shall be provided on a mutually agreed schedule, initially up to two (2) full days per month (the "**Base Days**"). Additional days may be scheduled by mutual written agreement of the Parties. The Hospital shall provide adequate space, equipment, support staff, scheduling, and patient intake services to enable Provider to perform the Services.

1.3 Physicians. Services shall be personally performed by Christopher L. Rowan, M.D., or other qualified physicians employed by or contracted with Provider who are appropriately licensed and credentialed. Provider may, upon mutual written agreement of the Parties, utilize Advanced Practice Registered Nurses ("**APRNs**") employed or otherwise contractually engaged by Provider (under physician supervision in accordance with Medicare and California law) for outreach days or portions thereof; provided that any such APRN shall be appropriately privileged at the Hospital prior to providing services hereunder.

1.4 Prospective Expansion. The Parties anticipate potential growth, including a dedicated pacemaker clinic (device follow-up and checks) and increased outreach days. Any expansions of the scope of Services shall require mutual written amendment to this Agreement, including updated scope of services, compensation (if applicable), privileging, supervision protocols, and compliance review.

1.5 Standards of Care. All Services shall be provided in accordance with accepted medical standards, Hospital bylaws, privileging requirements, quality protocols, and all applicable federal, state, and local laws, rules, and regulations.

1.6 Exclusions. No invasive procedures shall be performed on-site (Hospital lacks cardiac catheterization laboratory capabilities). Emergency coverage shall be provided as privileged and needed, in accordance with Hospital bylaws and policies.

1.7 Non-Exclusive Relationship; Retained Practice Rights. Nothing in this Agreement shall be construed to require Provider to furnish cardiology services exclusively through Hospital or to limit Provider's ability to provide professional services directly to patients, whether or not such patients were first seen at Hospital. Provider expressly retains the right to furnish, from Provider's principal practice location or any other Provider-controlled location, any lawful professional services not actually furnished at Hospital, including without limitation office-based consultations, diagnostic testing, monitor placement, remote cardiac or physiologic monitoring, device monitoring and interpretation, follow-up consultations, care-management services, review of transmitted data, preparation of reports, and related professional services, to the extent permitted by applicable law and payor requirements.

ARTICLE 2: TERM AND TERMINATION

2.1 Initial Term. This Agreement shall be effective as of the Effective Date and shall continue for a period of one (1) year thereafter (the "**Initial Term**"), unless earlier terminated in accordance with this Article 2.

2.2 Renewal. This Agreement shall automatically renew for successive one-year terms (each, a "**Renewal Term**," and together with the Initial Term, the "**Term**"), unless either Party provides written notice of non-renewal to the other Party at least ninety (90) days prior to the expiration of the then-current Term. Any modifications to the terms of this Agreement upon renewal shall be documented in a written amendment signed by both Parties.

2.3 Termination for Cause. Either Party may terminate this Agreement immediately upon written notice to the other Party upon the occurrence of any of the following:

(a) A material breach of this Agreement by the other Party that remains uncured for thirty (30) days after written notice specifying the nature of the breach;

(b) The suspension, revocation, or voluntary surrender of any license, certification, or credential required for the other Party or its personnel to perform their obligations under this Agreement;

(c) The exclusion, debarment, or sanction of the other Party or any of its personnel from participation in any federal or state healthcare program, including Medicare or Medicaid;

(d) A determination by either Party, upon advice of legal counsel, that continuation of this Agreement would violate applicable law;

(e) The making of a materially false representation or warranty by the other Party under this Agreement; or

(f) The institution of bankruptcy, insolvency, receivership, or similar proceedings by or against the other Party, or the making of an assignment for the benefit of creditors by the other Party.

2.4 Termination Without Cause. Either Party may terminate this Agreement without cause upon ninety (90) days' prior written notice to the other Party.

2.5 Termination by Mutual Consent. This Agreement may be terminated at any time by mutual written consent of the Parties.

2.6 Effect of Termination. Upon termination or expiration of this Agreement:

(a) Provider shall cooperate with Hospital to ensure an orderly transition and continuity of patient care;

(b) Hospital shall pay Provider for all Services rendered through the effective date of termination in accordance with Article 3; and

(c) The provisions of this Agreement that by their nature should survive termination (including, without limitation, Articles 5, 6, 7, 8, 9, 10, and 11) shall survive.

ARTICLE 3: COMPENSATION

3.1 Base Compensation. Hospital shall pay Provider Ten Thousand Dollars ($10,000.00) per full scheduled outreach day for the Base Days (up to two (2) days per month).

3.2 Additional Days. For mutually agreed outreach days beyond the Base Days in any given month, Hospital shall pay Provider One Thousand Five Hundred Dollars ($1,500.00) per full day.

3.3 Per-Patient Add-On. In addition to the per diem compensation set forth in Sections 3.1 and 3.2, Hospital shall pay Provider Two Hundred Dollars ($200.00) for each patient seen at the Hospital's clinic during outreach days (whether by physician or APRN), based on actual documented encounters.

3.4 Startup/Onboarding Fee. Hospital shall pay Provider a one-time startup and onboarding fee of Twenty Thousand Dollars ($20,000.00), payable within thirty (30) days of the Effective Date or the date of Provider's first provision of Services hereunder, whichever is earlier.

3.5 Ramp-Up Option. At Hospital's election, Hospital may commence Services with one (1) outreach day per month (compensated at $10,000.00 per day plus the per-patient add-on set forth in Section 3.3) while patient volume develops, transitioning to two (2) Base Days per month upon mutual written agreement of the Parties and thirty (30) days' prior written notice.

3.6 Inclusivity of Per Diem Rates. The per diem rates set forth in Sections 3.1 and 3.2 are fully inclusive of all travel, lodging, meals, and incidental costs incurred by Provider in connection with the provision of Services. No separate reimbursement shall be provided for such expenses.

3.7 Fair Market Value; No Referrals or Volume Guarantees. The Parties acknowledge and agree that:

(a) The compensation set forth in this Agreement has been determined through good faith and arm's-length bargaining;

(b) The compensation represents fair market value for the Services to be provided and is commercially reasonable;

(c) The compensation has not been determined in a manner that takes into account, and shall not be adjusted or renegotiated based upon, the volume or value of any referrals or other business generated between the Parties;

(d) No amount paid or to be paid hereunder is intended to be, nor shall it be construed to be, an offer, inducement, or payment, whether directly or indirectly, overtly or covertly, for the referral of patients or for the ordering of items or services; and

(e) There is no promise, guarantee, or expectation of referrals, patient volume, procedures, or other business between the Parties.

3.8 Payment Terms. Provider shall submit monthly invoices to Hospital for Services rendered during the preceding month, itemizing per diem compensation and per-patient add-ons. Hospital shall pay all undisputed amounts within thirty (30) days of receipt of a proper invoice.

ARTICLE 4: BILLING ARRANGEMENT

4.1 Hospital Billing. Hospital shall retain all facility fees, technical fees, and professional fees (to the extent applicable) for testing and services performed at the Hospital (e.g., on-site electrocardiograms, echocardiograms, stress tests, and similar diagnostic testing), including the benefit of rural health clinic and critical access hospital cost-based Medicare reimbursement.

4.2 Provider Billing. Provider may independently bill for and collect professional fees, and where applicable global billing including technical components, for the following services:

(a) Heart monitors (ambulatory, event, and mobile cardiac outpatient telemetry monitors) - full global billing;

(b) Procedures performed at Provider's office or other Provider-controlled location;

(c) Ankle-Brachial Index (ABI) testing performed at Provider's office or clinic (CPT 93922, 93923);

(d) All remote monitoring and management of pacemakers, implantable cardioverter-defibrillators (ICDs), implantable loop recorders (ILRs/subcutaneous cardiac rhythm monitors/ICMs), and other cardiac or physiologic monitoring services lawfully billed by Provider, including without limitation interrogation, data acquisition, transmissions, analysis, interpretation, reports, and related management services;

(e) Implantable loop recorder (ILR/ICM) placement and insertion performed at Provider's office or facility (e.g., CPT 33285, plus associated programming, follow-up, and remote monitoring); and

(f) Any other professional services personally performed by Provider or Provider Personnel outside Hospital premises, or through remote monitoring, telehealth, data-review, care-management, or similar workflows conducted from Provider's principal practice location or any other Provider-controlled location, to the extent permitted by applicable law and payor requirements.

Provider retains full professional and technical billing rights for the foregoing services regardless of referral source, patient location, or whether the patient was initially seen at Hospital, provided that such services are not actually furnished as Hospital-based services for which Hospital is entitled to bill under Section 4.1.

4.3 No Revenue Sharing. There shall be no shared revenue, percentage splits, or referral-based incentives between the Parties. The Parties agree to coordinate billing practices to avoid duplicate billing. Each Party shall have reasonable audit rights with respect to the other Party's billing practices under this Agreement upon reasonable prior written notice.

ARTICLE 5: COMPLIANCE WITH HEALTHCARE LAWS

5.1 Compliance Affirmation. The Parties acknowledge that the compensation and other terms of this Agreement (including per diem rates, per-patient add-ons, the startup fee, and retained billing rights) are intended to be, and the Parties believe are, fair market value, commercially reasonable, and in compliance with applicable law. Both Parties have reviewed this Agreement (with legal counsel if desired) and believe it is structured to satisfy, to the extent applicable, the requirements of applicable federal and state healthcare laws, including:

(a) The federal physician self-referral prohibition, 42 U.S.C. § 1395nn, and applicable exceptions thereunder;

(b) The federal Anti-Kickback Statute, 42 U.S.C. § 1320a-7b;

(c) Medicare regulations applicable to critical access hospitals; and

(d) Medicare regulations governing remote monitoring, non-physician practitioner billing, and supervision.

The foregoing statutory and regulatory references are included for reference purposes only, consistent with Section 12.16, and are not intended to expand or limit any Party's legal obligations beyond what is otherwise required by applicable law.

5.2 Prohibited Conduct. Neither Party shall take any action in violation of any applicable federal, state, or local laws, rules, or regulations affecting patient brokering, fee-splitting, self-referrals, or kickbacks for healthcare services.

5.3 Master List of Contracts. To the extent applicable, and consistent with 42 C.F.R. § 411.357(d)(1)(ii), each Party shall maintain a master list of all contracts between the Parties and their immediate family members (as defined in 42 C.F.R. § 411.351), and shall make such list available to the other Party upon reasonable request.

5.4 Regulatory Changes. If any change in applicable federal, state, or local law, regulation, or interpretation thereof materially affects the terms of this Agreement, either Party may, upon advice of healthcare counsel, request in writing that the Parties negotiate in good faith to amend this Agreement to address such change. If the Parties are unable to agree upon an amendment within sixty (60) days of such request, either Party may terminate this Agreement immediately upon written notice to the other Party.

ARTICLE 6: REPRESENTATIONS AND WARRANTIES

6.1 Mutual Representations. Each Party represents and warrants to the other Party that:

(a) It has full power and authority to enter into this Agreement and to perform its obligations hereunder;

(b) The execution, delivery, and performance of this Agreement have been duly authorized by all necessary corporate or other organizational action;

(c) This Agreement constitutes a valid and binding obligation of such Party, enforceable in accordance with its terms; and

(d) The execution and performance of this Agreement will not violate any other agreement to which such Party is bound.

6.2 Provider Representations. Provider represents and warrants that:

(a) Each physician providing Services hereunder holds and shall maintain throughout the Term all licenses, certifications, and credentials required by federal, state, and local law to perform the Services;

(b) Provider and each physician providing Services hereunder is currently eligible to participate in the Medicare and Medicaid programs and is not subject to any sanction, exclusion, or debarment from any federal or state healthcare program;

(c) Neither Provider nor any physician providing Services hereunder is currently the subject of any investigation, proceeding, or action by any federal, state, or local governmental authority relating to licensure, certification, fraud, abuse, or professional misconduct; and

(d) Provider shall immediately disclose to Hospital any actual or threatened investigation, sanction, exclusion, or adverse action affecting Provider or any physician providing Services hereunder.

6.3 Hospital Representations. Hospital represents and warrants that:

(a) Hospital holds and shall maintain throughout the Term all licenses, certifications, and accreditations required by federal, state, and local law to operate as a critical access hospital;

(b) Hospital is currently eligible to participate in the Medicare and Medicaid programs and is not subject to any sanction, exclusion, or debarment from any federal or state healthcare program;

(c) Hospital is not currently the subject of any investigation, proceeding, or action by any federal, state, or local governmental authority relating to licensure, certification, fraud, abuse, or regulatory compliance that would materially affect its ability to perform its obligations hereunder; and

(d) Hospital shall immediately disclose to Provider any actual or threatened investigation, sanction, exclusion, or adverse action affecting Hospital.

6.4 Ongoing Verification. Each Party agrees to regularly verify the licensure, certification, and exclusion/sanction status of itself and its personnel providing services or performing duties under this Agreement.

ARTICLE 7: INDEPENDENT CONTRACTOR STATUS

7.1 Independent Contractor. Provider is an independent contractor and not an employee, agent, partner, or joint venturer of Hospital. Nothing in this Agreement shall be construed to create an employment relationship, partnership, joint venture, or agency relationship between the Parties.

7.2 No Benefits. Provider and its physicians shall not be entitled to any employee benefits from Hospital, including but not limited to health insurance, retirement benefits, paid leave, or workers' compensation coverage.

7.3 Taxes. Provider shall be solely responsible for all federal, state, and local taxes arising from compensation received under this Agreement, including self-employment taxes. Hospital shall not withhold any taxes from payments to Provider and shall issue appropriate tax reporting forms (e.g., IRS Form 1099) as required by law.

7.4 Control. Provider shall have exclusive control over the manner and means of performing the Services, subject to the terms of this Agreement, Hospital bylaws, and applicable law. Hospital shall not direct or control the medical judgment of Provider or its physicians in the diagnosis or treatment of patients.

ARTICLE 8: INSURANCE AND INDEMNIFICATION

8.1 Provider Insurance. Hospital shall maintain, at its sole cost and expense, professional liability (malpractice) insurance covering Provider and all physicians providing Services hereunder, with minimum coverage limits of One Million Dollars ($1,000,000.00) per occurrence and Three Million Dollars ($3,000,000.00) in the annual aggregate. Such coverage shall be maintained throughout the Term and for a period of not less than two (2) years following termination or expiration of this Agreement (or Hospital shall maintain equivalent "tail" coverage).

8.2 Hospital Insurance. Hospital shall maintain, at its sole cost and expense, comprehensive general liability insurance and professional liability insurance with coverage limits reasonably acceptable to Provider. Hospital shall provide satisfactory written evidence of such coverage to Provider prior to the commencement of Services and at least ten (10) days prior to the expiration of any such policy. Hospital's

insurance policies shall require at least thirty (30) days' prior written notice to Provider of any reduction in coverage or cancellation.

8.3 Certificates of Insurance. Upon request, Hospital shall provide to Provider certificates of insurance evidencing the coverage required by this Article 8.

8.4 Mutual Indemnification. Each Party (the "**Indemnifying Party**") agrees to save, indemnify, defend, and hold harmless the other Party and its officers, directors, employees, and agents (collectively, the "**Indemnified Parties**") from and against any and all claims, demands, suits, actions, liabilities, losses, damages, costs, and expenses (including reasonable attorneys' fees) arising out of or relating to:

(a) The negligent acts or omissions or willful misconduct of the Indemnifying Party or its officers, directors, employees, or agents in connection with this Agreement;

(b) Any breach of this Agreement by the Indemnifying Party;

(c) Any breach of any representation or warranty made by the Indemnifying Party in this Agreement; or

(d) Any sanction, exclusion, or adverse action against the Indemnifying Party or its personnel.

8.5 Indemnification Procedures. The Indemnified Parties shall promptly notify the Indemnifying Party of any claim for which indemnification is sought, shall cooperate with the Indemnifying Party in the defense of such claim, and shall not settle any such claim without the prior written consent of the Indemnifying Party (which consent shall not be unreasonably withheld).

ARTICLE 9: CONFIDENTIALITY AND HIPAA COMPLIANCE

9.1 Confidential Information. Each Party acknowledges that in the course of performing its obligations under this Agreement, it may receive or have access to confidential and proprietary information of the other Party ("**Confidential Information**"). Each Party agrees to hold all Confidential Information in strict confidence, to use such information only for purposes of performing its obligations under this Agreement, and not to disclose such information to any third party without the prior written consent of the disclosing Party, except as required by law.

9.2 HIPAA Compliance. The Parties acknowledge that the performance of this Agreement may involve the use and disclosure of protected health information ("**PHI**") as defined by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("**HIPAA**"). To the extent applicable, the Parties agree to comply with all requirements of HIPAA, including the Privacy Rule, Security Rule, and Breach Notification Rule. To the extent required by HIPAA, the Parties shall enter into a Business Associate Agreement in the form attached hereto as **Exhibit A**, which is incorporated herein by reference.

9.3 Return of Information. Upon termination or expiration of this Agreement, each Party shall return or destroy all Confidential Information of the other Party in its possession, except as required to be retained by applicable law or for legitimate medical records purposes.

ARTICLE 10: RECORDS AND ACCESS

10.1 Records Retention. Each Party shall maintain complete and accurate clinical records, billing records, and other records relating to this Agreement in accordance with the following requirements:

(a) **General Medical Records.** Medical records shall be retained for a minimum of seven (7) years from the patient's last date of service. This standard reflects, to the extent applicable, the requirements of California Business and Professions Code § 2266 (governing physician record retention) and California Code of Regulations, Title 22 (governing licensed health facility record retention).

(b) **Records of Minor Patients.** Medical records of minor patients shall be retained for at least one (1) year after the minor reaches the age of eighteen (18), but in no event less than seven (7) years from the date of service. This standard reflects, to the extent applicable, California Code of Regulations, Title 22 (governing licensed health facility record retention).

(c) **Medi-Cal Records.** To the extent Services are provided to Medi-Cal beneficiaries and California Welfare and Institutions Code § 14124.1 applies, records required thereunder shall be retained for ten (10) years, measured from the latest of: (i) the final date of the contract period between any applicable managed care plan and the Party; (ii) the date of completion of any audit; or (iii) the date the service was rendered.

(d) **Longer Periods.** Notwithstanding the foregoing, records shall be retained for such longer period as may be required by applicable federal, state, or local law, or as necessary to comply with any litigation hold or pending audit or investigation.

10.2 Access to Books and Records. To the extent required by Section 1861(v)(1)(I) of the Social Security Act (42 U.S.C. § 1395x(v)(1)(I)) and the regulations promulgated thereunder, if the value of services furnished under this Agreement exceeds Ten Thousand Dollars ($10,000.00) over a twelve (12)-month period, Provider shall, until the expiration of four (4) years after the furnishing of such services, make available upon written request to the Secretary of the U.S. Department of Health and Human Services, the Comptroller General of the United States, or their duly authorized representatives, a copy of this Agreement and such books, documents, and records as are necessary to certify the nature and extent of costs incurred by Hospital under this Agreement. If Provider carries out any of its duties under this Agreement through a subcontract with a value or cost of Ten Thousand Dollars ($10,000.00) or more over a twelve (12)-month period, Provider shall require such subcontractor to make available such books, documents, and records in accordance with this Section.

10.3 Audit Rights. Each Party shall have the right, upon reasonable prior written notice (not less than ten (10) business days), to audit the other Party's records relating to this Agreement to verify compliance with the terms hereof, including billing practices and compensation calculations.

ARTICLE 11: NON-SOLICITATION

11.1 Non-Solicitation of Employees. During the Term and for a period of two (2) years following termination or expiration of this Agreement, Hospital shall not, directly or indirectly, solicit, recruit, or hire any physician, APRN, or other employee of Provider who provided Services at Hospital under this Agreement, without the prior written consent of Provider.

11.2 Patient Choice. Nothing in this Agreement shall be construed to limit any patient's right to choose their healthcare provider or to restrict Provider from providing medically necessary services to any patient. The Parties acknowledge their respective obligations regarding patient continuity of care and non-abandonment.

ARTICLE 12: GENERAL PROVISIONS

12.1 Intentionally Left Blank

12.2 Venue. Intentionally Left Blank

12.3 Notices. All notices, requests, demands, and other communications required or permitted under this Agreement shall be in writing and shall be deemed to have been duly given when: (a) delivered personally; (b) sent by confirmed email; (c) sent by nationally recognized overnight courier; or (d) sent by certified or registered mail, return receipt requested, postage prepaid. Notices shall be sent to the addresses set forth in the preamble of this Agreement or to such other address as either Party may designate by written notice to the other.

12.4 Amendments. This Agreement may not be amended, modified, or supplemented except by a written instrument signed by both Parties.

12.5 Entire Agreement. This Agreement, including all exhibits attached hereto, constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior negotiations, representations, warranties, and agreements between the Parties with respect to such subject matter.

12.6 Severability. If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions shall continue in full force and effect to the extent consistent with the Parties' intent.

12.7 Waiver. The failure of either Party to enforce any provision of this Agreement shall not constitute a waiver of such provision or of the right to enforce it at a later time.

12.8 Assignment. Neither Party may assign, transfer, or delegate its rights or obligations under this Agreement without the prior written consent of the other Party, which consent shall not be unreasonably withheld. Any attempted assignment in violation of this Section shall be void.

12.9 Force Majeure. Neither Party shall be liable for any delay or failure in performance resulting from causes beyond its reasonable control, including but not limited to acts of God, acts of civil or military authority, terrorism, war, riots, civil unrest, natural disasters, epidemics, pandemics, strikes, or other labor disputes.

12.10 Additional Assurances. Each Party agrees to execute and deliver such additional instruments, documents, and agreements, and to take such additional actions, as may be reasonably necessary or appropriate to effectuate the purposes of this Agreement.

12.11 Attorneys' Fees. In any action or proceeding to enforce the terms of this Agreement, the prevailing Party shall be entitled to recover its reasonable attorneys' fees and costs from the non-prevailing Party.

12.12 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Electronic signatures shall be deemed original signatures for all purposes.

12.13 Construction. This Agreement has been negotiated by the Parties and shall not be construed against either Party as the drafter. Headings are for convenience only and shall not affect the interpretation of this Agreement.

12.14 Civil Rights Compliance. To the extent applicable, the Parties agree to comply with Title VI and Title VII of the Civil Rights Act of 1964, Sections 503 and 504 of the Rehabilitation Act of 1973, and all other applicable federal, state, and local civil rights laws and regulations.

12.15 Exhibits. The following exhibits are attached to and incorporated into this Agreement:

- **Exhibit A**: HIPAA Business Associate Addendum
- **Exhibit B**: Billing Matrix

12.16 Statutory and Regulatory References. All references in this Agreement to specific statutes, regulations, or regulatory provisions (including, without limitation, references to the Stark Law, Anti-Kickback Statute, HIPAA, California Business and Professions Code, California Code of Regulations, California Welfare and Institutions Code, the Social Security Act, and the Code of Federal Regulations) are included for reference purposes only. Such references are not intended to, and shall not be construed to, expand or limit any Party's legal obligations beyond what is otherwise required by applicable law. Each Party's obligations under this Agreement are limited to those expressly set forth herein and those imposed by applicable law as it exists and applies to such Party.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

ROWAN CARDIOLOGY

By: _____

Name: Christopher L. Rowan, M.D.

Title: Manager

Date: _____

MODOC MEDICAL CENTER

By: _____

Name: _____

Title: _____

Date: _____

EXHIBIT A

HIPAA BUSINESS ASSOCIATE ADDENDUM

THIS HIPAA BUSINESS ASSOCIATE ADDENDUM ("**Addendum**") supplements and is made a part of that certain Professional Services Agreement ("**Agreement**") dated as of Mch 7, 2026 (the "**Addendum Effective Date**") by and between **RHVI ROWAN PLLC**, a Nevada professional limited liability company, doing business as "Rowan Cardiology," ("**Provider**" or "**Business Associate**") and **MODOC MEDICAL CENTER**, a California critical access hospital ("**Hospital**" or "**Covered Entity**").

The parties are entering into this Addendum because Provider may utilize some of Hospital's protected health information in performing Provider's services under the Agreement.

RECITALS

WHEREAS, Covered Entity wishes to disclose certain information to Business Associate pursuant to the terms of the Agreement, some of which information may constitute Protected Health Information ("**PHI**") as defined below.

WHEREAS, Covered Entity and Business Associate intend to protect the privacy and provide for the security of PHI disclosed to Business Associate pursuant to the Agreement in compliance with the Privacy Rule and Security Standards (defined below) promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("**HIPAA**").

In consideration of the mutual premises and the covenants and agreements contained in this Addendum, the Parties agree as follows:

ADDENDUM

1. Definitions.

"**Business Associate**" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. § 160.103, and shall refer to the entity or organization named as "Business Associate" in the first paragraph of this Addendum.

"**Covered Entity**" shall have the meaning given to such term under the Privacy Rule and Security Standards, including, but not limited to, 45 C.F.R. § 160.103, and shall refer to the entity or organization named as "Covered Entity" in the first paragraph of this Addendum.

"**Designated Record Set**" shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. § 164.501.

"**Electronic Protected Health Information**" is any Protected Health Information that is transmitted by or maintained in "electronic media." Electronic media has the meaning provided at 45 C.F.R. § 160.103.

"**Individual**" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. § 164.502(g).

"**Privacy Rule**" shall mean the Standards of Privacy of Individually Identifiable Health Information set forth at 45 C.F.R. Parts 160 and 164, Subparts A and E.

"Protected Health Information" or **"PHI"** shall have the meaning given to such term in 45 C.F.R. § 160.103 and shall be limited to PHI actually provided by Covered Entity to Business Associate or created, received, or maintained by Business Associate on Covered Entity's behalf.

"Required by Law" shall have the same meaning given to such term in 45 C.F.R. § 160.103.

"Security Standards" shall mean the Security Standards for the Protection of Electronic Protected Health Information set forth at 45 C.F.R. Parts 160 and 164, Subparts A and C.

2. Obligations of Business Associate.

In performing services on behalf of Covered Entity in which Business Associate has access to or use of Covered Entity's PHI, Business Associate acknowledges that it will be acting as a "Business Associate" of Covered Entity. As such, Business Associate agrees:

(a) Not to use or disclose PHI other than as permitted or required by this Addendum or as Required by Law.

(b) To use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Addendum.

(c) To mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Addendum or the HIPAA Privacy Rule.

(d) To report promptly in writing to Covered Entity any use or disclosure of PHI not provided for by this Addendum of which the Business Associate becomes aware.

(e) To ensure that any agent or contractor to whom Business Associate provides PHI agrees to the same restrictions and conditions that apply to Business Associate under this Addendum.

(f) At Covered Entity's written request and cost, to provide Covered Entity with PHI in a Designated Record Set for purposes of providing an Individual with access to their PHI as required by 45 C.F.R. § 164.524.

(g) Upon Covered Entity's written instruction and cost, subject to the provisions of 45 C.F.R. § 164.526, to make amendment(s) to PHI in the possession of Business Associate in a Designated Record Set. Business Associate shall not be liable for making amendments as directed by Covered Entity.

(h) To make its internal practices, books, and records relating to its use and disclosure of PHI available to the Covered Entity or to the Secretary for purposes of the Secretary's determining Covered Entity's compliance with the HIPAA Privacy Rule.

(i) To document such disclosures of PHI and information related to such disclosures, but only to the extent that Covered Entity has provided Business Associate written notice identifying those disclosures for which an accounting would be required under 45 C.F.R. § 164.528 (relating to an Individual's request for an accounting). Covered Entity will inform Business Associate in writing as to the specific types of PHI subject to the accounting obligations under this paragraph. Business

Associate shall have no obligation to perform an accounting as to any PHI other than that indicated in writing from Covered Entity.

(j) With regard to Electronic Protected Health Information, to:

- (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of the Covered Entity as required by the Security Standards;
- (ii) ensure that any agent, including subcontractor, to whom Business Associate provides such information agrees to implement reasonable and appropriate safeguards to protect it;
- (iii) report in writing to the Covered Entity any Security Incident (as defined in the Security Standards) involving the Covered Entity's data of which Business Associate becomes aware within twenty (20) days of the Security Incident.

3. Permitted Uses and Disclosures by Business Associate.

Except as otherwise provided in this Addendum, Business Associate may use or disclose PHI disclosed to it solely to perform the functions for which Covered Entity has contracted. In addition, Business Associate may use or disclose PHI for the following specific purposes:

(a) For the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(b) For Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B);

(c) To report violations of law to appropriate Federal and State authorities, consistent with the Privacy Rule; and

(d) To share statistics derived from PHI with other persons as Permitted by Law, but only to the extent such shared statistics are de-identified pursuant to the Privacy Rule or not otherwise considered PHI.

4. Notice to Business Associate.

The Covered Entity shall make the following written notifications to Business Associate as applicable:

(a) Notice of any limitation(s) in the notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

(b) Notice of any changes in, or revocation of, permission by an Individual to use or disclose PHI maintained by Covered Entity, to the extent that such changes may affect Business Associate's use

or disclosure of PHI. Business Associate shall have no obligation to act upon such change in use or disclosure of PHI absent receipt of such written instruction from Covered Entity.

(c) Notice of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI. Business Associate shall have no obligation to act upon restriction in use or disclosure of PHI absent receipt of such written instruction from Covered Entity.

5. Impermissible Requests by Covered Entity.

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the HIPAA Privacy Rule if done by Covered Entity.

6. Termination for Breach of Privacy Rule or Security Standards.

(a) Upon Business Associate's repeated material breaches of the terms of this Addendum, Covered Entity shall either:

- (1) Provide an opportunity for Business Associate to cure the breach and end the violation, or terminate this Addendum if Business Associate does not cure the breach or end the violation within ninety (90) business days; or
- (2) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary of the Department of Health and Human Services.

(b) Upon termination of this Addendum, in the event that Business Associate reasonably determines that returning to Covered Entity or destroying the PHI used by Business Associate under this Addendum is infeasible, Business Associate shall provide notification to Covered Entity of the conditions that make return or destruction infeasible, and Business Associate agrees to continue to maintain the PHI in a manner consistent with this Addendum.

7. Miscellaneous.

(a) **Survival.** The obligations of Business Associate under this Addendum to protect and safeguard PHI in compliance with HIPAA shall survive the termination of this Addendum. A reference in this Addendum to a section in the HIPAA Privacy Rule or Security Standards means those sections as in effect or as amended. The Parties agree to take such action as is necessary to amend this Addendum from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and Security Standards. The Parties further agree that this Addendum may only be amended upon written consent by both Parties. Any ambiguity in this Addendum shall be resolved to permit compliance with the Privacy Rule and the Security Standards as applicable.

(b) **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

(c) **Notices.** Any notice by any Party to the other will be in writing and will be delivered using the same procedure for delivery of notices as set forth in Section 12.3 of the Agreement.

(d) **Applicable Law.** This Addendum will be deemed to have been made and entered into in and will be interpreted in accordance with the laws of the State of Nevada, consistent with Section 12.1 of the Agreement.

(e) **Entire Addendum.** This Addendum contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in writing signed by both Parties. All continuing covenants, duties, and obligations contained herein will survive the expiration or termination of this Addendum.

(f) **Severability.** The provisions of this Addendum are severable. If any provision is determined to be invalid, illegal, or unenforceable, in whole or in part, the remaining provisions and any partially enforceable provisions shall remain in full force and effect.

(g) **Attorneys' Fees.** In the event of litigation relating to this Addendum, the prevailing party shall be entitled to recover attorneys' fees and costs of litigation in addition to all other remedies available at law or in equity.

IN WITNESS WHEREOF, the Parties hereto have duly executed this Addendum as of the Addendum Effective Date.

COVERED ENTITY:

MODOC MEDICAL CENTER

By: _____

Name: _____

Title: _____

Date: _____

BUSINESS ASSOCIATE:

ROWAN CARDIOLOGY

By: _____

Name: Christopher L. Rowan, M.D.

Title: Manager

Date: May 7, 2026

EXHIBIT B

BILLING MATRIX

The following matrix summarizes the allocation of billing rights between Provider and Hospital under this Agreement:

Service	Billing Party	Notes
Outreach Day Per Diem	Hospital pays Provider	$10,000/day (Base Days); $1,500/day (Additional Days)
Per-Patient Add-On	Hospital pays Provider	$200 per documented patient encounter
Startup/Onboarding Fee	Hospital pays Provider	$20,000 one-time
On-site EKGs	Hospital	Facility and technical fees retained by Hospital
On-site Echocardiograms	Hospital	Facility and technical fees retained by Hospital
On-site Stress Tests	Hospital	Facility and technical fees retained by Hospital
Other On-site Diagnostic Testing	Hospital	Facility and technical fees retained by Hospital
Heart Monitors (Ambulatory/Event/MCOT)	Provider	Full global billing retained by Provider
Ankle-Brachial Index (ABI) Testing (CPT 93922, 93923)	Provider	When performed at Provider's clinic
Remote Pacemaker/ICD Monitoring (CPT 93294-93296)	Provider	Full professional and technical billing
Remote ILR/ICM Monitoring (CPT 93298 and related)	Provider	Full professional and technical billing
ILR/ICM Placement (CPT 33285)	Provider	When performed at Provider's facility