AGENDA

LAST FRONTIER HEALTHCARE DISTRICT

BOARD OF DIRECTORS

Thursday, June 25 2026, 3:30 pm
City Council Chambers; Alturas, California

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

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

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

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

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

4. VERBAL REPORTS

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

5. DISCUSSION

A.) K. Kramer – Sierra Health Collaborative
B.) D. King – Tax Appeals Finalized — **Attachment A**

REGULAR SESSION

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

A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – May 28, 2026, — **Attachment B**
B.) T. Ryan - Medical Staff Committee Meeting Minutes – May 27, 2026 — **Attachment C**
- **Medical Staff Committee Meeting Minutes – April 29, 2026**
- **Infection Control Meeting Minutes – 4/23/2026**
- **Patient Safety/Lifting Committee Meeting Minutes – 5/20/26**
- **Pathology Report – 2/5/26 and 3/1/26**

C.) E. Johnson – Policy and Procedures — **Attachment D**

SKILLED NURSING FACILITIES
6580.26 Inter-Facility Room Changes
6580.26 Admission to the Skilled Nursing Facilities
6580.26 Interdisciplinary Process
6580.26 Inventory of Personal Effects
6580.26 Orientation of Resident to Facility
6580.26 Photography and Videotaping
6580.26 Physician Notification
6580.26 Physician Order for Life-sustaining Treatment (POLST)
6580.26 Physician Services
6580.26 Resident Capacity and Determination
6580.26 Resident Rights-Informed Consent
6580.26 Restraint Reduction Program
6580.26 Wanderer Management Protocol

EMERGENCY DEPARTMENT
7010.26 Alteplase Protocol for Acute Brain Ischemic Stroke
7010.26 Burn Patient Standard of Care
7010.26 Consent-Informed and Implied
7010.26 Legal Evidence Chain of Custody
7010.26 Managing Emergency Department Excess Volume

SURGERY/OPERATING ROOM
7420.26 Gross Specimens

DIETARY ACUTE
8345.26 Available Diets
8345.26 Cleaning Instructions for Cloths, Pads, Mops and Buckets
8345.26 Nutritional Screening Assessment

FACILITIES/EOC
8460.26 Hazardous Material Spills
8460.26 Preventative Maintenance-Electrical Distribution System Generator
8460.26 Utilities Management Identified Problems
8460.26 Wall Hangings

IT DEPARTMENT
8480.26 Acceptable Encryption Policy
8480.26 Email Retention Policy
8480.26 Mobile Computing and Storage Policy
8480.26 Wireless Communication

7.CONSIDERATION/ACTION

A.)	E. Johnson – Departmental Manuals	Attachment E
B.)	J. Lin – May 2026 LFHD Financial Statement *(unaudited)*	Attachment F
C.)	C. Channel – Capstone Advantage Employee Benefit Program	Attachment G
D.)	K. Kramer – Laparoscopic Surgeon Contract	Attachment H
E.)	K. Kramer – Laparoscopic Surgeon Contract	Attachment I
F.)	K. Kramer - Strategic Plan	Attachment J
G.)	J. Lin – FYE 2027 Budget	Attachment K
H.)	A. Willoughby – Large Account Write Off	Attachment L

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –May 27, 2026, (Per Evidence Code 1157) — **Attachment M**

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –April 29, 2026**

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –May 27, 2026 (Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – April 29, 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 June 19, 2026.**

ATTACHMENT A

Tax Appeals Finalized

APN to Apply Tax	APN(s) to be Removed	Appealed APN Rejected*	Refund	Check Amount
		001-084-009-000 *Individual only has one property - confirmed with Tax Collectors Office.*	NA	NA
013-094-022-000	013-094-014-000		$195.00	$195.00
022-030-037-000	022-030-019-000		$195.00	$195.00
017-452-003-000	017-452-004-000		$195.00	$195.00
003-223-005-000	003-076-003-000 002-043-014-000		$195.00 $195.00	$390.00
013-185-017-000	040-033-005-000 039-121-003-000 039-272-003-000		$195.00 $195.00 $195.00	$585.00
013-179-017-000	041-741-007-000 038-041-017-000 036-262-001-000 041-644-004-000 041-023-002-000 035-094-004-000 041-441-032-000		$195.00 $195.00 $195.00 $195.00 $195.00 $195.00 $195.00	$1,365.00
				$2,925.00

ATTACHMENT B

Adoption of LFHD Board of Directors Regular Meeting Minutes

May 28, 2026

REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, May 28, 2026, at 3:30 pm

City Council Chambers; Alturas City Hall; Alturas, California

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

CALL TO ORDER

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

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

2. AGENDA – Additions/Deletions to the Agenda

Carol Madison moved that the agenda be approved as presented. **Keith Weber seconded**, and the motion carried with all present voting "aye."

3. PUBLIC COMMENT

There was no public comment.

4. VERBAL REPORTS

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

Provider Recruitment

- Continuing recruitment efforts for multiple provider positions.
- Interviewed a Family Nurse Practitioner (FNP) candidate for the Skilled Nursing Facility; site visit pending.

Security Incident

- Mox5 continues reviewing files obtained during the cybersecurity incident.

Cost-Based Ambulance Services

- Project remains in progress.
- Additional discussions planned with legal counsel, Modoc County, and NorCal regarding resolution language concerns.

USDA ERHC Grant

- USDA committed approximately $850,000 in funding.
- Remaining funding expected upon completion of the hospital generator project.

Geothermal Grant

- Site Host Agreement under development with the School District.
- First Technical Advisory Committee meeting scheduled.
- SHN nearing completion of design specifications and bid documents for well and piping infrastructure.

Wage Analysis

- Regional wage data collection completed.
- Administration beginning analysis of employee classifications and potential wage adjustments.
- Any increases requiring Board approval will be presented accordingly.

DRAFT

Strategic Plan

- Draft strategic plan for the upcoming year is being finalized.
- Expected to be presented for Board review and approval at the next meeting.

Fiscal Year Budget

- Department budget meetings are underway.
- Draft budget anticipated for presentation at the next Board meeting.

Rural Health Transformation Funds

- Regional partners are evaluating several collaborative initiatives, including:
  - Shared MRI services
  - Specialty telemedicine partnerships
  - Robotic surgery technology
  - Primary care telemedicine expansion
  - Artificial intelligence implementation
  - Home Health and Hospice partnership opportunities

Laparoscopic Surgery Services

- Draft contracts are under review.
- Anticipated presentation to the Board at the next meeting.

Capstone Advantage Employee Benefit Program

- Proposed Section 125 pre-tax benefit program would provide additional employee benefits while reducing payroll tax expenses.
- Discussion deferred due to agenda omission; Board direction requested regarding special meeting versus next regular meeting.

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

Skilled Nursing Facility (SNF)

- Maintained a 5-Star CMS Rating.
- Reported 7 resident falls during April.
- Established an Ad Hoc committee to review fall incidents and implement corrective actions, including:
  - Monthly inspection of wheelchair brakes.
  - Staff education on bed and chair alarm response expectations.
  - Review and management of resident behaviors contributing to falls.
- Effectiveness of interventions will be evaluated after 30 days.

Warnerview

- Current census: 18 residents.

Mountain View

- Current census: 47 residents.

Pharmacy

- Hosted a pharmacist candidate for a site visit; administration anticipates extending an offer.
- One Retail Pharmacy Manager candidate has accepted a position; another candidate remains under consideration.
- Implemented a refrigerator/freezer temperature monitoring system in the pharmacy.
- Plans are underway to expand monitoring throughout the organization, including the Lab, Clinic, Acute Care Kitchen, and Mountain View Kitchen.

Physical Therapy

- Added two traveling Physical Therapists to supplement staffing needs.

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

Permanent/Travel Staff

- We currently have 322 total staff
- We have a total of 27 travelers, both Acute and SNF.
- New hires 4 started in May.
- 7 job offers in May.

Compliance

- Performance Evaluations 82% compliant
- TB 93% complaint
- Physicals 95% compliant

Healthcare Minimum Wage

DRAFT

- June 1st, all staff will see a 3.5% increase to their wage.

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

Revenue Cycle

- April financial performance exceeded expectations and was among the strongest months in hospital history:
  - Cash collections totaled $3.6 million (second highest on record).
  - Average Daily Revenue reached $177,000 (highest on record).
  - Total revenue was $5.3 million (second highest on record).
  - Accounts Receivable (AR) Days closed at 56.83 (second lowest on record).
  - AR balance was reduced by $779,000, representing the fourth-largest monthly reduction achieved.
- May cash collections are currently at $2.9 million and are projected to exceed $3 million by month-end, with other key metrics tracking favorably.
- Sheriff's Office Accounts Receivable balance remains at approximately $512,000; administration will meet with the Sheriff's Financial Manager to discuss outstanding balances.

Clinics

- Clinic Expansion Project officially launched with the first committee meeting completed.
- Feedback from stakeholders has been provided to the architectural team.
- Additional planning is underway to incorporate space for an outpatient behavioral health program, including three offices and a conference room.
- In Canby, provider coverage remains stable:
  - Haley Kielbas, PA, extended through the end of August.
  - Dr. Fernandes also extended services.
  - Administration remains hopeful for long-term provider retention.
- Mobile Mammography Event scheduled for June 6, 2026, in conjunction with the community Health Fair.
- Event returns following strong community participation and success in the prior year.

Maintenance

- No significant updates regarding the Highway 299 streetlight project.

Information Technology

- Implementation of the MXDR cybersecurity service with Beazley Security has officially begun.
- Project is progressing well and provides enhanced cybersecurity protections for the organization.

F.) Board Member Reports

- **Carol Madison** – Nothing to report.
- **Paul Dolby –** Nothing to report.
- **Mike Mason –** Nothing to report.
- **Rose Boulade –** Attended Finance Committee Meeting.
- **Keith Weber –** Attended Finance Committee Meeting.

5. DISSCUSSION

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

- Rose informed the Board that Keith Weber submitted his resignation from the Board.
- Keith thanked the Board and staff for the opportunity to serve, stating he appreciated the experience but felt it was time to move on.
- The Board acknowledged and thanked Keith for his service and contributions.
- Kevin provided several potential candidate names for consideration to fill the vacant Board position.

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,

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

- **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**

DRAFT

- **Pathology Report – No Report**

C.) E. Johnson – Policy and Procedures

Carol Madison moved that the Consent Agenda be approved, **Mike Mason** 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**, **Carol Madison** seconded, and the motion carried with all voting "aye."

B.) K. Kramer – April 2026 LFHD Financial Statement *(unaudited)*

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

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

C.) K. Kramer – Cardiology Group Contract

Kevin Kramer, CEO, presented the Professional Services Agreement with Rowan Cardiology to provide non-invasive cardiology outreach services at Modoc Medical Center. The agreement would expand access to specialty cardiology care through scheduled outreach clinics, diagnostic testing interpretation, and physician oversight services. Kevin reviewed the proposed compensation structure, contract terms, and compliance requirements, noting that the partnership would help improve local access to cardiology services for patients in Modoc County and the surrounding region.

Mike Mason moved to accept the **Cardiology Group Contract** as presented, **Keith Weber seconded**, and the motion carried with all present voting "aye."

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

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 4:10 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Rose Boulade, Chair**, at 4:10 pm.

7. 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.**

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:

- **Reza Kafi, MD** – Recommends reappointment of Allied Health status/privileges in the Family Practice category.
- **Yohan Perera, MD** – Recommends reappointment of Limited Active privileges in the Emergency Medicine category.

The Executive Session of the Board of Directors was adjourned at 4:20 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Rose Boulade, Chair**, at 4:20 pm.

DRAFT

8. 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.**

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

11.) MOTION TO ADJOURN

Carol Madison moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 4:20 pm**, Mike Mason** seconded, and the motion carried with all present voting "aye."

The next meeting of the Last Frontier Healthcare District's Board of Directors will be held on June 25, 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

DRAFT

ATTACHMENT C

Medical Staff Committee Meeting Minutes

May 27, 2026

DATE: JUNE 25, 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 May 27, 2026, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee Meeting Minutes – April 29, 2026

B. COMMITTEE REPORTS

1. Infection Control Committee Meeting Minutes – 04/23/2026
2. Patient Safety/Safe Lifting Committee Meeting Minutes – 05/20/2026

C. PATHOLOGY REPORT – 02/05/2026 & 03/01/2026

MEDICAL STAFF COMMITTEE MEETING
April 29, 2026 – Education Building
MINUTES

In Attendance

Lisanne Burkholder, MD Chief Medical Officer
Edward Richert, MD Vice Chief Medical Officer
Landin Hagge, DO
Kevin Kramer- CEO
Ed Johnson- CNO
Alicia Doss- Risk Management
Brandy Morris-Wright- MSC/H.I.M
Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1240 by Dr. Burkholder, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following Minutes were reviewed: A. Medical Staff Committee Meeting of March 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. ER Committee Meeting Minutes, 03/26/2026. B. OP Infusion Committee Meeting Minutes, 04/14/2026. C. Surgery Committee Meeting Minutes, 04/14/2026.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	No Pathology Report.	
IV. CHIEF MEDICAL OFFICER REPORT	Currently, following Chronic Disease Management, we had a lecture in one of our recent Provider meetings to encourage our Providers to pay attention to heart failure at every visit. The Providers have set a goal that they would pay attention at least 60% of the time and put it in their documentation that if the patient has heart failure, to try to increase the number of patients on the	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	number of recommended medications. My preliminary review of 6 of our Providers for April has shown definite improvement in what we've been looking at after that conversation. We didn't just have a talk in October, but in January and I also gave Providers specific information about all their heart failure patients and who needed extra medications and extra testing, so it was sort of like an intervention for them. In October, I was tracking if the Providers were even mentioning heart failure in their visits and 62% of the time, they were. Now, we are up to 86%, which is a big improvement. This data reported is from over a total of 116 visits with 6 Providers and a total of 57 patients at that time. I was also tracking if the Providers were mentioning the 4 drugs that these patients could be on called guideline directed medical therapy and they were only doing that 28% of the time. However, after our intervention, the Providers are now doing it 50% of the time, almost 100% improvement over the span of 9 months. I was looking at if the Providers were mentioning what type of heart failure these patients have since there are 2 major types and the treatment is slightly different for the 2 and that went up from 57% to 78%. To document that, the Providers must pay attention to the last time their patient had an echo. and whether the echo. was updated and they were only doing that 38% of the time, but now it is up to 59% of the time. The Provider's goal was to be up to 60% of all those markers, so we are very close to the 59% marker. I was hoping to get to diabetes and tracking information on that, but our Provider meetings have been so busy with other things, so that will be in the works soon. Too, we are working on our HCAHPS project, but Alicia is going to discuss that further. We also have transitioned to using AI scribes. We have a few early adapters who are happy with it. Just 2 days ago I was contacted by a colleague at Tahoe Forest who is putting in for a rural health transformation grant and they wanted me to be a consultant on the next generation of how to use AI in the Clinic so that is very exciting. Overall, this is a work in progress and more information to come.	
V. EMERGENCY ROOM	Nothing to Report.	

SUBJECT	DISCUSSION	ACTION
REPORT		
VI. CEO REPORT	Currently, we have a security incident update. We have a company, MOXFIVE, that has been engaged and they're going through the 390,000 plus files and they'll ultimately generate a spreadsheet that has a list of names of people whose information was captured by the threat actors. After that is done, then we'll provide notice to all those people that they identify whose information is out there and will provide credit fraud protection at the same time and then we'll go straight into settlement. What is likely going to happen is this is going to be a class action lawsuit based on the number of people on that list. Also, we are still looking at a cost-based ambulance service with Surprise Valley Healthcare District. We recently had a meeting with Chester, with the county, and NorCal, which is the local EMS authority and so far, Chester is on board, but NorCal is a bit hesitant because they feel like it is similar to an exclusive operating area and is panicked with the language and the resolution so the next step is NorCal is going to get the resolution language to their attorney and we are going to see if we can tweak that to get them less panicked and more comfortable with it to see if we still have a path moving forward. More to come on that. At the moment, I am working on 2 grants. I have submitted a partial payment request to the USDA on the ERHC grant which was a one-million-dollar grant that we obtained with the construction of the new SNF for some of the equipment, HVAC systems, generators,, etc. so I am going to ask them for $750,000, I believe we will get the other $250,000 when the Hospital generator is installed. The second grant is a $1.5 million dollar grant from the California Energy Commission to do some work on the school's geothermal system and so that has fired off and is full force, demanding a lot of time right now too. Other than that, Alicia and I are going to switch gears on the DHCS QIP, we've been doing tobacco and clinical depression screenings. This is to still be done because it is good care, but we are going to transition to a bit simpler indicators to track on our end and right now it looks like we are going to track breast cancer and maybe cervical cancer screenings. More to come on that as well.	Report at next meeting

SUBJECT	DISCUSSION	ACTION
VII. CNO/SNF REPORT	Currently, I have a couple of changes. One, we are closing the Mountain View lobby once visiting hours are over at 8:00 PM. We did recently have a resident get to the parking lot. It was a quick response to get her as the wander guard goes off when they go through the door, but the minute or so it took for somebody to get there, the resident was already out the door. Also, we did have a bunch of falls in March. With that said, we have been addressing what the issue was and making some changes. That being, we addressed locks on the wheelchairs, wheelchair wheels, bed and chair alarms, resident behaviors, and just answer the bells if you hear it. So hopefully we see a decrease in falls. We did have a resident that was getting himself up to the bathroom or taking a shower so, we had to lock his bathroom door, and he must let us know when he wants to get in there. Additionally, we ensured every door has a key on the top of their bathroom door, so that is working. Lastly, Cordelia's 100th birthday is tomorrow so we will be celebrating that.	Report at next meeting
VIII. PHARMACY REPORT	Absent.	
IX. RISK MANAGEMENT REPORT (ALICIA DOSS)	Currently, Partnership QIPS, I am not sure if everybody knows that we were supposed to move from a modified QIPS to an all-encompassing. However, we could not do that because we only earned 45% of the available incentive in 2025 so, we must get 50% to move off the enhanced provider engagement. That being, we must pick 4 indicators to focus on and submit a comprehensive performance plan for each of the 4 indicators by tomorrow. John and Julie are working on that since they're the ones that with the Providers are going to be working on it. Another thing that must be done is they have to participate in regular meetings with our QIPS liaison, Candace which we already do. The partnership indicators we have chosen are breast cancer screenings, colorectal cancer screenings, retinal eye exams, and lead screenings. We may take one of those off to report on and do a comprehensive plan, is the well child 15 to 30 because we have pretty much made the mark on that one. Overall, the goal is to pick 4 that we know we can work on, but neither Clinic manager has	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	told their staff that we are still in modified QIPS, so they are still presenting to their staff that it is all of them. For the PI plan to make sure that we can get to 50%, they are sort of taking the easy route. That being, a couple of these are challenging, but once we can get off the modified, then it'll be fine. The goal is to get off modified by 2027. John and Julie are working heavy on that and have currently made it a goal to bring it up at every Provider meeting. Too, making sure this comes up in their morning and afternoon huddles as well. I have offered and continue to offer attending these meetings to present data if I need to. On HCAHPS, there are 3 questions related to medications on the HCAHPS survey. It is numbers 15, 16, and 17. The first one is, "During this Hospital stay, were you given any medicines that you had not taken?" If the answer is no, then you skip down to question 18, but if the answer is yes, you go to question 16, "Before giving you any medicine, how often did Hospital staff tell you what the medicine was for?" and the answers to choose from are, "Never", "Sometimes", "Usually", and "Always". The last question is, "Before giving you any new medicine, how often did Hospital staff describe possible side effects in a way that you could understand?" Again, the answers to choose from are, "Never", "Sometimes", "Usually", and "Always". Like Dr. Burkholder stated, we have gotten some good numbers. We started out at baselines from October to January. Of course, there are some improvements in those numbers. Like always, we do not give out the HCAHPS survey to anybody under the age of 18 or given to anybody that goes to long term care. Every month at the beginning of the month, I've pulled a report of all admits and discharges and I filter that down by who was discharged, where they were discharged and so on and I send that data to RMS.	
NEW BUSINESS X. POLICY REVIEW & APPROVAL	The following New Business was presented for review/approval: 1. Updated Policies, April 2026 (6)	After review and discussion, a recommendation was made to implement the Updated Policies (6) presented April 2026. The recommendations were ratified by motion, second, and vote. Recommendations will be forwarded to the Governing

SUBJECT	DISCUSSION	ACTION
		Board for final approval.
XI. ADJOURNMENT	The meeting was adjourned at 1330.	

05/27/2026

Edward Richert, MD Vice Chief Medical Officer — Date

MINUTES

INFECTION CONTROL COMMITTEE MEETING

04/23/2026 12:00-1:00 pm
Modoc Medical Center – 1111 N. Nagle Street
Education Conference Room; Alturas, California

Present
- Walter Dimarucut
- Suzanne Johnson
- Ed Johnson
- Amber Vucina
- Sandra Brown
- Judy Jacoby
- Michael Appletoft
- Edward Richert, M.D.
- Jeremy Murray
- Shannon King
- Megan Hays
- Jon Crnkovic

Absent:
- Tim Reynolds
- Susan Saueheber
- Delinda Gover-Perez
- Marty Shaffer
- Raven Sparks
- Lisanne Burkholder, M.D.
- Edward Richert, M.D.
- Alicia Doss

Subject	Discussion	Attachment
1. **Call to Order** – The meeting was called to order by Judy Jacoby at 12:03 pm in the Education Conference Room.		
2. **Agenda Approval**	• See attached Agenda	All present approved the presented Agenda.
3. **Minutes**	• No Prior Minutes to Review/attach	
4. **New Business**		
A.	• **Agenda items and analysis**	**Attached**
B.	• **SNF'S 4nd quarter IC report**	**Attached**
C.	• Topic review: Review of Strategic Goals, current and accomplished in 2025-2026 • **Discussion of current lab results**	

Subject	Discussion	Attachment
	• **Exposure exams, Clinic will have a provider of the day with a built-in back up.** • **SUZANNE-SNF report (attached)** • **Next Month we will add Wound Care, Instructors Gonzo/Peter, Juanita for Education** • **New Agenda Form with all previous and additions reporting categories/departments above will be used.**	
7. Adjournment	The next Infection Control Committee Meeting will from 7/23/2026 from 12:00 to 1:00 p.m., in the Education Conf. Room.	

AGENDA

PATIENT SAFETY/SAFE LIFTING COMMITTEE MEETING

Wednesday, 5/20/2026 at 1:00 pm
Modoc Medical Center
Education Room Alturas, California

Subject	Discussion	Attachment
1. **Call to Order**		
2. **Agenda Approval**	Jay Dunn approved Agenda Items	All present approved the presented Agenda.
3. **Minutes**	• 03/2026 Minutes	See attached
4. **Old Business**		
	• **See attached Minutes for Old Business** • Good Catch Award • Increased falls at Mt. View	**See attached**
5. **New Business**		
	• No new business to present • Jay said falls have declined, only one to report • Open the floor up to comment	
6. **Roundtable**		
7. **Adjournment**	**The next Patient Safety/Safe Lifting Committee Meeting will be Wednesday, July 15, 2026 @ 1:00 p.m., in the Education Conf. Room.**	

MINUTES

PATIENT SAFETY/SAFE LIFTING COMMITTEE MEETING

5/20/2026 at 1:00 p.m.
Modoc Medical Center – 1111 N. Nagle Street
Education Room, Alturas, California

Present:
- Jay Dunn, Chair
- Ed Johnson, CNO
- Sandra Brown, Admin to CNO
- Megan Hays, DNO
- Amber Vucina, Chief HR Officer
- John Crnkovic, Manager Alturas Clinic
- Judy Jacoby, IC Nurse

Absent:
- Julie Carrillo, Manager Canby Clinic
- Susan Sauerheber, ER Nurse Manager
- San Juanita Wagner, Staff Development
- Megan Morris-Wright, EMS Director
- CeCe Toaetolu, SNF-Nurse Manager

Subject	Discussion	Attachment
1. **Call to Order –** The meeting was called to order by Jay Dunn at 1:03 pm in the Education Room.		
2. **Agenda Approval**	• Jay Dunn approved Agenda items	All present-approved
3. **Minutes**	• 3/2026	Attached-Approved
4. Old Business	• See attached Minutes	Attached
5. CARE FUNDS	• 4,700 assigned, must be submitted by 6/30 • Shower chair already purchased may be submitted for Care Funds (Amber to circulate emails about selection of items to submit)	
6. New Business		
A.	• **Number of falls has declined since last meeting. Only one to report**	
B.	• **Good Catch Award e-mail re-sent to entire staff**	
Roundtable:		

Subject	Discussion	Attachment
7. Adjournment	The next Meeting will be 7/15/2026 @ 1:00 at Education Conference Room.	

PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 2/5/2026

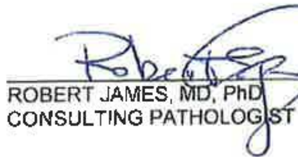
During the pathology on-site visit, I spent approximately 6 - 6 ½ hours in the Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I signed the previous month's dictation. Because of the issue with the computer server, it was not possible to correlate the pathology reports with the final diagnosis. These will be made available on the next visit in March.
During the march visit I reviewed 16 surgical pathology reports, 4 mortality reports and 2 blood transfusion reports and compared them with their clinical history's. There were no issues identified in these reports.

While in the laboratory, I spoke with Walter about the possibility of expanding our drug testing and perhaps doing it in-house or serving as a draw center and sending samples to LabCorp. This is being investigated by Shannon and Walter as it is a test that is helpful to the hospital and community. We also discussed the new Cepheid gene expert technology which will be introduced to the laboratory. This technology will allow for quicker and more precise identification of certain infectious agents and confirm our present testing technology. We discussed staffing and everything is extremely stable and regarding staffing in the laboratory concerning the CLS's and Phlebotomy. I also examined the QC charts for the XN-550 quality control information. The UA Quantrel dipstick / immune stick 10SG quality control the Clinitic instrument for levels 1 and 2. The Semiens clinitic status maintenances log. Ther Alcor group coordinator report for the Minni SED – 291. American proficiency Institute (API) 2026 chemistry core 1st event kit 1 results. The Beta hydroxy validation on the vitros, machinery. The American Proficiency Institute (API) proficiency testing report for 2025 immunology / immunohematology 3rd event. The updated XN-50 complete blood count and parameter S- cold blood automated CBC. The American Proficiency Institute (API) proficiency testing performance evaluation for 2025 microbiology 3rd event. The validations of the Cepheid gene expert validation 2025 for the following organisms;
1. Streptococcus A
2. Yest Trichomonas vaginalis Gardnerella
3. Chlamydia Trichomonas Neisseria Gonorrhoeae
4. Mrsa (methicillin – resistant staphylococcus aureus)
5. Covid Flu RSV

I Spoke with Dr. Monaco and he stated there are no issues with the laboratory.

I spoke with Kevin Kramer. We discussed bringing the drug testing in-house as it would meet the needs of the community. I spoke with Walter and Shannon about this, and they are looking into how other hospitals use the chain of evidence and which sample they draw for which drugs. We discussed Levi being brought on as a permanent employee and how his knowledge is very well appreciated and is used by his colleagues in the laboratory.



ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

4/30/26
Date

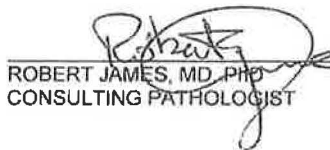
PATHOLOGIST ON-SITE VISIT REPORT
DATE OF VISIT: 3/1/2026

During the pathology on-site visit, I spent approximately 6-61/2 hours in the Laboratory, Medical Records, and at Canby Clinic.

While in medical records, I reviewed 4 surgical path reports and compared them with the clinical histories, 2 mortality reports and 1 transfusion for the month of January. There were no issues identified in any of these reports. I also reviewed 7 surgical path reports and compared them with the clinical histories. There were 1 mortality report and 2 blood transfusion reports. There were no issues with 6 of the reports, however one of the biopsy reports had an issue that is being investigated and reported on the next visit.

While in the laboratory, I spoke with Walter concerning the laboratory and he indicated there were no issues since my last visit. I reviewed a pulmonary blood blank report on a patient with a cold antibody. The American Proficiency Institute (API) performance review in corrective actions documentation for 2026 chemistry core 1st event, American proficiency Institute (API) microbiology 1st event (kit 1). The new QC lot verification worksheet for diabetes level 1. The description on the blood bank workup for a patient with a diagnosis of Lewis antibody which needed a transfusion.

I attempted to speak with the ER doctor a few time, but he was busy with patient, I did however speak with the ER staff and they feel everything has been going good concerning the laboratory and supporting the ER.



ROBERT JAMES, MD, PhD
CONSULTING PATHOLOGIST

4/29/26
Date

ATTACHMENT D

Policy and Procedures

MEMORANDUM

DATE: 6/25/2026
TO: Last Frontier Healthcare District Board of Directors
FROM: Policy Committee
SUBJECT: **Review of Departmental Policies and Yearly Memo/Signature Page**

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

Review of Departmental Policies (see attached):

SKILLED NURSING FACILITIES

6580.26 Inter-Facility Room Changes
6580.26 Admission to the Skilled Nursing Facilities
6580.26 Interdisciplinary Process
6580.26 Inventory of Personal Effects
6580.26 Orientation of Resident to Facility
6580.26 Photography and Videotaping
6580.26 Physician Notification
6580.26 Physician Order for Life-sustaining Treatment (POLST)
6580.26 Physician Services
6580.26 Resident Capacity and Determination
6580.26 Resident Rights-Informed Consent
6580.26 Restraint Reduction Program
6580.26 Wanderer Management Protocol

EMERGENCY DEPARTMENT

7010.26 Alteplase Protocol for Acute Brain Ischemic Stroke
7010.26 Burn Patient Standard of Care
7010.26 Consent-Informed and Implied
7010.26 Legal Evidence Chain of Custody
7010.26 Managing Emergency Department Excess Volume

SURGERY/OPERATING ROOM

7420.26 Gross Specimens

DIETARY ACUTE

8345.26 Available Diets
8345.26 Cleaning Instructions for Cloths, Pads, Mops and Buckets
8345.26 Nutritional Screening Assessment

FACILITIES/EOC

8460.26 Hazardous Material Spills
8460.26 Preventative Maintenance-Electrical Distribution System Generator
8460.26 Utilities Management Identified Problems
8460.26 Wall Hangings

IT DEPARTMENT

8480.26 Acceptable Encryption Policy
8480.26 Email Retention Policy
8480.26 Mobile Computing and Storage Policy
8480.26 Wireless Communication

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

FACILITIES/EOC

Memorandum
Annual Review Signature Page

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

Thank you for your time and attention to the above.

Respectfully submitted:

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

SKILLED NURSING FACILITIES

REFERENCE #	6580.26	EFFECTIVE 1993
SUBJECT:	6580.26 INTER-FACILITY ROOM CHANGES	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

PURPOSE

The purpose of this policy is to have policies and procedures in place ~~in order to~~to facilitate room changes of Skilled Nursing Facility (SNF) residents within the facility.

AUDIENCE:

Department wide

TERMS AND DEFINITIONS

None

POLICY

It is the policy of Warnerview and Mountain View SNF's~~Skilled Nursing Facilitiesy~~ that all staff will be knowledgeable and abide by the policy and procedure when transferring a SNF resident from one room to another.

PROCEDURE

- Inter-facility room transfers will occur in a safe and comfortable ~~manner~~manner, and the resident's physical, ~~psychological~~psychological, and social needs will be considered during the ~~decision-making~~decision-making process.
- Residents and/or their families/legal representative will be notified of necessary room changes as soon as possible and will be involved in the decision making as they are able. Whenever ~~possible~~possible, the resident and/or family/legal representative will be given a three (3) day notice prior to an anticipated room change. This notice will include the reasons for the move, anticipated ~~advantages~~advantages, and potential disadvantages. The content of this discussion will be documented in the medical record.
- In the case of conflict either with the resident or their family/legal representative or on the part of the nursing staff, nursing administration is authorized to make the final decision regarding room changes.
- Ensure that the resident is oriented to his/her new room, surroundings and roommate if applicable. An introduction to the resident's new room and other occupants ~~new roommate (s)~~ prior to the actual move is desirable.
- Any move that is potentially stressful for the resident or his family/legal representative will be recorded on the care plan. ~~with the~~ The resident's reaction to the move will also ~~to~~ be documented ~~noted~~ in the resident's medical record.
- The facility staff will make every effort to make room changes only when acceptable to residents and/or their families/legal representative.

REFERENCE #	6580.26	EFFECTIVE 1993
SUBJECT:	6580.26 INTER-FACILITY ROOM CHANGES	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

- Facility staff -and-will consider all requests from residents/family members/legal representative for room changes and act on requests as soon as reasonably possible.
- Other facility departments will be notified of the room change including but not limited to the business office, dietary, and activities/social services departments.

REFERENCES

None

ATTACHMENTS

None

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REFERENCE #	6580.26	EFFECTIVE 1992
SUBJECT:	6580.26 ADMISSION TO THE SKILLED NURSING FACILITIES	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED05/01/2026

PURPOSE:

The purpose of this policy is to provide guidelines for the admission of a resident to the Skilled Nursing Facilities (SNF).

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None

POLICY:

It is the policy of Warnerview and Mountain View that all residents are admitted to the SNF service on the recommendation of a qualified licensed physician without regard to race, color, national origin, handicap or age. Each resident must be under the supervision of a physician who accepts responsibility for his/her medical care. Each resident will be ~~assigned~~assigned to a physician on admission. Residents have the right to choose a personal physician; the physician, however, is not required to honor the request. The resident's attending physician must have admitting privileges and be a member of the medical staff who are in good standing.

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~~Each resident may choose his/her own physician whose name, address, and phone number, and that of his/her alternate, will be recorded. Similar information will be recorded, when applicable, for the resident's dentist, pharmacy of choice, optometrist, and others as necessary to care for the resident's needs.~~

PROCEDURE:

The following information shall be presented on admission of the resident and/or within forty-eight (48) hours after admission:

- Current written physician's orders and physical exam. If immediate orders are not available from the resident's physician or his/her alternate, the physician responsible for emergency care will give temporary orders.

- The physician will include orders for medication (for a specified number of days/doses and/or standing orders for a maximum of thirty (30) days until reordered in writing); treatments limited to the above, restorative services, diet, special procedures for health and safety of the resident, and other plans for continuing care will be obtained.

- The physician verification form which includes information on the mental capacity of the resident, information given regarding prognosis/diagnosis, rehabilitation potential, ability to participate in the plan of care as well as documentation of routine orders.

- Summary of hospital treatment if applicable. A transfer summary sheet will accompany each resident transferred from an acute facility. The attending physician will be notified immediately of the resident's arrival at the facility.

When a request is made for SNF admission after hours, the SNF admission coordinator or designee must be contacted for approval. The attending physician may be asked to consider admission of the resident to acute care or observation status to ensure that the resident is appropriate for SNF admit.

When a resident is admitted from home, the attending physician will discuss the need for the admission with the SNF admissions coordinator or designee. She/he will document the potential resident's current condition on an inquiry form. Information obtained will include reason for admission, diagnosis, disabilities, ADL information, special appliances, behavior, locomotion, medication, and communication status.

When a resident is admitted from another acute care or rehabilitation facility, an inquiry form will be completed, history and physical and other information will be obtained from the transferring facility and an admitting physician obtained prior to agreeing to the transfer.

- Upon admission, if requested by the resident or responsible party, the facility will accept the responsibility of acting as the custodian of monies of less than $50.00 placed with it by the resident. The facility will accept the responsibility of custodian of monies greater than $50.00 only upon written request of the resident or legal representative. The facility is required to place these funds in an interest-bearing account.

- It is against facility policy to require a third-party guarantee of payment to the facility as a condition of admission or expedited admission or continued stay in the facility, however, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.

- It is against facility policy to charge, solicit, accept or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation or other consideration as a precondition of admission, expedited admission or continued stay in the facility.

- It is against facility policy to require residents or potential residents to waive their rights to Medicare or Medi-Cal and/or require oral or written assurance that residents or potential residents are not eligible for or will not apply for Medicare or Medi-Cal benefits.

REFERENCES:

None

ATTACHMENTS:

None

REFERENCE #	6580.26	EFFECTIVE 07/2015
SUBJECT:	6580.26 INTERDISCIPLINARY PROCESS	REVISED 05/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to ensure that residents receive an interdisciplinary approach to their admission and ongoing assessments. This process includes the population of the Minimum Data Set (MDS), the development of the "Care Area Assessment & Interdisciplinary Team Focus Summary Statements," and care plan development.

AUDIENCE:

Department Wide

TERMS & DEFINITIONS:

None

POLICY

~~It is the~~The policy of Warnerview and Mountain View Skilled Nursing Facilit~~y~~ies (SNF) is to employ an interdisciplinary process to achieve a consistent and complete admission and ongoing assessment for residents at Warnerview and Mountain View SNF. This process includes a combination of written communication and/or teleconferences and/or face-to-face meetings.

PROCEDURE

An Interdisciplinary Team Committee shall consist of the following disciplines:

- The resident and/or their representative, as applicable (face-to-face or telephone conference).
- Director of Nursing.
- Minimum Data Set (MDS) Coordinator.
- Charge Nurse.
- Social Services.
- Dietary.
- Activities.
- Physical Therapy or Restorative Nursing Aide.

The Interdisciplinary Team Committee shall convene to discuss every resident within 21 days following ~~an admission~~admission and every 3 months thereafter. The Interdisciplinary Team will also convene at any time there is a significant change in a resident's condition.

The process below will assist in the preparation to populate the MDS, develop the Care Area Assessments (CAA) and the Interdisciplinary Team (IDT) Focus Summary Statements and develop the care plans:

1. The MDS Nurse will review ~~the last~~last quarter's MDS. This review will alert them to any changes, ~~improvements~~improvements, or declines when they are developing the current MDS.

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2. The MDS Nurse will print out and review ~~the last~~last quarter's CAA and the IDT Focus Summary Statements. This review will alert them to any improvements or declines identified when they are developing the current CAA and IDT Focus Summary Statements.

3. The MDS Nurse will review the following documents from the resident's specific look-back period as directed by the MDS:

   a. The patient nursing notes.

   b. Certified Nursing Assistant (CNA) documentation.

   c. The weekly Nursing summaries.

   d. The Registered Dietician's current assessment inclusive of:

      i. Quarterly dietary assessment.

      ii. Current weight, previous month's weight, and weight of 6 months ago to identify trend of weight loss/gain.

   e. The current quarterly Social Service assessment.

   f. The current quarterly Activities assessment.

   g. The current Physician progress notes.

   h. The current Physician orders.

4. The MDS Nurse will discuss/clarify, as needed, the above-documented information with the Interdisciplinary Team Committee according to the Resident Assessment Instrument.

5. The MDS Nurse will:

   a. Update the fall risk assessment document per policy.

   b. Update the skin breakdown risk per policy.

   c. Update the resident with dementia requiring Antipsychotic Medication Addendum A in the Care Plan.

   d. Interview the resident utilizing the MDS questions and any other concerns identified.

   e. Review/discuss resident care/concerns with the family/responsible party, as appropriate.

   f. Create a new MDS ~~in WinCare~~ and start populating using all of the information gathered.

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g. Close and print the MDS document for review. If the MDS Nurse is not a Registered Nurse, ensure that all MDS documents have been reviewed and signed by the Director of Nursing prior to transmitting to the Federal System

h. Submit MDSs into the Federal system within 14 days of ~~completion, and~~completion and check to be sure the MDS was accepted into the Federal System by checking the validation reports. Print the validation reports and store them in the "Validation" binder in the MDS office.

i. Compare the prior MDS with the current MDS. If the MDS Nurse notices a decline since the prior MDS, they must address them on the CAA and IDT Focus Summary Statements and the care plan. The MDS Nurse will review resident decline with the Director of Nursing.

j. Use MDS Section "V," which refers to the care plans triggered by the MDS to start populating the CAA and IDT Focus Summary Statements. Use Appendix C, Care Area Assessment Resources, as needed.

k. After the CAA and IDT Focus Summary Statements are complete, start developing the care plan. The care plan will be based on MDS Section "V" and the problems/potential problems identified on the CAA and IDT Focus Summary Statements. The MDS Nurse will review the care plans with the Director of Nursing and Charge Nurse.

l. When the MDS is complete, retain the documents in the resident-specific binder in the MDS office.

REFERENCES

SOM 483.20 (K) (2) Interpretive Guidelines, first paragraph.

ATTACHMENTS

None

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REFERENCE #	6580.26	EFFECTIVE 1998
SUBJECT:	6580.26 INVENTORY OF PERSONAL EFFECTS	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

PURPOSE

The purpose of this policy is to establish procedures for:

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- Inventorying resident personal belongings
- Safeguarding valuables entrusted to the facility
- Documenting additions, removals, losses, or transfers of property
- Returning resident belongings upon discharge or death
- Ensuring compliance with California regulations regarding resident property rights and protections~~document that the new resident has been oriented to the facility and to Warnerview services by nursing personnel on admission.~~

AUDIENCE:

Department Wide

TERMS AND DEFINITIONS

~~**DEFINITIONS**~~

Personal Effects - Items owned by the resident including clothing, jewelry, dentures, hearing aids, eyeglasses, electronic devices, mobility aids, keepsakes, and other personal possessions.

Valuables - Items of significant financial or sentimental value including cash, jewelry, credit cards, legal documents, and collectibles.

Entrusted Property - Resident property voluntarily turned over to the facility for safekeeping.

POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Facilit~~y~~ies to maintain an accurate inventory of resident personal effects, valuables, and entrusted property upon admission and throughout the resident's stay in order to safeguard resident property, support resident rights, reduce risk of loss or theft, and comply with California Title 22 requirements and federal resident rights regulations. Residents retain the right to possess and use personal belongings as space permits unless doing so would infringe upon the rights, health, or safety of others.~~that all new residents will be orientated within eight (8) hours of admission to the facility. All nursing staff will be knowledgeable about orientation guidelines and abide by the procedure in order to facilitate the admission of a new resident to this facility.~~

~~**DEFINITIONS**~~

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REFERENCE #	6580.26	EFFECTIVE 1998
SUBJECT:	6580.26 INVENTORY OF PERSONAL EFFECTS	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

~~**Personal Effects – Items owned by the resident including clothing, jewelry, dentures, hearing aids, eyeglasses, electronic devices, mobility aids, keepsakes, and other personal possessions.**~~

~~**Valuables – Items of significant financial or sentimental value including cash, jewelry, credit cards, legal documents, and collectibles.**~~

~~**Entrusted Property – Resident property voluntarily turned over to the facility for safekeeping.**~~

PROCEDURE

1. Admission Inventory

Upon admission or readmission:

- Nursing staff or designated personnel shall complete a ~~**Personal Effects Inventory Form**~~ Resident Personal Property Inventory Checklist with the resident and/or responsible party.
- The inventory shall include:
    - Clothing
    - Jewelry
    - Dentures
    - Hearing aids
    - Eyeglasses
    - Assistive devices
    - Electronics
    - Cash and valuables
    - Other personal belongings
- Condition of items shall be documented when applicable.
- Resident and/or responsible party shall review and sign the inventory form.
- A copy shall be provided to the resident or responsible party.
- The inventory shall be placed in the resident's medical ~~or business~~ record.

2. Labeling of Personal Belongings

- Clothing and appropriate belongings shall be labeled with the resident's name or identifying marker when possible.

- Prosthetics, dentures, hearing aids, eyeglasses, and assistive devices should be labeled whenever feasible.

3. Safekeeping of Valuables

- Residents shall be advised not to keep excessive cash or valuables in their room.

- If valuables are entrusted to the facility:

    - Staff shall issue a signed receipt.

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REFERENCE #	6580.26	EFFECTIVE 1998
SUBJECT:	6580.26 INVENTORY OF PERSONAL EFFECTS	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

  - Items shall be secured in a locked area or facility safe.
  - Access shall be limited to authorized personnel only.
  - Documentation shall include item description, date received, and signatures.
- Resident funds or valuables entrusted to the facility shall not be commingled with facility funds.

4. Changes to Inventory

When items are added, removed, transferred, or returned:

- The inventory record shall be updated promptly.
- The resident and/or responsible party should sign acknowledging the change whenever possible.
- Staff receiving or releasing valuables shall document the transaction.

5. Missing or Stolen Property

If resident property is reported missing:

1. Staff shall immediately notify the charge nurse and department manager.
2. A search and preliminary investigation shall be initiated.
3. Findings shall be documented.
4. The resident and/or responsible party shall be notified.
5. Administration shall determine whether additional reporting is required, including law enforcement notification when appropriate.
6. Patterns or repeated incidents shall be reviewed through the facility Quality Assurance and Performance Improvement (QAPI) process.
7. When we have investigated and cannot conclude where the property is or what happened to it, we replace it.

6. Discharge or Transfer

Upon discharge or transfer:

- Resident belongings shall be inventoried and returned to the resident or authorized representative.

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REFERENCE #	6580.26	EFFECTIVE 1998
SUBJECT:	6580.26 INVENTORY OF PERSONAL EFFECTS	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

- The receiving party shall sign acknowledging receipt of belongings.
- Documentation shall remain in the resident record.

7. Resident Death

Upon resident death:

- Personal belongings and valuables shall be secured immediately.
- Items shall be inventoried and released only to the legally authorized representative, executor, or responsible party in accordance with facility procedure and applicable law.
- A signed receipt shall be obtained and retained

REFERENCES

- California Code of Regulations, Title 22, Section 72527 – Patient Rights
- California Code of Regulations, Title 22, Section 72613 – Patient Property Storage
- California Code of Regulations, Title 22, Section 87217 – Safeguards for Resident Cash, Personal Property and Valuables
- Federal Nursing Home Resident Rights Requirements (42 CFR §483.10)
- California Health & Safety Code Resident Rights Provisions

~~1. The nursing assistant is responsible for orient the new resident and family members if applicable to the physical surroundings. This includes but is not limited to the following:~~

~~a. Location of room and room number~~

~~b. Introduction to roommate and nursing staff as feasible~~

~~c. Location and storage for personal belongings~~

~~d. Use of call light~~

~~e. Location of the resident bathroom~~

~~f. Location of the dining room and meal hours~~

~~g. Location of patio and exits~~

~~h. Location of smoking areas and regulations~~

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REFERENCE #	6580.26	EFFECTIVE 1998
SUBJECT:	6580.26 INVENTORY OF PERSONAL EFFECTS	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 05/2026

i. Location of telephones

j. Location of nurses station and administrative offices

k. Scheduled activities and programs for residents

l. Scheduled visit by the dietary supervisor or consulting dietitian

m. Other available services such as physical therapy, beauty shop, laundry services, etc.

The completed form will be signed by the resident or legal representative. If no signature is obtainable, the staff member will indicate it on the form.

ATTACHMENTS

None

2.

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REFERENCE # 6580.26	EFFECTIVE 1998
SUBJECT: 6580.26 ORIENTATION OF RESIDENT TO FACILITY	REVISED 05/02026
DEPARTMENT: SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to document that the new resident has been oriented to the facility and to Warnerview and Mountain View Skilled Nursing Facilities (SNF) services by nursing personnel on admission.

AUDIENCE

Department Wide

TERMS AND DEFINITIONS

None

POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Facilities~~y~~ that all new residents will be orientated within eight (8) hours of admission to the facility. All nursing staff will be knowledgeable about orientation guidelines and abide by the procedure in order to facilitate the admission of a new resident to this facility.

PROCEDURE

- The nursing assistant is responsible for orienting the new resident and family members if applicable to the physical surroundings. This includes but is not limited to the following.
    - Location of room and room number
    - Introduction to roommate and nursing staff as feasible
    - Location and storage for personal belongings
    - Use of call light
    - Location of the resident bathroom
    - Location of the dining room and meal hours
    - Location of patio and exits
    - ~~Location of smoking areas and regulations~~
    - Location of telephones
    - Location of nurses station and administrative offices
    - Scheduled activities and programs for residents

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REFERENCE # 6580.26	EFFECTIVE 1998
SUBJECT: 6580.26 ORIENTATION OF RESIDENT TO FACILITY	REVISED 05/02026
DEPARTMENT: SKILLED NURSING FACILITIES	

- Scheduled visit by the dietary supervisor or consulting dietitian
- Other available services such as physical therapy, beauty shop, laundry services, etc.

- The completed form will be signed by the resident or legal representative. If no signature is obtainable, the staff member will indicate it on the form.
- The licensed nurse does the admit charting on this form and continues shift charting until the form is completed. Thereafter the licensed nurse will chart on the licensed nurse's notes.

REFERENCES

None

ATTACHMENTS

None

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REFERENCE #	6580.26 #422	EFFECTIVE 1994
SUBJECT:	6580.26 PHOTOGRAPHY AND VIDEOTAPING	REVISED 4/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to ensure resident rights relating to privacy with regards to photography and videotaping.

AUDIENCE

Department Wide

TERMS AND DEFINITIONS

None

POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Facilities~~y~~ (SNF) that an authorization and consent to photograph/videotape ~~is to be completed on~~shall be completed upon admission and/or whenever the facility, an authorized member of~~f~~ the medical staff, or any other person NOT requested ~~to do so~~ by the resident, desires to take a photograph of a resident or group of residents. ~~This would include photographs/videotapes for reasons such as public relations, patient education, news, medical study, activities programs or resident identification purpose.~~ This includes, but is not limited to, photographs or videotapes taken for public relations, resident identification, patient education, news media, medical study, or activities for program purposes.

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PROCEDURE

- ~~1.~~ The original form shall be placed in the medical record and a copy shall be given to the resident and/or his/her family/conservator.

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- ~~2.~~ It is also advisable that the person obtaining the consent should explain the anticipated use of the photograph/videotape but also can be used for further purposes. ~~If there are any restrictions on the use of the photographs/videotape these must be noted on the consent form.~~ Any restrictions regarding the use of the photograph/videotape must be clearly documented on the consent form.

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- ~~3.~~ This form is not necessary if the resident and/or representative ~~want to~~ chooses to take pictures of ~~them self~~ themselves.
- ~~4.~~ If ~~the~~ news media or law enforcement requests the privilege of photographing a resident within the facility, ~~the~~ permission shall be granted only~~,~~ if the attending physician states that the resident's condition will not be in jeopardy and the resident/representative signs a separate special consent form.
- The consent form is applicable for the entire stay of the resident at the facility, unless specified otherwise.

REFERENCE #	6580.26 #422	EFFECTIVE 1994
SUBJECT:	6580.26 PHOTOGRAPHY AND VIDEOTAPING	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 4/2026

5.

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REFERENCES

None

ATTACHMENTS

None

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REFERENCE #	6580.26 #422	EFFECTIVE 1994
SUBJECT:	6580.26 PHOTOGRAPHY AND VIDEOTAPING	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 4/2026

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REFERENCE #	6580.26	EFFECTIVE
SUBJECT:	6580.26 PHYSICIAN NOTIFICATION	REVISED: 05/2026
DEPARTMENT:	SKILLED NURSING FACILITY	

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PURPOSE: The purpose of this policy is t~~T~~o outline the conditions, circumstances, and events that need to be reported to the resident's attending physician. To provide nursing staff with clear guidance regarding:

- Urgent Physician Notifications
- Non-urgent physician notifications
- Weekend and after-hours physician calls
- Appropriate escalation procedures
- Resident safety and regulatory compliance

AUDIENCE:
Department Wide

TERMS AND DEFINITIONS
None

POLICY:

It is the policy of Modoc Medical Center (MMC), Skilled Nursing Facilities that ~~L~~licensed nurses shall notify the physician, nurse practitioner, or physician assistant promptly when a resident experiences a significant change in condition or requires medical evaluation/intervention.

Nurses shall use clinical judgment to determine the following:

- ~~Nurses shall use clinical judgment to determine:~~
  - Immediate/Urgent notifications
  - Routine/non-urgent notifications
  - Whether notification may safely wait until routine provider rounds/business hours
  - When emergency services (911) are necessary

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Resident safety takes priority over convenience or routine scheduling.

I. URGENT PHYSICIAN NOTIFICATIONS
(Immediate Notification – Do Not Delay)

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If these medical conditions are present or observed, ~~T~~the physician/on-call provider shall be contacted immediately, regardless of:

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- Time of day
- Weekend
- Holiday
- Provider availability concerns

The following list of medical conditions ~~constitutes~~consists of those requiring immediate physician notification:

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A. Respiratory/Cardiac Emergencies

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- Chest pain
- Respiratory distress
- Acute shortness of breath
- Oxygen saturation below ordered parameters not improving
- Cyanosis
- Suspected pulmonary embolism
- New irregular heart rhythm with symptoms

B. Neurological Emergencies

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- Stroke symptoms
- Sudden altered mental status
- Unresponsiveness
- Seizure activity
- New onset unilateral weakness
- Sudden inability to arouse resident

C. Significant Vital Sign Abnormalities

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Unless otherwise ordered:

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- SBP <90 or >180
- HR <50 or >120 with symptoms
- Temp >101°F with symptoms
- RR >28 or <12
- Significant hypoglycemia or hyperglycemia
- Oxygen saturation below established parameters

D. Falls/Injuries

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- Head injury
- Fall with suspected fracture
- Neuro changes after fall
- Uncontrolled bleeding
- Injury requiring emergency treatment
- Injury of unknown origin with significant findings

E. Infection/Sepsis Concerns

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- Suspected sepsis
- Fever with acute confusion
- New oxygen requirement
- Severe infection symptoms
- Rapid deterioration

F. Medication-Related Emergencies

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- Medication error with potential for harm
- Adverse drug reaction
- Anaphylaxis

- Over-sedation
- Narcotic overdose concerns

G. Behavioral Emergencies

- Suicidal statements
- Aggression creating immediate danger
- Severe psychosis
- Elopement with safety risk

II. NON-URGENT PHYSICIAN NOTIFICATIONS
(Routine Notification – Same Day or Next Business Day)

These concerns generally do not require waking the on-call provider overnight unless the resident condition worsens and include the following concerns:.

A. Skin/Wound Issues

- New skin tear
- Minor bruising
- Non-infected wound changes
- Early pressure injury

B. Stable Chronic Condition Changes

- Mild Edema
- Weight gain/loss without acute distress
- Gradual appetite decline
- Chronic pain requiring routine adjustment
- Mild constipation

C. Routine Medication Issues

- Refill requests
- Clarification of orders
- Non-critical pharmacy recommendations
- Prior authorization needs

D. Labs/Diagnostics

- Non-critical abnormal labs
- Routine follow-up labs
- Stable INR outside target without bleeding

E. Therapy/Diet Requests

- Therapy evaluations
- Dietitian recommendations
- Routine consult requests

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III. WEEKEND, HOLIDAY, AND AFTER-HOURS GUIDELINES

A. Appropriate Reasons to Call On-Call Provider

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Nurses shall contact the on-call provider during evenings, nights, weekends, and holidays for:

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1. Urgent Clinical Changes

Any urgent condition listed in Section I.

2. New Orders Needed to Prevent Harm

Examples:

- Uncontrolled pain
- Acute infection symptoms
- Significant blood glucose abnormalities
- Severe nausea/vomiting
- New oxygen needs
- Essential medication unavailable

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3. Transfer Decisions

- Need for emergency department transfer
- Significant decline requiring higher level of **care**

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4. Family Requests Requiring Immediate Provider Input

- End-of-life concerns
- Significant condition changes
- Requests affecting immediate treatment decisions

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IV. CONDITIONS GENERALLY APPROPRIATE TO HOLD FOR BUSINESS HOURS

Unless resident conditions worsen, the following may generally wait until routine physician rounds or business hours:

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- Routine medication refills
- Minor skin tears without complications
- Stable chronic complaints
- Non-urgent therapy requests
- Cosmetic concerns
- Routine bowel management issues responding to interventions
- Administrative documentation requests

V. ESCALATION PROCESS

If unable to reach the provider:

1. Reattempt contact per facility protocol
2. Notify nursing supervisor/DON on Call
3. Contact alternate on-call (ER) provider if applicable
4. Activate EMS/911 when clinically indicated
5. Continue resident monitoring and interventions

VI. DOCUMENTATION REQUIREMENTS

Documentation shall include:

- Assessment findings
- Time of provider notification attempts
- Provider name
- Orders received
- Interventions initiated
- Resident response
- Family notification
- Escalation steps if provider unavailable

QUICK NURSING GUIDANCE (The Following is for Nursing Department Reference Only)

CALL NOW (Urgent)

- Chest pain
- Respiratory distress
- Stroke symptoms
- Acute confusion
- Head injury
- Uncontrolled bleeding
- Significant vital sign abnormalities
- Severe pain
- Suspected sepsis

~~**CALL SAME SHIFT**~~

- ~~New skin issue~~
- ~~Weight change~~
- ~~Appetite decline~~
- ~~Stable abnormal labs~~
- ~~Worsening edema~~
- ~~Medication clarification affecting care~~

MAY WAIT FOR BUSINESS HOURS

- New skin issues
- Weight change
- Appetite decline

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REFERENCE #	6580.26	EFFECTIVE
SUBJECT:	6580.26 PHYSICIAN NOTIFICATION	REVISED: 05/2026
DEPARTMENT:	SKILLED NURSING FACILITY	

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- Stable abnormal labs
- Worsening edema
- Medication clarification affecting care
- Routine refills
- Minor skin tears
- Therapy requests
- Non-urgent consults
- Administrative concerns

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REFERENCES

- ~~California Title 22 Regulations~~
- ~~CMS F580 – Notify of Changes~~
- ~~CMS F684 – Quality of Care~~
- ~~California Nurse Practice Act~~
- ~~Facility Clinical Standards Policy~~

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ATTACHMENTS

None

REFERENCE #	6580.26	EFFECTIVE 10/2010
SUBJECT:	6580.26 PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)	
DEPARTMENT:	___	REVISED 05/2026

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PURPOSE

The purpose of this policy is to provide directiondirections to staff regarding medical interventions and procedures for patients to voluntarily communicate their end of lifeend-of-life decisions.

AUDIENCE

Department Wide

TERMS/illDEFINITIONS

1. The POLST form outlines a plan of care reflecting the resident's end of lifeend-of-life care wishes and:

   a. Is a standardized form that is pink colored and clearly identifiable.

   b. Can be revoked by an individual with a capacity at any time.

   c. Can be changed to be made consistent with an individual's current health status and goals of care upon a request by the legally recognized health care decision maker for an individual lacking capacity in consultation with the individual's attending physician.

   d. Is legally sufficient as a physician order and not an advance directive.

   e. Is recognized, adopted and honored across treatment settings.

   f. Provides statutory immunity from criminal prosecution, civil liability, disciplined for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors it.

   g. Allows an individual with a capacity to, at any time, request alternative treatment to that treatment that was ordered on the form.

   h. Does not require health care providers to use a POLST form, butform but requires that health care providers honor POLST orders.

2. A POLST form is not a standing order. SNFs are prohibited from using standing orders.

POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Facilitiesy that upon admission, all residents will receive a POLST form. This is a voluntary option for residents to communicate their end of lifeend-of-life decisions.

PROCEDURE

REFERENCE #	6580.26	EFFECTIVE 10/2010
SUBJECT:	6580.26 PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)	
DEPARTMENT:		REVISED 05/2026

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1. When opted, the form shall be explained by a health care provider. The form, if completed, is based on the resident preferences and medical indications. Although the term "Health Care Provider" is a broadly defined term, the form is a physician's order.

~~2.~~ 2 The physician remains responsible for obtaining the resident's informed consent and ~~assuring~~assures that the resident receives all material information that is pertinent to the resident's decision.

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3. Residents have the right to receive all information that is material to any decision concerning whether to accept or refuse any proposed treatment or procedure.

4. Attending physicians are responsible to determine what information a reasonable person in the resident's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure.

5. A physician may conduct an evaluation of the individual and, if possible, in consultation with the individual, or the individual's legally recognized health care decision maker, issue a new order consistent with most current information available about the individual's health status and goals of care.

6. The POLST directions suggest that the form should be reviewed if there is a substantial change in the residents health status. Facility staff must notify the attending physician of any sudden or marked adverse changes in signs, symptoms or behavior exhibited by a resident. The SNF must reassess the resident whenever there is a change of condition, whether there is a POLST form or not. An executed POLST form does not nullify a resident's right to an assessment, hospital transfer, if indicated, or the resident's right to accept or refuse treatment.

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7. Because the POLST form is a physician's order and not an Advanced Directive, the POLST form ~~a new form~~ should be reviewed ~~completed~~ with each new admission. The POLST form remains in front of the physician order

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REFERENCE #	6580.26	EFFECTIVE 10/2010
SUBJECT:	6580.26 PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)	
DEPARTMENT:		REVISED 05/2026

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1. Residents have the right to receive all information that is material to any decision concerning whether to accept or refuse any proposed treatment or procedure.

2. Attending physicians are responsible to determine what information a reasonable person in the resident's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure.

3. A physician may conduct an evaluation of the individual and, if possible, in consultation with the individual, or the individual's legally recognized health care decision maker, issue a new order consistent with most current information available about the individual's health status and goals of care.

4. The POLST directions suggest that the form should be reviewed if there is a substantial change in the resident's health status. Facility staff must notify the attending physician of any sudden or marked adverse changes in signs, symptoms or behavior exhibited by a resident. The SNF must reassess the resident whenever there is a change of condition, whether there is a POLST form or not. An executed POLST form does not nullify a resident's right to an assessment, hospital transfer, if indicated, or the resident's right to accept or refuse treatment.

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7. Because the POLST form is a physician's order and not an Advanced Directive, a new form should be completed with each new admission. The POLST form remains in the frontfront of the physician order

REFERENCE #	6580.26	EFFECTIVE 10/2010
SUBJECT:	6580.26 PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT (POLST)	REVISED 05/2026
DEPARTMENT:	___	

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PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) Effective: 10/2010

	6580.26	EFFECTIVE 1992
SUBJECT:	6580.26 PHYSICIAN SERVICES	REVISED:05/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to ensure that Modoc Medical Center's (MMC) Skilled Nursing Facilitiesy~~'s~~ (SNF) medical care of each resident is supervised by a licensed physician, and that when the resident's attending physician is unavailable, that another licensed physician will supervise the resident's medical care.

AUDIENCE

Department Wide

TERMS AND DEFINITIONS

None

POLICY

It is the policy of ~~MMC that~~MMC that an established procedure be followed for physician services at SNF.

PROCEDURE

- Each resident will be assigned a physician on admission. Residents have the right to choose a personal physician; the ~~physician~~physician, however, is not required to honor the request. The resident's attending physician must have admitting privileges and be a member of the medical staff who is~~is~~are in good standing. ~~The facility will assist potential residents in acquiring a personal physician if requested to do so.~~
- A history and physical examination ~~must~~ will be completed and documented for each patient no more than 30 days prior or 24 hours after admission by a qualified physician with the appropriate privileges. When the m_edical history and physical examination are completed within 30 days prior to admission, an updated examination of the patient, including any changes in the patient's condition, ~~must~~will be completed and documented by the attending physician.
- At the time a resident is admitted, physician orders ~~must~~will be present for the resident's immediate care and are considered written orders facility staff need to provide essential care to the resident,
consistent with the resident's mental and physical status upon admission. These orders should, at a minimum, include dietary, drugs (if necessary) and routine care to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan.
- The resident ~~must~~will be seen by the attending physician or qualified designee at least once every 30 days for the first 90 days after admission, and at least every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. The findings of these face-to-face visits ~~must~~will be documented in the medical record.
- The timing of the attending physician or qualified designee is based on the admit date of the resident.

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- At the option of the attending physician, required visits, after the initial visit, may alternate between personal visits by the physician and personal visits by the Physician Assistant (PA) or Nurse Practitioner (NP). These alternate visits, as well as medically necessary visits, may be performed and signed by the physician assistant or nurse practitioner.
- The attending physician or qualified designee and the ~~charge~~ nurse supervisor/manager are responsible for reviewing and updating the resident's medication and other orders on a monthly basis and, in conjunction with the charge nurse, authenticate the orders.
- The attending physician or qualified designee will be contacted for a resident's change in condition as required by established criteria, or as requested by the resident and/or resident's designee.
- Physician orders and progress notes will be used by nursing staff to revise the resident's care plan regularly to reflect the resident's needs.
- The attending physician or qualified designee will inform the resident or the resident's designee of the resident's medical conditions, unless medically contraindicated. If medically contraindicated, documentation of this ~~decision and~~decision will be present in the medical record.
- The planned regimen of medical care will be discussed with the resident and/or the resident's designee. Alternative treatment ~~regimens~~regimen and risk factors will be discussed. When such alternatives are available, the resident's or resident's designee's preference will be considered in the plan of care.
- Modoc Medical Center has qualified on-call Emergency Medicine physicians available to ~~furnish~~provide necessary medical care in the case of an emergency situation. Information related to the resident's condition and prognosis will be provided to the on-call physician.
- The attending physician will be contacted and apprised of emergency situations by the licensed nurse caring for the resident.

REFERENCES

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REFERENCES

State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines. 2015.

State Operations Manual Appendix PP - Survey Protocol, Regulations and Interpretive Guidelines. 2015.

ATTACHMENTS

None

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REFERENCE #	6580.26	EFFECTIVE 09/2006
SUBJECT:	6580.26 RESIDENT CAPACITY AND DETERMINATION	REVISED 5/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE
The purpose of this policy is to define the capacity and determination of a Skilled Nursing Facility (SNF) resident's ability to understand the nature and consequences of proposed health care.

AUDIENCE

Department Wide

TERMS AND DEFINITIONS

Capacity means a resident's ability to understand the nature and consequences of proposed health care, including its significant benefits, risks and alternatives, and to make and communicate a health care decision.

POLICY

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It is the policy of Warnerview and Mountain View SNF that:

- A patient is presumed to have the capacity to make a health care decision to give or revoke an Advance Directive, and to designate or disqualify a surrogate. A determination that a resident lacks or has recovered capacity, or that another condition exists that affects an individual's health care instruction, or on the authority of an agent or surrogate, must be made by the primary physician unless otherwise specified in a written Advance Directive.

- The authority of an agent becomes effective on determination that the patient lacks ~~capacity, and~~capacity and ceases to be effective or determination that the resident has recovered capacity unless otherwise provided in a Power of Attorney for health care.

- A primary physician who makes or is informed of a determination that a patient lacks or has recovered capacity, or that another condition exists affecting an individual health care instruction, or the authority of an agent conservator of the person, or surrogate, must record the determination in the medical record. The primary physician must also communicate the determination to the patient, if possible, and to a person then authorized to make health care decisions for the patient.

- Subject to any limitations in the Power of Attorney for health care, an agent may make all health care decisions, before and after death, for the resident to the same extent the resident could make decisions if the resident had the capacity to do so.

REFERENCES

None

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REFERENCE #	6580.26	EFFECTIVE 09/2006
SUBJECT:	6580.26 RESIDENT CAPACITY AND DETERMINATION	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 5/2026

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REFERENCE #	6580.26 #414	EFFECTIVE 1994
SUBJECT:	6580.26 RESIDENT RIGHTS-INFORMED CONSENT	REVISED4/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to provide guidelines to medical and nursing staff regarding the informed consent requirements for Skilled Nursing Facility (SNF) residents for physical restraints and psychotherapeutic drug use.

AUDIENCE

Department Wide

TERMS/DEFINITIONS

- Consent: the voluntary agreement by a resident or the representative of an incapacitated resident to receive an identified treatment or procedure.

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- Informed Consent: The voluntary agreement of a resident or a representative of an incapacitated resident to accept a treatment or procedure after receiving information in accordance with the informed consent regulations.

- Chemical Restraint: A drug used to control a resident's behavior and used in a manner that is not required to treat the resident's medical symptoms.

- Physical Restraint: Any physical or mechanical device or material attached or adjacent to a resident's body that the resident cannot remove easily, which has the effect of restricting the
  - resident's freedom of movement. (This does not include immobilization necessary for administration of a single treatment.)

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- Psychotherapeutic Drug: A medication used to control a resident's behavior or to treat a thought disorder process.

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- Emergency: An unanticipated condition in which immediate action is necessary for preservation of life or the prevention of serious bodily harm to the resident or ~~others, or~~others or alleviate severe physical pain and it is impracticable to obtain the required consent. Documentation in an emergency may be made after the treatment is initiated.

- Therapeutic Privilege: The privilege of the attending physician to decide not to disclose "risks" based on documentation in the resident's record that either:

  - The resident or representative specifically requests that he/she not be informed of the risks of the recommended treatment or procedure.

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  - The physician relied upon objective facts as documented in the resident's medical record that the disclosure would have so seriously upset the resident that he/she would not have been able to

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rationally weighed the risks of refusing to undergo the recommended treatment and that the resident's representative gave informed consent.

- Medical Decision-making capacity: The ability of a resident to understand his/her rights and the nature and consequences of a recommended treatment or procedure, to weigh alternatives, make a choice and to communicate that choice to the attending physician. The physician determines a resident's medical decision-making capacity.
- Surrogate Decision Maker: The person who makes health care decisions for a resident who lacks decision making capacity.

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POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Facilitiesy that all staff will be knowledgeable regarding informed consent policies and procedures and will abide by them prior to applying a physical restraints or administering a psychotropic drug unless a true emergency exists.

TERMS/DEFINITIONS

1. Consent: the voluntary agreement by a resident or the representative of aan incapacitated resident to receive an identified treatment or procedure.
2. Informed Consent: The voluntary agreement of a resident or a representative of an incapacitated resident to accept a treatment or procedure after receiving information in accordance with hethe informed consent regulations.
3. Chemical Restraint: A drug used to control a resident's behavior and used in a manner that is not required to treat the resident's medical symptoms.
4. Physical Restraint: Any physical or mechanical device or material attached or adjacent to a resident's body that the resident cannot remove easily, which has the effect of restricting the resident's freedom of movement. (This does not include immobilization necessary for administration of a single treatment.)
5. Psychotherapeutic Drug: A medication used to control a resident's behavior or to treat a thought disorder process.
6. Emergency: An unanticipated condition in which immediate action is necessary for preservation of the lifelife or the prevention of serious bodily harm to the resident or others, or alleviate severe physical pain and it is impracticable to obtain the required consent. Documentation in an emergency may be made after the treatment is initiated.
7. Therapeutic Privilege: The privilege of the attending physician to decide not to disclose "risks" based on documentation in the resident's record that either:

treatment or procedure, except in an emergency.

- Informed consent is only required the first time the treatment or procedure is ordered. The physician may order a range dose, increase the dosage if clinical indication supports the initial dose is ineffective.

- If the treatment or procedure was initiated before the resident entered the facility, this will be documented in the medical ~~record~~record, and an informed consent is not required.

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REFERENCES

None

ATTACHMENTS:

~~a.~~ **None**

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a. ~~The resident or representative specifically requests that he/she not be informed of the risks of the recommended treatment or procedure.~~

b. ~~The physician relied upon objective facts as documented in the resident's medical record that the disclosure would have so seriously upset the resident that he/she would not have been able to~~

~~rationally weight~~weighed ~~the risks of refusing to undergo the recommended treatment and that the resident's representative gave informed consent.~~

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8. ~~Medical Decision making~~~~Decision-making capacity: The ability of a resident to understand his/her rights and the nature and consequences of a recommended treatment or procedure, to weigh alternatives, make a choice and to communicate that choice to the attending physician. The physician determines a resident's medical decision making~~~~decision-making capacity.~~

9. ~~Surrogate Decision Maker: The person who makes health care decisions for a resident who lacks decision making capacity.~~

PROCEDURE

~~1.~~• Informed consent must be documented in the resident's medical record prior to the initiation of a physical restraint, a chemical restraint, or a psychotherapeutic drug on a resident in a SNF except in ~~an emergency situation~~an emergency.

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~~2.~~• Informed consent requires the disclosure of material information to a SNF resident or representative by the resident's physician and includes the following:

- ~~a.~~o The reason for the treatment, and the nature and seriousness of the resident's illness. For a psychotherapeutic drug, the resident's health record must contain documentation of a diagnosis of a thought disordered process.

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- ~~b.~~o The nature of the procedures to be used in the proposed treatment, including their probable frequency and duration.

- ~~c.~~o The probable degree and duration of improvement or remission expected with or without such treatment.

- ~~d.~~o The nature, degree, duration and probability of the side effects and significant risks, commonly known by the health professions.

- ~~e.~~o That the resident or representative has the right to accept or refuse the proposed treatment and if he/she ~~consents~~consents, the resident has the right to revoke his/her consent for any reason at any time.

~~3.~~• Nursing staff must verify that the resident and/or surrogate decision maker has been informed and consented to the treatment and that this is documented in the record prior to the initiation of the

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b.o If the restraint or psychotherapeutic medication order is changed to a lower dose, (and does not involve a new therapeutic class of medication), a new informed consent is not needed. ~~However~~However, the resident or his/her representative should be informed of the change, by either the physician or nursing staff.

c.o Verification of informed consent is done by the physician's signature on the consent form which is placed in the resident's chart. The physician may also make a notation in the progress notes indicating a summary of the discussion preceding the informed consent.

d.o Verification is followed up with a written statement of the risks and benefits of physical restraint use and/or specific psychotherapeutic drug regimens which is reviewed by the resident and/or surrogate decision maker. This consent is presented to the resident/surrogate decision maker by the physician and/or a licensed nursing staff member.

4.• Obtaining informed consent when the resident is incapacitated, and there is not a surrogate decision maker present, is as follows:

a.o The attending physician determines whether the resident has medical ~~decision making~~decision-making capacity and if not, informs the facility that an interdisciplinary team review is needed.

b.o The team consists of the resident's attending physician, a registered professional nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the resident's needs.

c.o The team reviews:

i.▪ The physician's assessment of the resident's condition.
ii.▪ The reason for the proposed use of ~~the medical~~medical intervention.

iii.▪ The type of medical intervention to be used in the resident's care, including the probable frequency and duration.
iv.▪ The probable impact on the resident's condition with and without the use of the intervention.
▪ Any reasonable alternative medical interventions considered or utilized and reasons
v. -for their discontinuance or inappropriateness.

d.o The interdisciplinary team will perform a periodic evaluation of the use of the medical
▪ intervention at least quarterly, or if there is a significant change in the resident's medical condition.

o In an emergency, with a physician's order, a facility may initiate a medical intervention that requires informed consent prior to the facility convening an interdisciplinary team to review the intervention.

e.

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REFERENCE #	6580.26	EFFECTIVE 1994
SUBJECT:	6580.26 RESTRAINT REDUCTION PROGRAM	REVISED 4/2026
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to promote the reduction in the use of restraints for the Warnerview and Mountain View Skilled Nursing Faciliti~~es~~y ~~residents~~(SNF) in order to provide optimal care, preserve resident rights and abide by Federal and State regulations.

AUDIENCE

Department Wide

TERMS AND DEFINITIONS

None

POLICY

It is the policy of Warnerview and Mountain View Skilled Nursing Faciliti~~es~~y that the reduction in the use of restraints will be promoted in order to provide optimal care, preserve resident rights~~,~~ and abides by Federal and State regulations.

PROCEDURE

~~1.~~• Review all policies and procedures regarding restraint use and revise to meet OBRA regulations.

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~~2.~~• Develop a standard of care in regards to the use of restraints, in-service all nursing staff on the expectations.

~~3.~~• Review a list of all residents currently on restraints and do the following:

- ~~a.~~o Delete all unnecessary orders.
- ~~b.~~o Determine the frequency and duration of each order.
- ~~c.~~o Determine the reason why each was applied and who initiated it.

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~~4.~~• Do a restraint assessment for all residents remaining in restraints and a plan of reduction.

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- ~~a.~~o Have charge nurses do the assessments so they are familiar with the concerns; Director of Nursing to review.
- ~~b.~~o With each assessment, plan and evaluation in each resident's chart.
- ~~c.~~o The resident/legal representative, the charge nurse and the certified nurse assistants all should be involved with the formulation and evaluation of the plan.

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REFERENCE #	6580.26	EFFECTIVE 1994
SUBJECT:	6580.26 RESTRAINT REDUCTION PROGRAM	
DEPARTMENT:	SKILLED NURSING FACILITIES	REVISED 4/2026

- d. All restraints must be re-evaluated at least quarterly with documentation of such on quarterly review an on the care plan.

5. Obtain a written consent for all residents who continue to need restraints from the resident or legal representative.

6. Involve Physical Therapy and/or Occupational Therapy if available to assist with less restrictive, supportive devise for resident with postural needs.

- Determine additional supplies, equipment needed to enhance the restraint reduction efforts and order.

REFERENCES

None

ATTACHMENTS

None

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REFERENCE #	6580.26	EFFECTIVE 6/2026
SUBJECT:	6580.26 WANDERER MANAGEMENT PROTOCOL	REVISED
DEPARTMENT:	SKILLED NURSING FACILITIES	

PURPOSE

The purpose of this policy is to provide guidelines for the nursing staff to effectively care for Skilled Nursing Facilities (SNF) residents who are assessed as wanderers, in order to maximize freedom but minimize injury and disruption to other residents.

AUDIENCE

Department Wide

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TERMS AND DEFINITIONS:

None

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POLICY

It is the policy of Warnerview and Mountain View SNF that all nursing staff will be knowledgeable regarding the residents who wander and of the plan of care of each individual who is so identified.

PROCEDURE

1. An assessment shall be done prior to or on admission of each resident to screen for "wandering" behavior and repeated at least quarterly thereafter.
2. If the resident is assessed to be an actual or potential wanderer, the pattern of behavior and activity should be determined and the plan of care placed in the resident's record. All staff should be notified and aware of the residents' behavior and plan of care.
3. A variety of deterrents are available in the facility. Potential deterrents include Velcro door barriers and stop signs on exit doors. The effect of these deterrents varies with each individual resident.
4. Residents who are assessed as a "wandering" risk will have a departure alert system (i.e. wander guard) placed if available, and the departure alert system will be checked and evaluated routinely by maintenance.
5. Alarms should be responded to in a prompt manner by all resident care staff unless responses endanger the care of another resident.
6. A missing resident alert should be responded to as quickly as possible by all facility resident care staff.
   a. An in-house search should be initiated as soon as possible. Staff members should be assigned a hall to search and should include all resident/staff rooms, bathrooms, and tub rooms in that section. Another staff member should be assigned to the dining area, kitchen, laundry, lobby, and staff rooms.

b. If the in-house search is unsuccessful, then an outside search must be started.

   i. Two staff members are assigned to search locations where the resident has gone before, if applicable.
   ii. The immediate area should be quickly surveyed by another staff person. This should include the area up to a block or two away.
   iii. If the above proves unsuccessful, then the Director of Nursing or Administrator should be notified, as well as the local sheriff's office and the resident's family or conservator.

c. All efforts and results should be placed in the resident's medical record, and a risk event report filed.

C. 7.

REFERENCES

None

ATTACHMENTS

None

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EMERGENCY DEPARTMENT

REFERENCE #	7010.26	EFFECTIVE 4/14/2010
SUBJECT:	7010.26 PROTOCOL FOR ACUTE BRAIN ISCHEMIC STROKE	
DEPARTMENT:	EMERGENCY DEPARTMENT	REVISED: 5/2026

PURPOSE:
The purpose of this policy is to standardize the evaluation, eligibility determination, ~~administration~~administration, and monitoring of intravenous (IV) Alteplase in patients with suspected acute ischemic stroke to improve outcomes and minimize complications.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
~~Acute Ischemic Stroke (AIS): neurologic deficit caused by cerebral infarction.~~
~~Alteplase (tPA): tissue plasminogen activator used for thrombolysis.~~
~~Last known well (LKW): last time patientthe patient was known to be at baseline neurologic status.~~
National Institute of Health Stroke Scale (NIHSS): is a standardized neurological assessment used to evaluate stroke severity by measuring consciousness, motor function, speech, vision, and sensory.

POLICY:
It is the policy of Modoc Medical Center (MMC) to provide timely, evidence-based treatment of patients presenting with acute ischemic stroke through the safe administration of intravenous Alteplase (tPA), in accordance with current guidelines from the American Heart Association and American Stroke Association. Eligible patients will receive IV Alteplase within established therapeutic time windows, with a target door-to-needle time less than 60 minutes, unless contraindicated.

PROCEDURE:
1. Initial Assessment
    - Activate stroke alert.
    - Determine ~~time~~the time of symptom onset~~/~~ last known well (LKW).
    - Perform rapid neurologic assessment (e.g., NIHSS).
    - Obtain vital signs, blood glucose level, and IV access (2-lines preferred).
2. Imaging
    - Obtain non-contrast cat scan (CT) of the head.
    - Exclude intracranial hemorrhage.
3. Eligibility Criteria

    Inclusion
    - Diagnosis of acute ischemic stroke with measurable deficit.
    - LKW <4.5 hours (or imaging-based eligibility).
    - Age > 18 years.

    Exclusion (Absolute)
    - Intracranial hemorrhage on imaging.
    - Active internal bleeding.
    - Recent intracranial surgery, significant head trauma, or prior stroke (< 3 months).
    - Platelets < 100,000.
    - INR (International Normalized Ratio) > 1.7 or significant anticoagulation.
    - Persistent blood pressure > 185/110 mmHg despite treatment.

Relative Exclusions

- Mild or rapidly improving symptoms.
- Seizure at onset with residual deficits.
- Recent major surgery or bleeding.
- Blood glucose < 50 milligram (mg)/deciliter (dL) (must correct prior to treatment).

4. Pre-Treatment Preparation
   - Confirm eligibility and absence of contraindications.
   - Obtain informed consent for medication administration.
   - Control blood pressure to < 185/110 mmHg.
   - Do not delay treatment for labs unless coagulopathy is suspected.
5. Alteplase Administration
   - Dose: 0.9 milligram (mg)/kilogram (maximum 90 mg).
   - 10% as IV bolus given over 1 minute.
   - Remaining 90% is infused over 60 minutes.
   - Ensure infusion pumps are used for medication administration and verify dose with two registered nurses prior to administration.
6. Blood Pressure Management

   Before Alteplase
   - Blood pressure must be < 185/105 mmHg.

   After Alteplase
   - Maintain < 180/105 mmHg for 24 hours.
7. Monitoring

   Neurologic and Vital Signs
   - Every 15 minutes during infusion.
   - Every 15 minutes for 2 hours post-infusion.
   - Every 30 minutes for 6 hours post-infusion.
   - Hourly until 24 hours post-infusion.

   Observe the following:
   - Neurologic deterioration.
   - Severe headache, nausea, and/or vomiting.
   - Signs of bleeding.
8. Post-Administration Care
   - Admit to intensive care unit (ICU)- requires transfer to ~~highera~~a higher level of care.
   - No antiplatelet or anticoagulant therapy for 24 hours post infusion.
   - Repeat head CT/MRI (Magnetic Resonance Imaging) 24 hours prior to initiating antithrombotic therapy.
9. Management of Complications

   Suspected Intracranial Hemorrhage
   - Stop infusion immediately.
   - Obtain ~~emergentan~~an emergent CT scan of ~~headthe~~the head.
   - Notify provider and initiate reversal protocol.

Angioedema

- Discontinue the Alteplase.
- Administer antihistamines, steroids, epinephrine, and epinephrine as indicated.
- Secure the airway if necessary.

10. Documentation Requirements
    - Time of symptom onset/LKW.
    - NIHSS score.
    - Inclusion/exclusion criteria.
    - Blood pressure values.
    - Dose and administration times.
    - Neurologic assessments.
    - Complications and interventions.

REFERENCE:

American Heart Association/American Stroke Association Guidelines for Early Management of Acute Ischemic Stroke (AIS)

ATTACHMENT:

None

REFERENCE #	7010.26	EFFECTIVE: 10/9/2007
SUBJECT:	7010.26 BURN PATIENT STANDARD OF CARE	
DEPARTMENT:	EMERGENCY DEPARTMENT	REVISED: 5/2026

PURPOSE:
The purpose of this policy is to establish standardized guidelines for the assessment, stabilization, treatment, and ongoing management of patients presenting with burn injuries, ensuring safe, evidence-based~~,~~ and high-quality care.

AUDIENCE:
Department Wide

TERMS/DEFINITION:

- Burn Injury: tissue damage caused by thermal, chemical, electrical~~,~~ or radiation sources.
- TBSA (Total Body Surface Area): percentage of body affected by burns.
- Full-Thickness Burn: burn involving all layers of skin.
- Burn Center: specialized facility for comprehensive burn care.

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POLICY:
It is the policy of Modoc Medical Center (MMC), that a~~A~~ll patients with burn injuries will receive prompt and systematic care in accordance with current clinical guidelines, including those recommended by the American Burn Association and World Health Organization. Care will prioritize airway management, fluid resuscitation, pain control, infection prevention, and timely referral when indicated to a burn center.

PROCEDURE:

A. Initial Assessment (Primary Survey)
   1. Assess airway, breathing, and circulation (ABCs).
   2. Administer 100% oxygen if ~~inhalation~~an inhalation injury is suspected.
   3. Establish at least two large-bore intravenous (IV) lines.
   4. Fully expose the patient while preventing hypothermia.

B. Burn Assessment
   1. Determine burn depth (superficial, partial, full thickness).
   2. Estimate TBSA using Rule of Nines or Lund-Browder chart.
   3. Identify high-risk areas (face, hands, feet, genitalia, airway).

C. Immediate Interventions
   1. Stop the burning process.
   2. Cool burn with tepid running water (avoid ice).
   3. Remove restrictive clothing and jewelry.
   4. Cover with sterile, dry dressing.

D. Fluid Resuscitation
   1. Initiate fluid therapy for burns > 10-15% TBSA using the Parkland Formula:
      - 4 mL x body weight (kg) x %TBSA burned.
   2. Administer fluids as below:
      - 50% in the first 8 hours.
      - 50% over the next 16 hours.
   3. Monitor urine output and adjust fluids accordingly.

E. Pain Management
   1. Administer IV opioids (e.g., Morphine).
   2. Reassess pain regularly using standardized pain scales.
F. Wound Care
   1. Cleanse wounds with sterile saline.
   2. Perform debridement as indicated. Gentle cleansing and debridement of nonviable tissue.
   3. Apply topical antimicrobial agents (e.g., silver sulfadiazine).
   4. Apply appropriate sterile dressings. Use of modern occlusive or biosynthetic dressings to promote healing.
   5. For deep burns, early surgical excision and skin grafting ~~is~~are now standard of care.
G. Infection Prevention
   1. Maintain strict sterile techniques.
   2. Monitor for signs of infection or sepsis.
   3. Implement isolation precautions as required.
H. Nutritional Support
   1. Initiate early enteral nutrition for moderate to severe burns.
   2. Provide high-calorie, high-protein diet.
   3. Monitor metabolic and electrolyte status.
I. Monitoring and Ongoing Care
   1. Continuous vital sign monitoring.
   2. Track fluid intake/output. Urine output goal: 0.5 milliliter/kilogram/hour for adults.
   3. Monitor laboratory values (electrolytes, renal function).
   4. Assess for complications (shock, sepsis, compartment syndrome).
J. Burn Center Referral Criteria
   Patients meeting criteria established by the American Burn Association will be transferred promptly. Criteria include the following:
   - Burns > 10% TBSA
   - Burns involving the face, hands, feet, or genitalia.
   - Full-thickness burns.
   - Electrical or chemical burns.
   - Inhalation injuries.
K. Documentation
   - All assessments, interventions, patient responses, and communications must be documented in the electronic medical record in a timely and accurate manner.

REFERENCES:

American Burn Association. (n.d.). Practice guidelines for burn care. American Burn Association. https://ameriburn.org

World Health Organization. (n.d.). Burns. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/burns

ATTACHMENTS:

None

REFERENCE #	7010.26	EFFECTIVE: 10/2007
SUBJECT:	7010.26 CONSENT-INFORMED AND IMPLIED	REVISED: 5/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:
The purpose of this policy is to define the standards and procedures for obtaining informed consent, utilizing implied consent in emergencies~~,~~ and ensuring proper documentation and legal compliance for patient care in the Emergency Department (ED).

AUDIENCE:
Department wide

TERMS/DEFINITION:
Informed consent is a process where a competent patient voluntarily agrees to a medical treatment or procedure after understanding their diagnosis, nature and purpose of the treatment, risks and benefits, alternatives (including no treatment)~~,~~ and expected outcomes.

Implied consent allows healthcare providers to assume that a patient would want lifesaving treatment in emergency situations when they are unable to communicate their wishes.

Capacity: patient's ability to understand, appreciate~~,~~ and communicate a healthcare decision.

Surrogate/substitute decision maker is the person legally authorized to make healthcare choices for another individual when that person is incapacitated.

POLICY:
It is the policy of Modoc Medical Center (MMC) that all patients have the right to make informed decisions regarding medical care. Informed consent will be obtained prior to all non-emergent invasive procedures or treatments. In emergency situations where delay in treatment would result in serious harm or death, implied consent will be assumed~~,~~ and appropriate life-saving interventions may/will proceed.

PROCEDURE:
Informed consent process:

1. Assessment of capacity
    - The provider will evaluate the patient's cognitive ability to consent
2. During the disclosure of information, the provider must explain the following
    - Diagnosis or suspected condition
    - Nature and purpose of proposed treatment
    - Risks and potential complications
    - Benefits of treatment
    - Reasonable alternatives, including no treatment
3. Opportunity for questions
    - Patients are encouraged to ask questions and receive clarification
4. Voluntary decision
    - Consent must be given freely without coercion
5. Documentation
    - Signed consent form obtained prior to procedure.

- Provider documents the discussion in the electronic medical record (EMR)

Implied consent process

1. May be applied when all the following exist
   - The patient lacks decision-making capacity
   - No surrogate decision-maker is available
   - Delay in treatment poses immediate risk of death or serious harm
2. Permitted interventions include, but are not limited to
   - Airway management
   - Resuscitation
   - Hemorrhage control
   - Emergency stabilization procedures
3. Treatment will be limited to what is medically necessary to stabilize the patient
4. Consent must be obtained from the patient or surrogate as soon as reasonable possible once stabilized.

Surrogate/Substitute consent process:

1. If the patient lacks capacity but condition is not immediately life-threatening
   - Efforts must be made to contact the legal surrogate
   - Document all attempts to obtain surrogate consent

Refusal of treatment/informed refusal

1. Competent patients have the right to refuse treatment
2. The provider must explain the risks of refusal, potential consequences, and available alternatives
3. Patient refusal must be documented in the EMR
4. Patients may sign an against medical advice (AMA) form if they choose to leave

Pediatric patients:

1. Consent is required by the parent or legal guardian
2. Exceptions include the following
   - Emancipated minors (per state law)
   - Life-threatening emergencies where implied consent applies
   - Statutorily authorized confidential services

Documentation requirements include

1. Capacity assessment
2. Details of information provided to patient/surrogate
3. Patient questions and responses
4. Final decision (consent, refusal, surrogate decision)
5. Use of interpreter services if applicable
6. Reason for use of implied consent, if applicable

Responsibilities of staff include, but are not limited to:

1. Providers must document capacity, obtain/document informed consent, and initiate emergency treatment under implied consent, when appropriate.

2. Nursing Staff must verify the presence of signed consent forms, witness consent discussions, if required, and report concerns regarding capacity or coercion.

REFERENCES:

Centers for Medicare & Medicaid Services. (2023). State operations manual: Appendix A-Survey protocol, regulations, and interpretive guidelines for hospitals. U.S. Department of Health and Human Services. https://www.cms.gov

California Legislative Information. (2024). California Health and Safety Code and Civil Code: Consent for medical treatment. https://leginfo.legislature.ca.gov.

American Medical Association. (2023). Code of medical ethics opinion 2.1.1: Informed consent. https://www.ama-assn.org

ATTACHMENTS:

None

REFERENCE #	7010.26	EFFECTIVE: 10/2007
SUBJECT:	7010.26 LEGAL EVIDENCE CHAIN OF CUSTODY	REVISED: 5/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:
The purpose of this policy is to establish standardized procedures for the identification, collection, preservation, storage, transfer, and documentation of forensic and legal evidence obtained in the Emergency Department (ED) to ensure integrity of evidence and maintain admissibility in legal proceedings.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
Chain of Custody: a written or electronic chronological documentation showing the seizure, custody, control, transfer, analysis, and disposition of evidence.

Forensic Evidence: any item, specimen, photograph, clothing, or material that may be used in legal or criminal proceedings.

POLICY:
It is the policy of Modoc Medical Center (MMC) that all forensic and legal evidence obtained in the Emergency Department will be collected, handled, secured, transferred, and documented in a manner that preserves the chain of custody and complies with applicable federal, state, and local law enforcement requirements.

All personnel involved in the handling of forensic evidence are responsible for maintaining continuous accountability and proper documentation from the time evidence is collected until final transfer or disposition.

PROCEDURE:
Patient stabilization and emergency medical care will take priority over evidence collection.

- Identification of Evidence
    - Gunshot wounds
    - Stabbings
    - Physical assault
    - Child or elder abuse
    - Domestic violence
    - Huan trafficking
    - Motor vehicle trauma involving fatalities.
    - Suspected homicide
    - Sexual Assault
    - Patients in police custody

~~Patient stabilization and emergency medical care will take priority over evidence collection.~~

- Collection of Evidence
    - Appropriate personal protective equipment (PPE) will be worn during evidence collection.
    - Clean gloves will be changed between collection of separate items.
    - Evidence will be collected using approved forensic techniques and supplies.
    - Each item will be collected separately to prevent contamination.

- Evidence will be labeled immediately upon collection.
- Information required on evidence labels include patient name or identifier, medical record number, date and time collected, description of item, and name and signature/initials of collector.

- Packaging Requirements
  - Evidence will be packaged in appropriate containers.
  - Plastic bags will not be used for wet biological evidence.
  - All packages will be sealed using tamper-evident tape or seals.
  - The collector will initial and date across the seal.
- Chain of Custody Documentation
  - A chain-of-custody form will accompany all forensic evidence.
  - Documentation will include the description of evidence, collection date and time, name/signature of the collector, every transfer of custody, date/time of transfer, and receiving individual's printed name, signature, title, and agency.
  - Evidence will always remain under direct control or secured storage.
  - Unattended or unsecured evidence is prohibited.
- Transfer and Release of Evidence
  - Evidence may only be released to authorized law enforcement personnel.
  - Prior to release of evidence, recipient identification will be verified, badge number or agency identification will be documented, and both parties will sign chain-of-custody documentation.
  - Date and time of release will be recorded.
- Photographic Evidence
  - Clinical or forensic photographs will be obtained according to consent requirements, include patient identifiers, date, and time, and be securely stored within the patient's electronic medical record.
  - Unauthorized photography using personal devices is prohibited.
- Breach of Chain of Custody
  - Any actual or suspected breach will be reported immediately to Nursing Manager and Risk Management.
  - Examples of breach include missing evidence, broken seals, incomplete documentation, unauthorized access, or unsecured storage.
  - Incident report (Safety First) will be completed according to hospital policy.

REFERENCE:

Emergency Nurses Association. (n.d.). Forensic evidence collection and preservation guidelines. ENA.

California Legislature. (2025). California Penal Code 13812.7: Medical treatment protocol and preservation of evidence. California Legislative Information. https://leginfo.legislature.ca.gov

ATTACHMENTS:

None.

REFERENCE #	7010.26	EFFECTIVE: 10/2007
SUBJECT:	MANAGING EMERGENCY DEPARTMENT EXCESS VOLUME7010.26MANAGING EMERGENCY DEPARTMENT EXCESS VOLUME	REVISED: 5/2026
DEPARTMENT:	EMERGENCY DEPARTMENT	

PURPOSE:
The purpose of this policy is to establish a standardized process for managing periods of excess patient volume, surge events, emergency department crowding, inpatient boarding, and operational capacity strain in order to maintain patient safety, continuity of care, regulatory compliance, and operational effectiveness within the Critical Access Hospital (CAH).

AUDIENCE:
Department Wide

TERMS/DEFINITION:
Excess Volume: Aa situation in which patient demand exceeds routine staffing, treatment space, or operational capacity.

Surge Event: Aa sudden or sustained increase in patient volume that challenges normal hospital operations.

Code Triage: Aactivated when an incident occurs, or is anticipated to occur, that may significantly impact normal operations and/or require resources not readily available to appropriately respond to the incident.

Code Triage Internal: Aactivation of the organization's Emergency Operations Plan (EOP) to respond to an event that has occurred within the facility.

Code Triage External: Aactivation of the organization's Emergency Operations Plan (EOP) to respond to an external event that has disrupted, or may disrupt, the facility's regular operations.

Hospital Incident Command System (HICS) will be activated for Code Triage Internal/External incidents. Determinations to contact external agencies for assistance and resources will be made by the HICS team.

POLICY:
It is the policy of Modoc Medical Center (MMC) to maintain an organized and scalable response to periods of increased patient volume that exceeds routine operational capacity. The hospital will implement surge management strategies designed to:

- Protect patient safety.
- Maintain compliance with Emergency Medical Treatment & Labor Act (EMTALA) requirements.
- Ensure continuation of essential hospital services.
- Coordinate staffing and resource allocation.
- Facilitate timely patient transfers when indicated.
- Support continuity of operations during emergencies or disaster conditions.

PROCEDURE:
Surge Level Determination

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Level 1-Increased Volume may include Emergency Department (ED) occupancy greater than 85%, increased patient wait times, boarding patients exceeding four (4) hours, or limited inpatient bed availability.

- Actions for Level 1 may include notification to Nursing Leadership, expedite patient discharges, prioritize environmental services for room turnover, review pending transfers and admissions, utilize available staffing resources, and conduct operational huddle as indicated.

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Level 2-Capacity Strain may include no staffed inpatient beds available, ED treatment areas at capacity, delayed patient transfers exceeding six (6) hours, and/or staffing shortages affecting patient care operations.

- Actions for Level 2 may include notification to Administrator on call, activate partial Hospital Incident Command System (HICS), open approved overflow care areas as appropriate, evaluate postponement of elective procedures or services, request additional staffing resources, coordinate with regional hospitals and transfer center, and increase frequency of operational leadership huddles.

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Level 3-Crisis Surge may include sustained inability to meet patient care demands, disaster or mass casualty incident, regional healthcare system saturation, or critical staffing shortages compromising operations.

- Actions for Level 3 may include the activation of HICS, notification to county emergency management and Emergency Medical Services (EMS) agencies, implementing an emergency staffing contingency plan, opening emergency overflow treatment areas as approved, requesting mutual aid support as necessary, coordinating regional patient distribution activities, and maintain continuous executive leadership oversight.

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EMTALA Compliance

- All individuals presenting to the hospital requesting emergency evaluation or treatment will receive an appropriate Medical Screening Examination (MSE).
- Diversion status will not delay or prevent provision of an MSE.
- Stabilizing treatment will be provided within the capability and capacity of the hospital.
- Transfer will comply with EMTALA requirements and include Physician certification, documentation of risks and benefits, acceptance by receiving facility and appropriate transportation arrangements.
- All EMTALA-related activities will be documented in the patient's electronic medical record.

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Capacity Management may include the following:

- Emergency Department Throughput Strategies.
- Inpatient Throughput Strategies.
- Staffing Contingency Measures.

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Transfer Management

- Patients requiring services beyond the hospital's capability or capacity will be transferred to an appropriate receiving facility.
- All transfer attempts and communications will be documented in the patient's electronic medical record.

- Priority transfer includes trauma patients, stroke patients, high-risk obstetric patients, behavioral health emergencies, and cardiac patients.

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Communication
- Operational huddles will occur routinely during surge conditions.
- The following information will be communicated during the huddle: current bed status, staffing status, diversion status, transfer delays, resource shortages, and operational priorities.
- Communication will occur with hospital leadership, medical staff, EMS agencies, regional healthcare partners, and county emergency management as indicated.

Staff Response:

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Code Triage Alert:
- A Code Triage Alert is given when a response is likely or imminent and should prompt an elevated level of preparedness.
- The acting administrator or designee will assume the role of Incident Commander (IC).
- Key personnel will be alerted via the call-tree by the Incident Commander or designee.
- The activation of a Code Triage Alert should result in the following: the response of pre-designated key personnel to respond to the Hospital Command Center (HCC) for an incident briefing and planning meeting.
- The nature and severity of the incident and the IC will determine if the HCC will be partially or fully activated.

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Code Triage: Internal/External:
- A Code Triage: Internal/External activation is initiated when an organizational response is required.
- The acting administrator, designee or the most qualified person will assume the role of the IC.
- Key personnel will be alerted via the call-tree by the Incident Commander or designee.

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All Clear:
- The Incident Commander, after consultation with the appropriate agencies and staff, will issue an "All Clear" notification to staff to indicate the termination of the response operations.
- An assigned staff member will announce, "Code Triage, All Clear" three (3) times via the overhead paging system and via any other communication mediums used during the incident.
- All employees are to return to normal operations.

REFERENCE:

Centers for Medicare & Medicaid Services. (2024). Critical access hospitals. U.S. Department of Health and Human Services. https://www.cms.gov/medicare/health-safety-standards/certificaiton-compliance/critical-access-hospitals

Centers for Medicare & Medicaid Services. (2023). Emergency Medical Treatment and Labor Act (EMTALA). U.S. Department of Health and Human Services. https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act

California Hospital Association. (2023). EMTALA in disaster situations. https://calhospital.org/information-for-hospitals-in-a-disaster-setting

Hospital Preparedness Program

ATTACHMENTS:
None

SURGERY DEPARTMENT

REFERENCE #	7420.26	EFFECTIVE 12/2005
SUBJECT:	GROSS SPECIMENS7420.26 GROSS SPECIMENS	REVISED 05/2026
DEPARTMENT:	OPERATATING ROOM	

PURPOSE:
The purpose of this policy is to provide a list of specimens that usuallyare usually only grossed but not submitted for microscopic examination.

AUDIENCE:
Department Wide

TERMS AND DEFINITIONS:
None

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POLICY:
It is the policy of Modoc Medical Center (MMC) that specimens considered only grossed, and do not need to be submitted for microscopic evaluation, (unless special circumstances, as determined by a Pathologist, require microscopic evaluation) may be discarded.

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PROCEDURE:

The following is a list of specimens that are usually only grossed.

- Tonsils-Under 18 years old
- Adenoids-Under 18 years old
- Orthopedic Hardware
- Intrauterine Devices
- Foreskin
- Bunions
- Torn Meniscus
- Bone fragments removed during corrective or reconstructive orthopedic procedures
- Normal skin from plastic or reconstructive surgery unless provided it is not contiguous with a lesion and the patient has no history of malignancy
- Nasal Septa
- Cataracts

~~**PROCEDURE:**~~

~~The following is a list of specimens that are usually only grossed.~~

- ~~Tonsils-Under 18 years old~~
- ~~Adenoids-Under 18 years old~~
- ~~Orthopedic Hardware~~
- ~~Intrauterine Devices~~
- ~~Foreskin~~
- ~~Bunions~~
- ~~Torn Meniscus~~
- ~~Bone fragments removed during corrective or reconstructive orthopedic procedures~~
- ~~Normal skin from plastic or reconstructive surgery unless provided it is not contiguous with a lesion and the patient has no history of malignancy~~
- ~~Nasal Septa~~
- ~~Cataracts~~

- Teeth
- Toenails and fingernails that are incidentally removed.
- Placentas from uncomplicated pregnancies that do not meet the facility or Health Care Organization criteria.
- Foreign Bodies or other medicolegal evidence given directly to law enforcement.

Note: If the submitting doctors request "Gross Only and the specimen is not on this list, contact a Pathologist

REFERENCES:

Aorn 2025 edition. Guidelines for perioperataiveperioperative practice. Page 990, talbetable 4 and 5.

ATTACHMENTS:

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DIETARY ACUTE

REFERENCE #	8345.26	EFFECTIVE 8/2020
SUBJECT:	8345.26 AVAILABLE DIETS	REVISED 05/2026
DEPARTMENT:	DIETARY - ACUTE	

PURPOSE

The purpose of this policy is to inform the physicians and nursing staff of available diets the facility is able to provide and accommodate.

AUDIENCE:

Department Wide

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TERMS/DEFINITIONS

Diet-t Is a type and amount of food prescribed for a person to either meet their nutritional needs and/or treat a medical condition.

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~~Is a type and amount of food prescribed for a person to either meet their nutritional needs and/or treat a medical condition.~~

POLICY

It is the policy of Modoc Medical Center's (MMC) Acute Dietary Department to provide a diet/nutrition care manual that outlines diets available for use in our facility.

PROCEDURE

- Diets will be offered as ordered by the physician. The following diets are offered at our facility and may be found in the Diet/Nutrition Care Manual. Any diets ordered that are not available on the menu will be written/clarified and approved by the facility's Registered Dietitian.
    - Regular diet
    - Vegetarian diets and variations
    - High calorie/high protein
    - Fortified
    - Finger foods
    - Low lactose/lactose free
    - Gluten free
    - Fluid restrictions
    - Protein restrictions

- Clear/full liquid
- Diabetic/45g CCHO, 60g CCHO
- Sodium restricted diets i.e., no added salt & 2 gm Na
- Low fat
- Heart healthy (cardiac)
- Bland
- Renal 60g
- In addition to these diets, the facility will accommodate texture modifications ordered by the physician/IDDSI.

- In an effort to individualize therapeutic diet orders, secondary diet orders may be offered and can be combined with the main diet order to achieve desired results. The following secondary diets are offered:

  - IDDSI

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REFERENCES

None

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ATTACHMENTS

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None

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REFERENCE #	8345.26	EFFECTIVE 09/01/2020
SUBJECT:	8345.26 CLEANING INSTRUCTIONS FOR CLOSTHS, PADS, MOPS AND BUCKETS	REVISED 05/12/2026
DEPARTMENT:	DIETARY - ACUTE	

PURPOSE:

The purpose of this policy is to provide clean and sanitary cloths, pads, mopsmops, and buckets.

AUDIENCE:

Department Wide

TERMS AND DEFINITIONS:

None

POLICY:

It is the policy of Modoc Medical Center's (MMC's) Acute Dietary Department that cleaning tools (cloths, pads, mops, and buckets) be maintained in clean, fresh and odor-free condition.

PROCEDURE:

- Cleaning cloths and pads will be washed by the Laundry Department.
- Cleaning cloths will be kept in container of clean sanitizing solution between uses.
- The sanitizing solution will be tested daily to ensure that it maintains the correct concentration.
- Mops will be rinsed thoroughly after each use in fresh, hot water to which a sanitizer has been added. Mops will be washed by the Laundry Department. Fresh mop heads will be used each day.
- Mop buckets and wringers will be washed out after each use, anduse and stored inverted to allow for proper drainage. Mops, wringerswringers, and buckets will be stored in an appropriate area away from food and food preparation.
- Mops should be hung inverted between uses, anduses and stored separately from food areas.

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REFERENCES:

Dorner, Becky, Diet and Nutrition Care Manual: A Comprehensive Nutrition Care Guide, Becky Dorner &Associates& Associates, Inc., Dunedin, FL 2019.

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ATTACHMENTS:

None

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REFERENCE #	8345.26	EFFECTIVE 3/23/2026
SUBJECT:	8345.26 NUTRITION SCREENING ASSESSMENT	REVISED: 05/2026
DEPARTMENT:	DIETARY ACUTE AND SNF	

PURPOSE:
The purpose of this policy and procedure is to outline how patients are identified and determined to be at risk for malnutrition. Nutrition screening, and providing nutrition care through assessment and interventions, are the procedures that support ~~the aim for~~ quality care.

AUDIENCE:
All Staff

TERMS/DEFINITION:

Nutrition screening is defined as the process of identifying patients at specific nutritional risk(s) or with existing malnutrition on admission to any of our facilities.

Nutrition Assessment is defined as a comprehensive assessment that uses a combination of the following data: medical, nutritional, medical histories, current medications, anthropometric measurements, biochemical/laboratory data and meal and fluid intake, as well as socio-economic information. A nutrition assessment involves collaboration with interdisciplinary team members and the patient/resident and family members and/or Power of Attorneys (POAs) whenever possible. This provides the basis for nutritional intervention and a treatment plan.

Commented [AV1]: @Sandra Brown this needs to be spelled out and then the abbreviation put in parenthesis

Commented [BH1R2]: I completed this task - thanks

Reassessment is defined as a follow-up assessment that is based on the care plan or changes in the patient's/resident's condition. Reassessment includes looking at all the original data and then comparing it to new data to note improvements or lack of improvements.

POLICY:
It is the ~~aim of the Last Frontier Health District's~~ policy of Modoc Medical Center (MMC) ~~and Mountain View and Warner View Skilled Nursing Facilities,~~ to screen, assess and reassess all acute and swing patients and all skilled nursing facility (SNF) ~~SNF~~ residents for individual nutritional needs.

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PROCEDURE:
~~All facilities use the Cerner Electronic Medical Record (EMR).~~ All Dietary Department staff use ~~Cerner~~the electronic medical records (EMR) t~~T~~emplates for assessment and reassessment. ~~The Acute Dietary Staff and the Registered Dietitian use the Cerner Nutrition Assessment and Plan—Adult or the Cerner Nutrition Assessment and Plan—Pediatric/Neonate. These forms can be found in the "Adhoc" Charting tab of the EMR. The Certified Dietary Manager of the Skilled Nursing Facilities uses the Cerner Mini-Nutritional Assessment with a scored risk value assigned to their nutritional risk.~~

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Initial assessments are completed by both the Dietary Managers and the Registered Dietitian Nutritionist (RDN). The Dietary Managers focus on the patients'/residents' food tolerances and intolerances, their ability to feed themselves, use of cutlery, ability to chew and swallow, any food allergies, and food and beverage likes and dislikes are also noted. The ~~Registered Dietitian Nutritionist~~RDN assesses if current

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meal and fluid intake meets the patient/resident need, the appropriateness of the Diet Order, notes the medical need for the Diet Order and develops a Care Plan.

FREQUENCY OF ASSESSMENTS

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The Dietary Managers do their initial assessment within 24-32 hours of admission Monday – Friday. Any weekend admissions will be completed Monday. Nursing staff and the Hospitalist are to note any food allergies and assess the ability to cut/chew/swallow food when the Acute Certified Dietary Manager (CDM) is not available to complete this task. The ~~Registered Dietitian Nutritionist~~RDN has the first 72 hours of admission to complete the initial acute and swing stay assessments. Reassessment by the RDN will occur for either type of stay after 7 days/one week after initial assessment and weekly thereafter until discharge.

The Skilled Nursing Facility Dietary Manager completes the initial screening with 24-32 hours ~~M-F~~Monday-Friday and then completes the Mini-Nutrition Assessment every quarter to report out at the weekly Interdisciplinary Team Meetings. This Dietary Manager is also responsible for monitoring the weights of the SNF residents, either monthly or weekly as ordered. This CDM is also responsible for informing the Provider and RDN of any significant changes (> 5% ~~change)~~change) The Registered Dietitian Nutritionist completes at a minimum, a quarterly review of all SNF residents, and anytime there is a significant change in their health status or Nutrition Consultation requested.

REFERENCES:

1. Dorner, Becky, Diet and Nutrition Care Manua: A Comprehensive Nutrition Care Guide, Becky Dorner & Associates, Inc. Dunedin, FL 2019.

ATTACHMENTS:

A) The Cerner Nutrition Assessment and Plan – Adult
B) The Cerner Nutrition Assessment and Plan – Fields used by Acute Dietary Manager
   The Cerner Nutrition Assessment and Plan – Fields used by the Registered Dietitian Nutritionist.
C) The Cerner Mini-Nutritional Assessment Form

FACILITIES/EOC

REFERENCE #	8460.26	EFFECTIVE 10/2020
SUBJECT:	8460.26 HAZARDOUS MATERIAL SPILLS	REVISED 05/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to minimize hazards to human health and the environment resulting from any unplanned release of hazardous materials or hazardous waste to air, soil, surface water, or groundwater.

AUDIENCE:
All Staff

TERMS/DEFINITION:
Hazardous Material: Any material currently in use that poses a threat to human life, health, or the environment.

Hazardous Waste: Any material no longer in use that poses a threat to human life, health, or the environment. A material is considered a waste when it has been used, contaminated, expired, or identified as exceeding operational ~~needs~~boundaries.

POLICY:
It is the policy of Modoc Medical Center (MMC) to maintain an established Hazardous Materials Spill Response Plan that:

- Properly identifies hazardous materials and hazardous waste, and
- Provides clear guidelines for safe and effective response to spills or releases.

This plan may be implemented whenever hazardous materials or waste are released due to the following events:

Fire and/or Explosion

- A fire or explosion that causes, or could potentially cause, the release of toxic materials.

Spills or Releases

- A spill or leak that releases toxic gases, fumes, or vapors.
- A spill that cannot be contained on-site and may contaminate soil or surface/groundwater.
- A spill or leak of flammable liquid or gas that could result in fire or explosion.

Severe Weather

- Weather events such as snowstorms, floods, or tornadoes that may cause a spill or release of hazardous materials or waste.

PROCEDURE:
Initial Response (Person Discovering the Spill)
Any person discovering a spill or leak suspected to involve hazardous material shall:

- Evacuate and secure the immediate area.
- Attend to immediate first aid needs, if safe to do so.
- Remain outside the spill area until response personnel arrive.
- Notify their department supervisor or manager immediately.
- If there is a fire, explosion risk, or sudden unplanned release, immediately notify one of the following Emergency Coordinators:
  - Hospital Disaster Preparedness Coordinator (HDP)
  - ~~Maintenance~~ Director of Facilities or designee
  - Administrator-on-call

Spill Response Team Notification

The Chemical Spill Response Team consists of:

- Hospital Disaster Preparedness Coordinator (HDP)
- ~~Maintenance~~ Director of Facilities or designee
- Administrator or designee

The team shall:

- Respond to a location outside the spill area.
- Obtain the following information before entering the area:
  - Material involved (name from label, if known)
  - Physical state (gas, liquid, or solid)
  - Approximate quantity released
- Obtain and review the Material Safety Data Sheet (MSDS), paying special attention to:
- Hazardous and physical properties
- Spill and leak procedures
- Fire and explosion hazards

Spill Management and Cleanup

- Establish a command post outside the immediate spill area.
- Notify the Hospital Disaster Preparedness Coordinator (HDP) or designee and the Fire Department, as appropriate, if the spill poses serious health, safety, or environmental risks.
- Implement spill response and containment measures:
  - Assess required Personal Protective Equipment (PPE). No entry is permitted without appropriate PPE, including respirators, gloves, boots, and protective suits as needed.
  - Contact Maintenance to shut off utilities or controls if necessary.
  - Assess availability of the appropriate spill kit (e.g., formaldehyde, acid, caustic).
  - If appropriate spill kits or PPE are not available, contact the Fire Department.
  - Use spill kits strictly according to manufacturer instructions.
  - Perform cleanup using safe, practical techniques; do not rush.
- Complete the Chemical Spill Report Form (Attachment A).
- Submit the report to the Environment of Care Committee for review.

- Provide written notification to regulatory agencies when a chemical release meets reportable quantity (RQ) requirements.

REFERENCES:
None.

ATTACHMENTS:
HAZARDOUS MATERIAL SPILL REPORT FORM
INSPECTION OF HAZARDOUS MATERIALS SPILL KITS

HAZARDOUS MATERIAL SPILL REPORT FORM

To be completed by the Disaster Preparedness Coordinator, or Designee, following all hazardous material spill clean-up operations.

DATE OF OCCURRENCE: ____________________ TIME: ______________________

FACILITY: ____

LOCATION: (Be Specific):

____

____

____

MATERIAL SPILLED: ____________________ AMOUNT/VOLUME: ______________

COORDINATOR/CONTACT PERSON: ___________________________ EXT: _______

SPILL RESPONSE ACTIONS TAKEN:

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ANALYSIS/REVIEW OF SPILL CLEAN UP EFFORTS:

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Please forward-completed form to Disaster Preparedness Coordinator.

INSPECTION OF HAZARDOUS MATERIALS SPILL KITS

Type	Location	Contents	Date Evaluated
Formaldehyde	Surgery	Absorbent, neutralizing granules, gown, gloves, splash goggles, disposal bags, scoop, scraper, labels	
Acid	Laboratory	Absorbent, neutralizing granules, gown, gloves, splash goggles, disposal bags, scoop, scraper, labels	
Caustic	Laboratory	Absorbent, neutralizing granules, gown, gloves, splash goggles, disposal bags, scoop, scraper, labels	
Mercury	Maintenance	Absorbent pads, absorbent granules, scoop, disposal container, hazard labels, hand pump vacuum	
Blood/body Fluids	Laboratory, Patient Care Areas, EVS	Disinfectant s7pray, absorbent granules, semirigid disposal envelope, disposable scoop	
Solvent	Laboratory	Absorbent granules, gown, gloves, splash goggles, disposable bags, scoop, scraper, labels	
Chlorine	Dietary		

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 PREVENTATIVE MAINTENANCE - ELECTRICAL DISTRIBUTION SYSTEM & GENERATOR	REVISED 05/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure the safe, reliable and continuous operation of the electrical distribution system at Modoc Medical Center (MMC) through a scheduled maintenance program that monitors, tests, documents and corrects system performance in accordance with established preventive maintenance schedules.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to maintain a scheduled maintenance system to plan, monitor and document all testing and maintenance activities for the electrical distribution system. Preventive and corrective maintenance shall be performed at predetermined intervals as outlined in the Preventive Maintenance System (P.M.S.) to ensure compliance, safety and reliability.

PROCEDURE:

- All electrical receptacles are inspected by an engineer within the established maintenance time frame for each environmental unit.
- Preventive maintenance work orders for electrical distribution system components are generated at predetermined intervals.
- Work orders are assigned through WorxHub by the Director of Facilities or the ~~Maintenance~~Facilitiees Department~~-~~Lead.
- The electrical distribution system is inspected and tested at scheduled intervals. Preventive and corrective maintenance is performed as necessary.
- A corrective maintenance form is submitted for:
  - Repairs exceeding 30 minutes, or
  - Repairs requiring tools or parts not readily available.
- Upon completion of scheduled maintenance, the ~~engineer~~Facilities Department completes the work order, documents all actions taken, records the completion date, and submits the documentation to the Director of ~~Engineering~~Facilities.
- The ~~Engineering~~Facilities/EOC Department inspects the generator and batteries weekly.
- Generator testing is performed bi-weekly under actual load and operating temperature conditions for a minimum of 30 minutes.

- Generator test results are documented and reviewed weekly by the Director of Facilities to ensure reliable performance.

REFERENCES:
None.

ATTACHMENTS:
EVALUATION FORM EMERGENCY LIGHTING AND POWER SYSTEMS

EVALUATION FORM
EMERGENCY LIGHTING AND POWER SYSTEMS

Surveyor Name: ______________________ Location: ______________________

Number of Beds: __________ Number of Stories: ____________ Number of Resident Elevators: ___________

Source of Emergency Power

Independent Emergency Service Form ______________________________________

Separate Generating Plant ❑ Yes ❑ No Separate Substation ❑ Yes ❑ No

Changeover: ______________________________ ❑ Manual ❑ Automatic

Emergency Generator: ______________________________________

Type: ❑ Diesel ❑ Gasoline ❑ LPG ❑ Natural Gas ❑ Steam Turbine ❑ Steam Engine

Frequency of Tests: Annual

Fuel Storage Capacity: ________________ Gallons: ______________ Hours of Service: ____________

Date Manufactured: ______________________ Date Installed: ______________________

Capacity: KW _____________ Voltage _____________ Amperes ____________ Phases ____________

Automatic Start ______________ Manual Start ______________ Manual Transfer Switch ____________

Automatic Transfer Switch ____________________ Bypass for Transfer Switch ____________________

Items Supplied With Emergency Power	Yes	No	Partial	N/A
A. Illumination and Receptacles. All receptacles connected to emergency system and all light switches controlling emergency lighting shall be identified in a conspicuous and permanent manner. 1. Corridors serving residents and corridors leading to exit stairs shall be provided with lighting having an intensity of not less than one footcandle at floor level. One 50 watt light every 50 linear feet will generally satisfy this requirement.				
2. Illuminated exit signs and exit direction signs.				
3. Stairways designated as fire exits shall be provided with at least one light per story, plus additional lighting necessary to assure at least one footcandle illumination of the stairway enclosures on all landings and steps or ramps.				

Items Supplied With Emergency Power	Yes	No	Partial	N/A
4. Lighting having an intensity of not less than 10 footcandles at working surfaces shall be provided in each area needed to assure continued function of the facility, including but not limited to nurses' stations, utility rooms, medicine preparing rooms, pharmacies, central services, kitchens, formula rooms, boiler plant, telephone equipment rooms. Suitable battery powered lights may be acceptable.				
5. Lighting having an intensity of at least 10 footcandles at a height of 30 inches above the floor and at least 2 duplex receptacles, to which no equipment such as lighting fixtures, motorized beds, or resident monitoring equipment are normally connected, at the head of each bed, in intensive care and cardiac care. Resident monitoring equipment in these rooms shall be supplied from the emergency system.				
6. Duplex electrical receptacles, at least each 50 linear feet in resident corridors, so located that any bed can be reached with a 50 foot extension cord, to be used for connecting portable apparatus, such as suction apparatus, oxygen tents, diagnostic equipment, heart pacers and electrocardiograph.				
7. Lighting having an intensity of at least 10 footcandles in telephone switchboard rooms at a height of 30 inches above the floor.				
B. Communications, Signal and Alarm Systems 1. Fire alarm and smoke detection systems, including two-way intercommunication system if used for fire alarm.				
2. Nurse call systems in all areas.				
3. Oxygen low pressure and system change-over alarms.				
4. Emergency call systems in intensive care.				
C. Power for Essential Building Services 1. Where resident elevators are required, at least one resident elevator shall be able to operate continuously on emergency power, provided that at least one elevator operating on emergency power shall be accessible from all resident areas not on the ground floor. Provisions shall be made to operate other resident elevators from the emergency system, one at a time, long enough to evacuate residents and personnel from the cabs.				
2. All power required to operate at least one source of heat together with all auxiliary equipment and controls, to provide domestic hot water and heat for sterilization.				
3. All power required to operate at least one source of heat together with 1 auxiliary equipment controls; and where needed, convectors, circulating systems and air handling systems to provide heat in critical areas such as special care units.				

Items Supplied With Emergency Power	Yes	No	Partial	N/A
4. In design temperature zones applies, all power required to operate at least one source of heat together with all auxiliary equipment, controls, and where needed, convectors, circulating systems and air handling systems to provide heat in resident rooms. Exception: Where only electric power is used for space heating, electric heating in required areas shall be supplied from the emergency system or an alternate source of heat shall be provided for emergency use. Where normal power service to the facility consists of more than one public utility distribution feeder, emergency heating for resident rooms will not be required.				
5. Supply and exhaust fans serving critical areas such as special care units and controls for these fan systems; electronic filters, if provided.				
6. Air compressor for temperature controls (where serving critical areas).				
7. Central suction systems serving critical medical and surgical functions.				
8. Surgical and medical compressed air systems, if installed.				
9. Blood bank, biological and other critical refrigerators.				
10. Incubators in laboratory, if critical tests would be affected by loss of normal power.				
11. Domestic water booster pumps.				
12. Ventilation system for emergency generator room, if required for generator operation.				
13. Food handling equipment.				

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 UTILITIES MANAGEMENT IDENTIFIED PROBLEMS	REVISED 05/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is t~~T~~o ensure that all reported equipment and facility issues are promptly inspected, repaired, documented and communicated in order to maintain safe, reliable operations and support patient care.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) that the ~~Engineering Department/Service~~Faciliites/EOC Department is responsible for responding to all identified maintenance and repair issues within the scope of its operations in a timely manner. All actions taken to resolve problems must be documented through established logs, work orders and problem resolution records.

PROCEDURE:
- ~~Engineering~~Facilities Department personnel respond to work order requests by inspecting damaged or malfunctioning equipment.
- If repairs are within departmental capability, necessary repairs or adjustments are performed.
- If repairs are beyond departmental scope, authorization is obtained from the Director of Facilities or designee to use an outside vendor.
- All repairs are documented, including the date and work performed, on the work order form.
- Preventive maintenance schedules are updated when repairs occur outside of scheduled maintenance times.
- User departments are notified if repairs cannot be completed within the expected timeframe.
- Equipment repaired by outside vendors is inspected and/or tested by ~~Engineering~~Facilities Department before being returned to service to ensure proper function and electrical safety.
- Equipment determined to be non-repairable is returned to the user department for disposal in accordance with hospital equipment disposal policies.

REFERENCES:
None.

ATTACHMENTS:
PROBLEN RESOLUTION LOG

PROBLEM RESOLUTION LOG

DATE	KNOWN OR POTENTIAL PROBLEM	DATA SOURCE	METHOD OF ASSESSMENT	CORRECTIVE ACTION	FOLLOW UP	DATE OF RESOLUTION OR ASSIGNED TO:

REFERENCE #	8460.26	EFFECTIVE 09/1997
SUBJECT:	8460.26 UTILITIES MANAGEMENT PROBLEMS, FAILURES, USER ERRORS	REVISED 05/2026
DEPARTMENT:	FACILITIES	

PURPOSE:
The purpose of this policy is to ensure that all failures of vital or essential utility systems are promptly reported, investigated, documented, and analyzed ~~in order~~ to protect patient care, staff, visitors, and hospital operations.

AUDIENCE:
Department Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) that any failure of a vital or essential utility system that could impact patient care, safety, or comfort must be reported using a Utility System Failure Report. These systems include, but are not limited to, power, medical gas, fire protection, communication, water, and HVAC-related systems.

PROCEDURE:

- A Utility System Failure Report is completed immediately after a system failure occurs.
- The Director of Facilities or designee investigates the failure, resolves the issue, and develops short- and long-term prevention plans.
- Findings and recommendations are documented on the System Failure Report Form.
- The Director of Facilities reviews and approves reports completed by designees.
- Reports are routed to the Safety Officer and Director of Risk Management, with a copy retained by ~~Engineering~~ the Facilitiets/EOC Department.
- Each incident is logged with an identification number in the System Failure Report Log.
- The Director of Facilities reviews the log quarterly to identify trends or recurring issues.
- A quarterly summary and analysis report is presented to the Safety Committee, including any additional corrective actions taken.

REFERENCES:
None.

ATTACHMENTS:
SYSTEM FAILURE REPORT FORM
SYSTEM FAILURE REPORT LOG SHEET

SYSTEM FAILURE REPORT FORM

Report Identification #____________________ Date of Failure____________________

Report completed by____

System____

Describe the problem (include time, duration, location and type of event)

____

____

What caused the problem (user error, improper or no maintenance, vandalism)?

____

____

What areas were affected and for how long?

____

What equipment/activities were affected and for how long?

____

____

How was the problem resolved?

____

____

What actions were taken to prevent a recurrence?

____

____

Attach additional documentation (correspondence, work order) that amplifies the pertinent data contained ~~on~~in this form.

Reviewed and approved by

Director of Facilities______________________________ Date________________

SYSTEM FAILURE REPORT LOG SHEET

REPORT NUMBER	ASSIGNMENT DATE	SYSTEM AFFECTED	REPORT MANAGER NAME	REPORT COMPLETION DATE

REFERENCE # 8460.26	EFFECTIVE 10/2020
SUBJECT: 8460.26 WALL HANGINGS	REVISED 05/2026
DEPARTMENT: FACILITIES	

PURPOSE:
The purpose of this policy is to ensure that all wall hangings within Modoc Medical Center (MMC) maintain a professional appearance, are safely installed, and comply with regulatory, safety and fire code requirements.

AUDIENCE:
Facility Wide

TERMS/DEFINITION:
None.

POLICY:
It is the policy of Modoc Medical Center (MMC) to require that all items permanently hung on facility walls—such as pictures, posters, licenses, plaques and bulletin boards—must:

- Be professional and appropriate for the workplace
- Align with MMC's professional décor standards
- Receive prior administrative approval (unless specifically exempt)
- Be installed only by ~~Engineering staff~~Facility/EOC Department staff
- Comply with safety and fire code regulations

Items excluded from this policy include:

- Temporarily posted items on bulletin boards
- Items mounted on approved systems furniture
- Temporary items inside staff locker doors

PROCEDURE:
Approval Request
- Administrative approval must be obtained before hanging or mounting any item.
- Approval is requested via email from a member of Senior Leadership (HR Director, CEO, Finance Director~~CFO~~, CNO, or COO).

Notification to ~~Engineering~~Facilities/EOC Department
- The approving Senior Leader emails ~~Engineering~~Facilities/EOC with approval and any installation instructions.

Work Order Submission
- The department manager submits a work order to ~~Engineering~~ Facilities/EOC.
- The request must include a description of the item(s) and ~~approximate~~an approximate weight.

Installation
- ~~Engineering~~Facilities/EOC installs all approved wall hangings using safe, standard methods.

- Priority is given to items required by law, regulation, or safety.
- All installations must meet local fire codes and safety standards.
- All wall hangings must be mounted in permanent fixtures or frames.

Staff Offices

- Staff with personal offices may hang diplomas, licenses and certificates without Senior Leadership approval, but ~~Engineering~~Facilities/EOC must install them.
- Additional framed items (e.g., artwork, photos, motivational items) require Senior Leadership approval.
- A maximum of six wall hangings is allowed per office.
- Bulletin boards in staff offices require prior administrative approval.

Placement Responsibility

- Department managers identify preferred locations.
- If the location is unsuitable, ~~Engineering~~Facilities/EOC collaborates with the manager to determine an appropriate alternative.

REFERENCES:
None.

ATTACHMENTS:
None.

IT DEPARTMENT

REFERENCE #	8480.26	EFFECTIVE
SUBJECT:	8480.26 EMAIL RETENTION POLICY	REVISED 05/2026
DEPARTMENT:	INFORMATION TECHNOLOGY	

PURPOSE
The purpose of this policy is to instruct employees of Modoc Medical Center (MMC) determine what information sent or received by email should be retained and for how long.

AUDIENCE

Hospital Wide

TERMS/DEFINITIONS

Approved Electronic Mail- Includes all mail systems supported by the Information Technology Services (ITS) Support Team. These include, but are not necessarily limited to, Microsoft Office 365 or Proton Mail.

POLICY

Email Retention

Commented [AV1]: @Sandra Brown correct format

It is the policy of MMC that all emails sent or received using MMC-owned domains—including, but not limited to, ModocMedicalCenter.org, ModocMedicalCenter.com, CanbyClinic.org, and LastFrontierPharmacy.com—are archived indefinitely.

Email archiving is performed through the approved email service provider, Microsoft Office 365, to an immutable email archive account, as well as through the approved email filtering and security service provider, Mimecast.

PROCEDURE

Email archival is performed by the email service provider, and email filtering and security service providers automatically. No user input or action is required for the implementation of email archival.

REFERENCES

None

ATTACHMENTS

None

REFERENCE #	8480.26	EFFECTIVE 01/01/2022
SUBJECT:	8480.26 ACCEPTABLE ENCRYPTION POLICY	REVISED 05/01/2026
DEPARTMENT:	INFORMATION TECHNOLOGY	

None

REFERENCE #	8480.26	EFFECTIVE 01/01/2022
SUBJECT:	8480.26 ACCEPTABLE ENCRYPTION POLICY	
DEPARTMENT:	INFORMATION TECHNOLOGY	REVISED 05/01/2026

PURPOSE

The purpose of this policy is to provide guidance that limits the use of encryption to those algorithms that have received substantial public review and have been proven to work effectively. Additionally, this policy provides direction to ensure that Ffederal regulations are followed, and legal authority is granted for the dissemination and use of encryption technologies outside of the United States..

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TERMS/DEFINITIONS

Proprietary Encryptionn: An algorithm that has not been made public and/or has not withstood public scrutiny. The developer of the algorithm could be a vendor, an individual or the government. government.

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An algorithm that has not been made public and/or has not withstood public scrutiny. The developer of the algorithm could be a vendor, an individual or the government..

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POLICY

General

It is the policy of Modoc Medical Center's (MMC) Information Technology Services Department to establish key length requirements and to review them annually and upgrade them as technology allows.

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All encryption in use at MMC must meet or exceed the minimum federal guidelines for HIPAA compliance.

The use of proprietary encryption algorithms is not allowed for any purpose, unless reviewed by qualified experts outside of the vendor in question and approved by the Information Technology Services Department. Be aware that the export of encryption technologies is restricted by the U.S. Government.

Enforcement

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

PROCEDURE

The use of proprietary encryption algorithms is not allowed for any purpose, unless reviewed by qualified experts outside of the vendor in question and approved by the Information Technology Services Department. Be aware that the export of encryption technologies is restricted by the U.S. Government.

Enforcement

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

REFERENCES

None

ATTACHMENTS

REFERENCE #	8480.26	EFFECTIVE
SUBJECT:	8480.26 MOBILE COMPUTING AND STORAGE POLICY	REVISED 05/01/2026
DEPARTMENT:	INFORMATION TECHNOLOGY	

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PURPOSE

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The purpose of this policy is to establish an authorized method for controlling mobile computing and storage devices that contain or access information resources at Modoc Medical Center. With advances in computer technology, mobile computing and storage devices have become useful tools to meet the business needs at Modoc Medical Center. These devices are especially susceptible to loss, theft, hacking, and the distribution of malicious software because they are easily portable and can be used anywhere. As mobile computing becomes more widely used, it is necessary to address security to protect information resources at Modoc Medical Center.

TERMS/DEFINITIONS

~~CD~~

CD- A compact disc (sometimes spelled disk) is a small, portable, round medium made of molded polymer (close in size to the floppy disc) for electronically recording, storing, and playing back audio, video, text, and other information in digital form.

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~~DVD~~

DVD- The digital versatile disc stores much more than a CD and is used for playing back or recording movies. The audio quality on a DVD is comparable to that of current audio compact discs. A DVD can also be used as a backup media because of its large storage capacity.

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~~Flash drive~~

Flash Drive- A plug-and-play portable storage device that uses flash memory and is lightweight enough to attach to a key chain. The computer automatically recognizes the removable drive when the device is plugged into its USB port. A flash drive is also known as a keychain drive, USB drive, or disk-on-key. A keychain drive, which looks very much like an ordinary highlighter marker pen, can be used in place of a floppy disk, Zip drive disk, or CD.

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Handheld wireless device-

A communication device small enough to be carried in the hand or pocket. Various brands are available, and each performs some similar or some distinct functions. It can provide access to other internet services, can be centrally managed via a server, and can be configured for use as a phone or pager. In addition, it can include software for transferring files and for maintaining a built-in address book and personal schedule. Social Networking the use of dedicated websites and applications to interact with other users, or to find people with similar interests to oneself.

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~~Media type~~

Media type - For the purpose of this policy, the term "media type" is interchangeable with "mobile device." Not to be confused with media makes, models, or brands.

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~~Media type model~~

Media type model-

Refers to the brand of media device such as Sony, Treo, or IBM.

~~Refers to the brand of media device such as Sony, Treo, or IBM.~~

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REFERENCE #	8480.26	EFFECTIVE
SUBJECT:	8480.26 MOBILE COMPUTING AND STORAGE POLICY	
DEPARTMENT:	INFORMATION TECHNOLOGY	REVISED 05/01/2026

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Mobile Devices- Mobile media devices include, but are not limited to: PDAs, plug-ins, USB port devices, CDs, DVDs, flash drives, modems, handheld wireless devices and any other existing or future media device.

~~Mobile media devices include, but are not limited to: PDAs, plug-ins, USB port devices, CDs, DVDs, flash drives, modems, handheld wireless devices, and any other existing or future media device.~~

Modems- A device that modulates and demodulates information so that two computers can communicate over a phone line, cable line, or wireless connection. The connection talks to the modem, which connects to another modem that in turn talks to the computer on its side of the connection. The two modems talk back and forth until the two computers have no further need of either modem's translation services.

~~A device that modulates and demodulates information so that two computers can communicate over a phone line, cable line, or wireless connection. The connection talks to the modem, which connects to another modem that in turn talks to the computer on its side of the connection. The two modems talk back and forth until the two computers have no further need of either modem's translation services.~~

PDA- The Personal Digital Assistant is also known as a handheld. It is any small mobile hand-held device that provides computing and information storage and retrieval capabilities for personal or business use, often for keeping schedule calendars and address book information handy.

~~The Personal Digital Assistant is also known as a handheld. It is any small mobile hand-held device that provides computing and information storage and retrieval capabilities for personal or business use, often for keeping schedule calendars and address book information handy.~~

Plug-in- Programs that can easily be installed and used as part of your Web browser. A plug-in application is recognized automatically by the browser, and its function is integrated into the main HTML file that is being presented. Among popular plug-ins is Adobe's Acrobat, a document presentation and navigation program that provides a view of documents just as they look in the print medium. There are hundreds of plug-in devices.

~~Programs that can easily be installed and used as part of your Web browser. A plug-in application is recognized automatically by the browser, and its function is integrated into the main HTML file that is being presented. Among popular plug-ins is Adobe's Acrobat, a document presentation and navigation program that provides a view of documents just as they look in the print medium. There are hundreds of plug-in devices.~~

Wireless networking card- Mobile device for wireless internet connectivity from a laptop. This card allows mobile users the ability to access a secured connection to the internet via a specified vendor.

POLICY

General Use and Ownership

It is the policy of Modoc Medical Center (MMC) that mobile computing and storage devices containing or accessing the information resources at Modoc Medical Center must be approved by the Information Technology

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and Security team prior to connecting to the information systems at Modoc Medical Center. This pertains to all devices connecting to the network at Modoc Medical Center, regardless of ownership.

Mobile computing and storage devices include, but are not limited to: laptop computers, personal digital assistants (PDAs), plug-ins, Universal Serial Bus (USB) port devices, Compact Discs (CDs), Digital Versatile Discs (DVDs), flash drives, modems, handheld wireless devices, wireless networking cards, and any other existing or future mobile computing or storage device, either personally owned or Modoc Medical Center owned, that may connect to or access the information systems at Modoc Medical Center. A risk analysis for each new media type shall be conducted and documented prior to its use or connection to the network at Modoc Medical Center unless the media type has already been approved by the Information Technology Department.

Mobile computing and storage devices are easily lost or stolen, presenting a high risk for unauthorized access and introduction of malicious software to the network at Modoc Medical Center. These risks must be mitigated to acceptable levels.

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Portable computing devices and portable electronic storage media that contain confidential, personal, or sensitive Modoc Medical Center information must use approved encryption or equally strong measures to protect the data while it is being stored. See Acceptable Encryption Policy for details.

Unless written approval has been obtained from the Chief Executive Officer and the Information Technology and Security department, databases or portions thereof, which reside on the network at Modoc Medical Center, shall not be downloaded to mobile computing or storage devices. Technical personnel and users, which include employees, consultants, vendors, contractors, and volunteers, shall have knowledge of, sign, and adhere to the Computer Use and Information Security Policy Agreement. Compliance with the Remote Access Standards, the Mobile Media Standards, and other applicable policies, procedures, and standards is mandatory.

PROCEDURE

Procedures

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To report lost or stolen mobile computing and storage devices, call the Information Technology Department at 530-640-2216. For further procedures on lost or stolen handheld wireless devices, please see the Personal Communication Devices and Voicemail Policy.

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Modoc Medical Center Information Technology and Security department shall approve all new mobile computing and storage devices that may connect to information systems at Modoc Medical Center.

Any non-~~departmental owned~~departmental-owned device that may connect to Modoc Medical Center network must first be approved by ITS. Refer to the Personal Communication Devices and Voicemail Policy for detailed information.

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Roles and Responsibilities

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Users of mobile computing and storage devices must diligently protect such devices from loss of equipment and disclosure of private information belonging to or maintained by Modoc Medical ~~Center~~Center, and they must annually complete re-evaluation and be approved by ITS. Before connecting a mobile computing

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or storage device to the network at Modoc Medical Center, users must ensure it is on the list of approved devices issued by ITS.

The Information Technology department must be notified immediately upon detection of a security incident, especially when a mobile device may have been lost or stolen.

The Information Technology and Security team is responsible for the mobile device policy at Modoc Medical Center and shall conduct a risk analysis to document safeguards for each media type to be used on the network or on equipment owned by Modoc Medical Center.

The Information Technology department is responsible for developing procedures for implementing this policy. The IT department will maintain a list of approved mobile computing and storage devices.

Enforcement

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

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~~**PROCEDURE**~~

REFERENCES

None

ATTACHMENTS:

None

REFERENCE #	8480.26	EFFECTIVE 06/2023
SUBJECT:	8480.26 WIRELESS COMMUNICATION	REVISED 05/01/2026
DEPARTMENT:	INFORMATION TECHNOLOGY	

PURPOSE

The purpose of this standard is to secure and protect the information assets owned by Modoc Medical Center (MMC). Modoc Medical Center provides computer devices, networks, and other electronic information systems to meet missions, goals, and initiatives. Modoc Medical Center grants access to these resources as a privilege and must manage them responsibly to maintain the confidentiality, integrity, and availability of all information assets.

This standard specifies the technical requirements that wireless infrastructure devices must satisfy to connect to a Modoc Medical Center network. Only those wireless infrastructure devices that meet the requirements specified in this standard are approved for connectivity to a Modoc Medical Center network.

All employees, contractors, consultants, volunteers, temporary workers, and other workers at Modoc Medical Center, including all personnel affiliated with third parties that maintain a wireless infrastructure device on behalf of Modoc Medical Center must adhere to this standard. This standard applies to all wireless infrastructure devices that connect to a Modoc Medical Center network or reside on a Modoc Medical Center site that provide wireless connectivity to endpoint devices including, but not limited to, laptops, desktops, cellular phones, and personal digital assistants (PDAs). This includes any form of wireless communication device capable of transmitting packet data.

TERMS/DEFINITIONS

Modoc Medical Center network-

A wired or wireless network includes indoor, outdoor, and remote networks that provide connectivity to corporate services.

Information Assets-

Information that is collected or produced and the underlying hardware, software, services, systems, and technology that is necessary for obtaining, storing, using, and securing that information which is recognized as important and valuable to an organization.

POLICY

Requirements

It is the policy of Modoc Medical Center that Aall wireless infrastructure devices that connect to a Modoc Medical Center network must use wireless encryption protocols that meet or exceed current minimum standards as specified by appropriate federal guidelines.

No wireless device may connect to a Modoc Medical Center wireless network without using encryption.

All wireless devices connected to a Modoc Medical Center network must be certified by the Information Technology Department to meet the wireless encryption requirements.

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REFERENCE #	8480.26	EFFECTIVE 06/2023
SUBJECT:	8480.26 WIRELESS COMMUNICATION	
DEPARTMENT:	INFORMATION TECHNOLOGY	REVISED 05/01/2026

PROCEDURE

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Only Information Technology Department employees may connect a wireless device to a Modoc Medical Center network, although once connected a wireless device may be configured to automatically connect to a Modoc Medical Center network in the future.

Enforcement

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Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

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PROCEDURE

REFERENCES

None

ATTACHMENTS
REFERENCES

None

ATTACHMENT E

Departmental Manuals

FACILITIES/EOC DEPARTMENT YEARLY REVIEW PAPERWORK

FACILITIES/EOC POLICY & PROCEDURE MANUAL
YEARLY REVIEW
2026

The 2026 Facilities/EOC Policy Manual has been reviewed and is approved for use at Modoc Medical Center.

Director of Facilities	Date: 5/26/26
Chief Executive Officer	Date
Chair, Board of Directors	Date

MEMORANDUM

DATE: 5/20/2026
TO: LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS
FROM: MARTY SHAFFER
SUBJECT: ANNUAL MANUAL REVIEW

Gentlepersons:

I have completed the yearly review of the Facilities/EOC Manual and have completed almost all necessary revisions. Attached is a copy of the Archived/Revising list for your reference.

I will have the remaining revisions completed by 8/1/2026.

Thank you for your attention to the above.

Respectfully Submitted,

MARTY SHAFFER
DIRECTOR OF FACILITIES
MS/sab

Attachment

FACILITIES/EOC

REVISING LIST

Equipment Safety Biomedical Equipment

Fire Safety Disaster Manual

Hazardous Material Area

Safe Medical Devices Act

ARCHIVED/REMOVED

Annual Effectiveness report Utilities and Equipment Management

Electric Safety

Equipment Decontamination

Emergency Lighting and Power Annual Inspection

Equipment Safety

Failure of Communication System

Failure of Steam Delivery Boilers

Hazardous Materials Handling/Storage

Protective Attire Exposure

User/Maintained Training Program

POLICY SPREADSHEET

Contact	Name	Tech Reader Appro
Edward Johnson	6580.06 Inter-facility room changes.docx	Alicia Doss
Edward Johnson	6580.26 ADMISSIO TO THE SKILLED NURSING FACILITIES .docx	Kevin Kramer
Edward Johnson	6580.26 Interdisciplinary Process (36).docx	Amber Vucina
Edward Johnson	6580.26 INVENTORY OF PERSONAL EFFECTS.docx	Kevin Kramer
Edward Johnson	6580.26 ORIENTATION OF RESIDENT TO FACILITY.docx	Amber Vucina
Edward Johnson	6580.26 PHOTOGRAPHY AND VIDEOTAPING.docx	Mallory Adams
Edward Johnson	6580.26 Physician Notification.docx	Kevin Kramer
Edward Johnson	6580.26 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST).dc	Alex Cole
Edward Johnson	6580.26 PHYSICIAN SERVICES.docx	Amber Vucina
Edward Johnson	6580.26 Resident Capacity and Determination.docx	Amber Vucina
Edward Johnson	6580.26 Resident Rights Informed Consent.docx	Mallory Adams
Edward Johnson	6580.26 RESTRAINT REDUCTION PROGRAM.docx	Alicia Doss
Edward Johnson	6580.26 WANDERER MANAGEMENT PROTOCOL.docx	Alicia Doss
Susan Sauerheber	7010.26 Alteplase Protocol for Acute Ischemis Stroke.docx	Edward Johnson
Susan Sauerheber	7010.26 Burn Patient Standard of Care Policy and Procedure.docx	Mallory Adams
Susan Sauerheber	7010.26 Consent- Informed and Implied Policy and Procedure.docx	Alicia Doss
Susan Sauerheber	7010.26 Legal Evidence Chain of Custody Policy and Procedure.docx	Mallory Adams
Susan Sauerheber	7010.26 Managing Emergency Department Excess Volume Policy and Procec	Amber Vucina
Delinda Gover	7420.26 Gross Specimens.docx	Amber Vucina
Jeremy Murray	8345.20 AVAILABLE DIETS (7172).docx	Edward Johnson
Jeremy Murray	8345.20 CLEANING INSTRUCTIONS FOR CLOTHS PADS MOPS AND BUCKETS	Edward Johnson
Barbara Howe	8345.26 Nutrition Screening Assessment and Reassessment .docx	Amber Vucina
Marty Shaffer	8460.26 HAZARDOUS MATERIAL SPILLS.docx	Alex Cole
Marty Shaffer	8460.26 PREVENTATIVE MAINTENANCE – ELECTRICAL DISTRIBUTION SYSTEI	Mallory Adams
Marty Shaffer	8460.26 UTILITIES MANAGEMENT IDENTIFIED PROBLEMS.docx	Mallory Adams
Marty Shaffer	8460.26 UTILITIES MANAGEMENT PROBLEMS, FAILURES, USER ERRORS.doc	Alex Cole
Marty Shaffer	8460.26 WALL HANGINGS.docx	Edward Johnson
Andreas Camacho	8480.26 Acceptable Encryption.docx	Amber Vucina
Andreas Camacho	8480.26 Email Retention Policy.docx	Amber Vucina
Andreas Camacho	8480.26 Mobile Computing and Storage Policy.docx	Mallory Adams
Andreas Camacho	8480.26 Wireless Communication Standard.docx	Edward Johnson
DATE AND SIGNATURE ON BACK		

DATED:______________________________

APPROVAL BY BoD BY:____

ATTACHMENT F

LFHD Financial Statement

May 2026

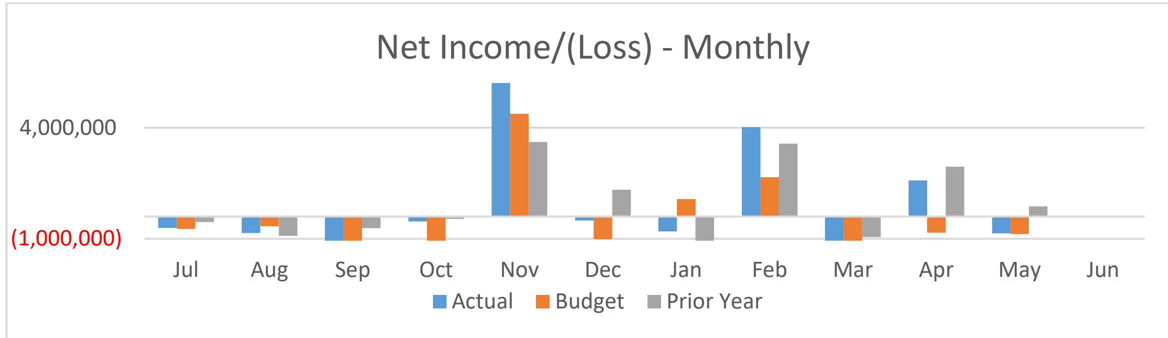
(unaudited)

Modoc Medical Center
Financial Narrative
For the Month of May 2026

Prepared by Jin Lin, Finance Director

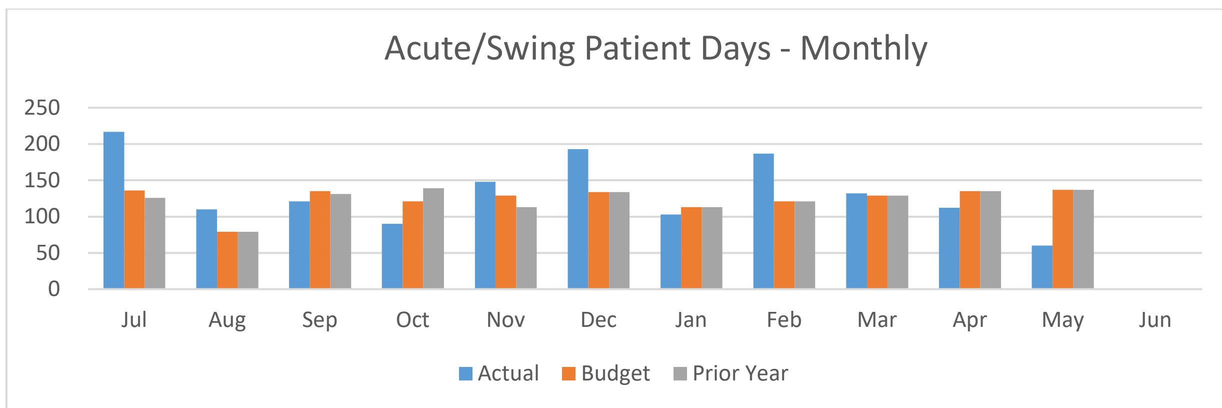
Summary

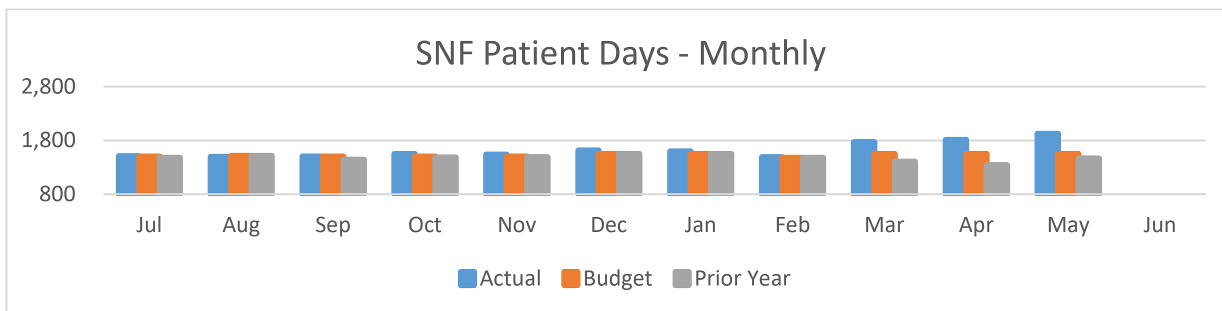
During the month of May, Modoc Medical Center reported a loss from operations of $1.2 million, outperforming the budget that anticipated an operating loss in May of $1.4 million. Inpatient revenue was above the budget by $101K. Outpatient revenue was above budget by $322K for the month. Total patient revenue was $5.3 million, above budget of $423K. Modoc Medical Center shows a net loss of $756K for the month that was $26K favorable to budget.



Patient Volumes

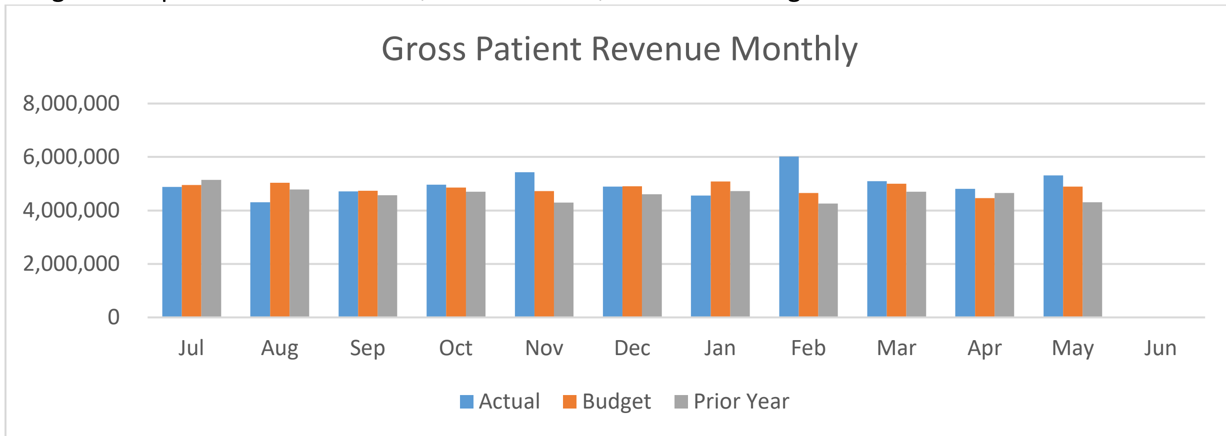
Combined Acute Days were below budget for the month by 77 days. SNF Patient Days were 1,923 for the month. Overall Inpatient and SNF Days were above budget by 296 days (1,983 actual vs. 1,687 budget). Most outpatient visits were above budget; however, Amb, Alturas Clinic, and Surgery were below budget.

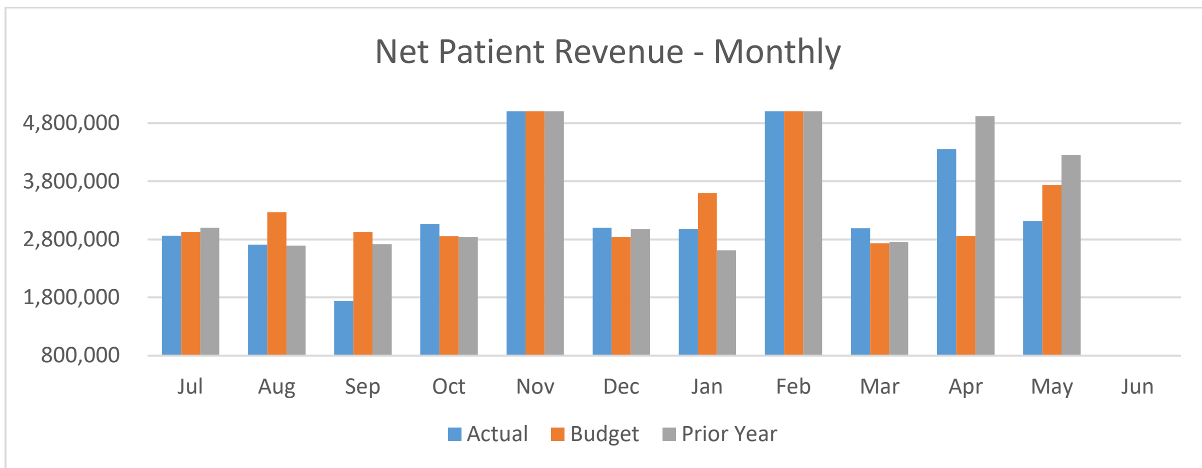




Revenues

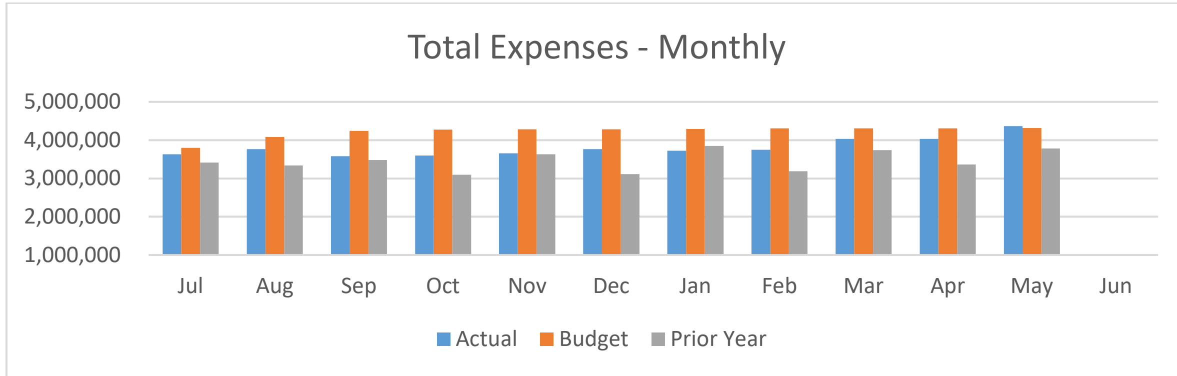
During the month of May, gross revenue (total patient revenue plus other revenue) exceeded budget by $388K. Net revenue exceeded budget by $218K. Gross Patient Revenue was $5.3 million vs $4.9 million budgeted. Inpatient Revenue was $1.5 million vs $1.4 million budgeted; and Outpatient Revenue was $3.8 million vs $3.5 million budgeted. Total deductions from revenue were $2 million in line with budget. Net patient Revenue was $3.1 million vs $2.9 million budgeted.





Expenses

Total operating expenses were $4.4 million this month and finished $50K unfavorable to the expense budget.

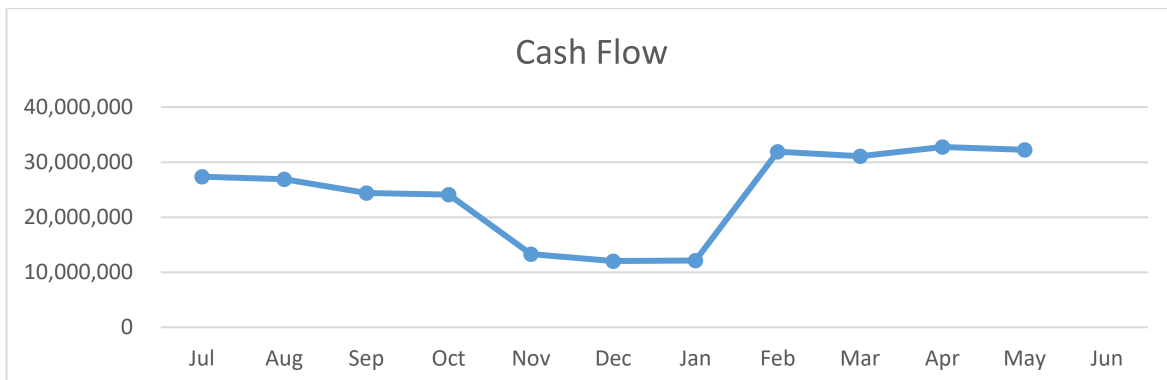


Non-Operating Activity

Non-Operating expenses for the month were as follows: Property Tax revenue from the County was $516K. Accrued Interest expense from USDA Loan was $163K. Interest income of $84K was earned from CDs. The retail pharmacy showed a profit of $38K. District vouchers were $8K. Total non-operating net income for the month was $467K, which was below the budget by $143K.

Balance Sheet

Cash for the month decreased by $499K from prior month to $32.2 million. The total current liabilities were $4.6 million. Days in Cash totaled 261. Days in AP totaled 14. Days in AR totaled 66. The current ratio was 8.38. Net AR as a percentage of gross AR was 44.01%.



Modoc Medical Center
Income Statement
For the month of May 2026

	Month	May-26 Budget	Variance	Prior Year Month	2026 YTD	2026 YTD Budget	Variance	Prior Year YTD
Revenues								
Room & Board - Acute	333,612	603,671	(270,058)	503,026	6,310,652	6,631,662.41	(321,011)	5,861,344
Room & Board - SNF	1,178,239	807,275	370,963	856,239	10,569,137	8,916,064.18	1,653,072	7,842,423
Total Inpatient Revenue	1,511,851	1,410,946	100,905	1,359,265	16,879,789	15,547,727	1,332,062	13,703,767
Outpatient Revenue	3,802,105	3,480,405	321,700	2,942,416	39,010,055	37,766,180	1,243,875	16,451,066
Total Patient Revenue	5,313,957	4,891,351	422,606	4,301,681	55,889,844	53,313,906	2,575,937	30,154,833
Bad Debts (580000,580011,58010	160,172	9,111	151,061	288,600	1,071,129	206,077	865,052	(967,478)
Contractuals Adjs	2,007,549	2,004,604	2,945	(266,682)	8,672,575	9,668,747	(996,172)	5,732,105
Admin Adjs (5930002-593001,598	32,583	16,897	15,686	25,434	1,196,149	185,867	1,010,282	4,023,619
Total Revenue Deductions	2,200,304	2,030,612	169,691	47,352	10,939,853	10,060,692	879,162	8,788,245
Net Patient Revenue	3,113,653	2,860,738	252,914	4,254,329	44,949,990	43,253,215	1,696,776	21,366,588
% of Charges	*58.6%*	*58.5%*	*0.1%*	*98.9%*	*80.4%*	*81.1%*	*-0.7%*	*70.9%*
Other Revenue	31,715	66,252	(34,537)	48,848	1,759,970	915,008	844,963	641,851
Total Net Revenue	3,145,368	2,926,990	218,377	4,303,177	46,709,961	44,168,222	2,541,738	22,008,439
Expenses								
Salaries	1,826,506	1,802,034	24,472	1,631,074	19,267,084	19,609,669	(342,585)	16,752,076
Benefits and Taxes	446,851	547,037	(100,186)	383,601	4,190,580	5,839,415	(1,648,835)	3,686,474
Registry	328,318	284,982	43,337	409,306	2,943,005	3,134,798	(191,794)	3,159,865
Professional Fees	631,758	436,555	195,203	480,684	5,019,861	4,489,589	530,272	4,351,449
Purchased Services	161,250	237,813	(76,563)	123,800	1,510,663	2,581,763	(1,071,100)	1,825,734
Supplies	445,381	413,401	31,980	310,420	4,183,357	4,547,195	(363,838)	3,723,472
Repairs and Maint	29,226	36,191	(6,965)	37,677	443,281	410,846	32,435	359,637
Lease and Rental	3,321	4,541	(1,220)	7,171	49,009	49,966	(957)	52,951
Utilities	60,731	79,256	(18,525)	54,432	776,505	871,817	(95,312)	776,935
Insurance	44,267	45,821	(1,554)	44,102	458,163	504,035	(45,871)	502,316
Depreciation	272,014	343,633	(71,619)	181,507	2,593,574	3,490,055	(896,481)	1,947,064
Other	118,852	87,612	31,240	114,787	865,948	979,214	(113,267)	861,204
Total Operating Expenses	4,368,475	4,318,876	49,598	3,778,560	42,301,030	46,508,363	(4,207,333)	37,999,176
Income from Operations	(1,223,107)	(1,391,886)	168,779	524,617	4,408,931	(2,340,141)	6,749,071	(15,990,738)
Property Tax Revenue	515,977	547,677	(31,701)	0	1,861,269	2,144,044	(282,775)	1,886,366
Interest Income	84,455	107,670	(23,215)	63,718	882,858	1,184,374	(301,517)	1,140,424
Interest Expense	(162,950)	(155,543)	(7,408)	(81,851)	(2,092,242)	(1,561,279)	(530,963)	(1,158,556)
Gain/Loss on Asset Disposal/Forte	0	0	0	(202,113)	0	0	0	(202,113)
Retail Pharmacy Net Activity	38,201	119,944	(81,744)	161,338	759,795	1,297,567	(537,772)	470,100
DISTRICT VOUCHERS AND OTHER	(8,185)	(9,668)	1,483	(7,908)	(58,096)	(106,351)	48,255	(104,808)
Total Non-Operating Revenue	467,496	610,081	(142,585)	(66,816)	1,353,584	2,958,356	(1,604,772)	2,031,414
Net Income/(Loss)	(755,611)	(781,805)	26,194	457,801	5,762,515	618,215	5,144,300	(13,959,324)
EBIDA	(320,647)	(282,630)	(38,017)	721,158	10,448,331	5,669,550	4,778,781	(10,853,705)
Operating Margin %	-38.9%	-47.6%	8.7%	12.2%	9.4%	-5.3%	14.7%	-72.7%
Net Margin %	-24.0%	-26.7%	2.7%	10.6%	12.3%	1.4%	10.9%	-63.4%
EBIDA Margin %	-10.2%	-9.7%	-0.5%	16.8%	22.4%	12.8%	9.5%	-49.3%

Modoc Medical Center
Income Statement Trend

	May-25	FYE 2025 YTD July-May	FYE 2026 YTD July-May	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Revenues														
Room & Board - Acute	503,026	5,861,344	6,310,652	685,444	529,453	467,429	452,283	571,794	726,928	532,410	829,139	628,680	553,481	333,612
Room & Board - SNF	856,239	7,842,423	10,569,137	841,152	893,655	878,216	946,063	942,003	992,223	940,242	871,877	1,062,592	1,022,875	1,178,239
			0											
Total Inpatient Revenue	1,359,265	13,703,767	16,879,789	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	1,511,851
Outpatient Revenue	2,942,416	16,451,066	39,010,055	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	3,802,105
Total Patient Revenue	4,301,681	30,154,833	55,889,844	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	5,313,957
Bad Debts	288,600	(967,478)	1,071,129	84,182	101,595	192,942	68,244	223,030	(104,018)	125,304	132,101	344,149	(256,573)	160,172
Contractual Adjs	(266,682)	5,732,105	8,672,575	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	2,007,549
Admin Ajds	25,434	4,023,619	1,196,149	12,361	24,241	884,264	109,742	(331,083)	344,426	17,150	24,770	28,077	49,618	32,583
Total Revenue Deductions	47,352	8,788,245	10,939,853	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	2,200,304
Net Patient Revenue	4,254,329	21,366,588	44,949,991	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	3,113,653
% of Charges	*98.9%*	*70.9%*	*80.4%*	*58.7%*	*62.6%*	*37.0%*	*61.6%*	*180.8%*	*58.3%*	*64.8%*	*132.2%*	*58.4%*	*90.6%*	*58.6%*
Other Revenue	48,848	641,851	1,759,970	37,741	14,505	34,509	66,379	33,683	41,958	79,759	31,929	19,699	1,368,094	31,715
Total Net Revenue	4,303,177	22,008,439	46,709,961	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	3,145,368
Expenses														
Salaries	1,631,074	16,752,076	19,267,084	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	1,826,506
Benefits and Taxes	383,601	3,686,474	4,190,580	377,349	382,644	340,699	374,615	375,762	379,134	490,351	209,638	373,288	440,250	446,851
Registry	409,306	3,159,865	2,943,005	262,589	207,040	199,454	240,036	196,051	176,352	282,474	433,811	333,250	283,630	328,318
Professional Fees	480,684	4,351,449	5,019,861	379,442	488,717	373,455	441,028	281,514	468,475	422,087	539,964	504,303	489,117	631,758
Purchased Services	123,800	1,825,734	1,510,663	58,880	209,739	118,558	152,633	139,926	132,753	145,105	145,068	110,890	135,862	161,250
Supplies	310,420	3,723,472	4,183,357	397,284	344,376	403,531	351,006	432,662	334,753	331,062	398,634	402,573	342,094	445,381
Repairs and Maint	37,677	359,637	443,281	32,193	80,938	55,206	30,158	25,319	34,313	24,202	42,206	45,868	43,652	29,226
Lease and Rental	7,171	52,951	49,009	2,393	1,683	2,205	3,241	3,151	1,749	7,171	3,822	6,966	13,308	3,321
Utilities	54,432	776,935	776,505	59,208	60,628	56,867	54,083	65,332	111,339	64,551	101,653	78,692	63,422	60,731
Insurance	44,102	502,316	458,163	43,282	44,241	43,413	20,745	20,745	43,103	65,808	44,026	44,267	44,267	44,267
Depreciation	181,507	1,947,064	2,593,574	183,888	183,829	177,432	182,003	228,214	314,861	270,835	245,372	271,662	263,464	272,014
Other	114,787	861,204	865,948	70,025	77,764	135,953	16,174	67,798	86,043	80,616	65,455	63,712	83,555	118,852
Total Operating Expenses	3,778,560	37,999,176	42,301,030	3,651,953	3,771,953	3,591,532	3,595,087	3,680,117	3,861,512	3,815,453	3,843,368	4,086,567	4,035,014	4,368,475
Income from Operations	524,617	(15,990,738)	4,408,931	(751,139)	(1,063,045)	(1,813,459)	(467,424)	6,176,423	(820,166)	(461,382)	4,141,630	(1,000,465)	1,691,065	(1,223,107)
Property Tax Revenue	0	1,886,366	1,861,269	0	61,179	0	0	0	1,284,113	0	0	0	0	515,977
Interest Income	63,718	1,140,424	882,858	214,111	104,327	43,952	84,301	31,985	29,043	54,192	69,472	78,621	88,399	84,455
Interest Expense	(81,851)	(1,158,556)	(2,092,242)	(83,144)	(82,545)	(81,291)	(81,800)	(82,675)	(885,057)	(82,881)	(233,855)	(157,505)	(158,539)	(162,950)
Gain/Loss on Asset Disposal/Forte	(202,113)	(202,113)	0	0	0	0	0	0	0	0	0	0	0	
Retail Pharmacy Net Activity	161,338	470,100	759,795	93,595	235,880	40,127	246,605	(4,584)	107,370	37,725	(47,875)	3,511	9,241	38,201
DISTRICT VOUCHERS AND OTHER	(7,908)	(104,808)	(58,096)	(7,186)	(8,218)	(7,451)	(2,202)	(4,834)	9,897	(9,573)	(3,916)	(10,620)	(5,809)	(8,185)
Total Non-Operating Revenue	(66,816)	2,031,414	1,353,584	217,376	310,623	(4,663)	246,904	(60,108)	545,366	(537)	(216,174)	(85,993)	(66,707)	467,496
Net Income	457,801	(13,959,324)	5,762,516	(533,763)	(752,421)	(1,818,122)	(220,520)	6,116,315	(274,800)	(461,918)	3,925,456	(1,086,458)	1,624,358	(755,611)
EBIDA	721,158	(10,853,705)	10,448,332	(266,732)	(486,048)	(1,559,399)	43,283	6,427,204	925,118	(108,203)	4,404,684	(657,291)	2,046,361	(320,647)
Operating Margin %	12.2%	-72.7%	9.4%	-25.9%	-39.2%	-102.0%	-14.9%	62.7%	-27.0%	-13.8%	51.9%	-32.4%	29.5%	-38.9%
Net Margin %	10.6%	-63.4%	12.3%	-18.4%	-27.8%	-102.3%	-7.1%	62.1%	-9.0%	-13.8%	49.2%	-35.2%	28.4%	-24.0%
EBIDA Margin %	16.8%	-49.3%	22.4%	-9.2%	-17.9%	-87.7%	1.4%	65.2%	30.4%	-3.2%	55.2%	-21.3%	35.7%	-10.2%

Modoc Medical Center
Balance Sheet
For the month of May 2026

	Unaudited 5/31/2026	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
Cash	1,137,090	120,812	862,818	1,502,729	419,248	932,650	537,100	1,377,232	537,347	364,654	133,445
Investments	29,073,663	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
Designated Funds	2,037,867	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
Total Cash	32,248,619	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
Gross Patient AR (Patient AR-	10,427,999	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
Allowances	(5,838,751)	(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)
Net Patient AR	4,589,248	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
% of Gross	*44.0%*	*45.6%*	*45.6%*	*47.3%*	*42.8%*	*40.7%*	*40.6%*	*41.3%*	*40.4%*	*46.1%*	*47.1%*
Third Party Receivable	174,715	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
Other AR	649,116	697,254	742,070	753,769	1,329,133	1,521,565	1,455,046	920,000	784,190	842,542	674,415
Inventory	703,533	641,987	835,520	797,593	720,700	692,837	683,165	753,237	760,880	737,889	688,927
Prepaids	567,589	522,869	547,209	590,573	347,674	420,697	457,912	441,445	489,130	433,931	495,492
Total Current Assets	38,932,819	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
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	104,953,797	47,945,861	47,927,861	47,927,861	47,927,861
Equipment (124100-124204)	16,642,370	16,642,370	16,622,409	16,622,411	16,546,582	16,546,581	16,369,150	14,495,515	14,495,515	14,495,515	14,495,515
Construction In Progress (125	2,261,508	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
Fixed Assets	124,571,215	124,435,830	124,288,399	124,216,498	124,065,508	123,940,999	125,934,388	122,471,011	122,269,216	120,648,876	120,292,003
Accum Depreciation	(23,048,029)	(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)
Net Fixed Assets	101,523,187	101,660,013	101,776,012	101,975,971	102,070,533	102,217,056	104,525,503	101,290,532	101,270,938	99,828,222	99,655,375
Other Assets	0	0	0	0	0	0	0	0	0	0	0
Total Assets	140,456,006	141,150,032	140,117,632	141,606,385	136,262,031	137,314,504	139,082,335	132,817,841	133,552,844	135,601,525	135,581,319
Accounts Payable	1,715,832	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
Accrued Payroll	1,702,125	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
Patient Trust Accounts	11,820	11,715	11,375	11,475	11,195	11,195	11,118	11,016	10,906	10,906	10,556
Third Party Payables	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000	554,000
Accrued Interest											
Current Portion Liabilities	263,132	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
Other Current Liabilities/Accr	401,155	322,602	246,869	171,399	18,753	479,328	437,402	361,244	283,740	400,082	321,529
Total Current Liabilities	4,648,064	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
Long Term Liabilities	55,339,534	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
Total Liabilities	59,987,598	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
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	74,705,892
Current Year Income/(Loss)	5,762,516	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)
Total Equity	80,468,408	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
Total Liabilities and Equity	140,456,006	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
Days in Cash	261	266	258	265	94	81	58	151	151	176	180
Days in AR (Gross)	66	65	69	73	63	57	50	53	55	61	64
Days in AP	14	15	14	19	11	12	27	29	29	34	29
Current Ratio	8.38	8.74	7.73	7.45	8.67	7.80	1.15	1.05	1.06	1.17	1.21
Net AR as a percentage of grc	44.01%	45.61%	45.56%	47.27%	42.82%	40.73%	40.57%	41.25%	40.37%	46.07%	47.12%

STATEMENT OF CASH FLOWS

May-26

	CURRENT MONTH	FISCAL YEAR YTD
CASH FLOWS FROM OPERATING ACTIVITIES		
NET INCOME	-755,611	5,762,516
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES		
DEPRECIATION EXPENSE	272,209	2,595,484
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	116,140	-90,130
CHANGE IN OTHER RECEIVABLES	48,138	1,768,572
CHANGE IN INVENTORIES	-61,545	-18,443
CHANGE IN PREPAID EXPENSES	-44,720	-80,355
CHANGE IN ACCOUNTS PAYABLE	-164,838	-7,029,588
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	174,654	460,736
CHANGE IN OTHER PAYABLES	78,553	-117,955
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	418,590	-2,511,680
CASH FLOWS FROM INVESTMENT ACTIVITIES		
PURCHASE OF EQUIPMENT/CIP	-135,385	-4,886,534
CUSTODIAL HOLDINGS	105	1,239
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-135,280	-4,885,295
CASH FROM FINANCING ACTIVITIES		
Current Libility	0	-23,900,236
Long Term Liability	-26,888	23,312,534
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	-26,888	-587,702
CASH AT BEGINNING OF PERIOD	32,747,807	34,470,779
NET INCREASE (DECREASE) IN CASH	-499,188	-2,222,160
CASH AT END OF PERIOD	32,248,619	32,248,619

MODOC MEDICAL CENTER

"KEY STATISTICS"

Twelve Months Ending May 31st, 2026

		May-26		Apr-26		Mar-26		Feb-26		Jan-26		Dec-25		Nov-25	
		Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.
Patient-Days															
Adults/Peds		40	81	53	76	45	64	89	48	49	56	69	64	56	83
Swing		20	56	59	59	87	65	98	73	54	57	124	70	92	46
SNF		1,923	1,550	1,811	1,550	1,768	1,550	1,487	1,477	1,598	1,550	1,615	1,535	1,536	1,500
Total "Patient Days"		1,983	1,687	1,923	1,685	1,900	1,679	1,674	1,598	1,701	1,663	1,808	1,669	1,684	1,629
ADC															
Adults/Peds		1.29	2.61	1.77	2.45	1.45	2.06	3.18	1.55	1.58	1.81	2.23	2.06	1.87	2.68
Swing		0.65	1.81	1.97	1.90	2.81	2.10	3.50	2.35	1.74	1.84	4.00	2.26	3.07	1.48
SNF		62.03	50.00	60.37	50.00	57.03	50.00	53.11	47.65	51.55	50.00	52.10	49.52	51.20	48.39
Total "Average Daily Census"		63.97	54.42	64.10	54.35	61.29	54.16	59.79	51.55	54.87	53.65	58.32	53.84	56.13	52.55
ALOS															
Adults/Peds		2.67		2.94		3.46		3.30		2.72		3.63		3.50	
Swing		4.00		6.56		8.70		7.00		10.80		10.33		9.20	
Admissions															
Adults/Peds		15	17	18	20	13	20	27	17	18	17	19	19	16	8
Swing		5	10	9	4	10	11	14	6	5	6	12	9	10	10
SNF		6	4	7	1	10	2	3	-	2	2	-	2	5	2
Total "Admissions"		26	31	34	25	33	33	44	23	25	25	31	30	31	20
Discharges															
SNF		3		7		3		1		1		2		1	
Days in Period		31		30		31		28		31		31		30	
Amulatory Service Statistics															
Emergency	Visits	532	439	440	518	485	510	444	482	485	440	486	510	474	421
Ambulance Runs	Visits	71	86	56	92	65	99	78	95	73	87	107	93	90	93
Clinic	Visits	901	932	972	905	1,112	872	968	790	805	970	772	684	808	813
Canby Clinic	Visits	293	227	276	257	216	872	220	243	222	290	290	251	202	264
Canby Dental		168	173	347	163	170	171	158	133	178	185	145	147	129	171
Observation Admits		6	5	6		1	3	4	2	7		1	5	5	4
Observation Care	Hours	191.8	120	214.2	110	37.3	109	229.7	94	293.2	96	23.6	158	121.2	106
Ancillary Services Statistics															
Surgeries		2	11	5	2	8	3	4	4	4	10	3	11	4	2
Endoscopies		22	19	26	21	17	21	16	20	21	28	23	20	23	21
Surgery & Recovery	Minutes	643	869	835	767	541	623	732	666	632	682	658	731	577	462
Anesthesia	Minutes	998	1,392	1,333	864	786	960	1,013	1,020	904	1,058	912	1,326	933	745
Laboratory	Tests	5,477	4,554	5,497	4,773	5,117	4,498	4,991	4,648	4,247	4,591	4,721	4,427	4,454	4,269
EKG Tests-Acute	Proc														
EKG Tests-Clinic	Proc														
Radiology-Diagnostic	Proc	292	289	304	227	345	258	348	301	299	282	287	256	236	261
Ultrasounds	Proc	98	86	135	92	127	75	96	105	101	92	126	86	73	53
CT Scans	Proc	184	140	166	167	142	149	181	153	132	127	182	145	160	152
MRI	Proc	49		38		38		39		33		45		21	15
Physical Therapy	Sessions	709	627	497	763	873	745	409	517	469	569	545	429	450	542
Retail Pharmacy-Scripts		4,320	2,560	4,630	2,784	4,446	2,531	3,942	2,354	4,449	2,687	4,331	2,586	3,841	2,377

		Oct-25		Sep-25		Aug-25		Jul-25		Jun-25		May-25		Apr-25		FY 26 YTD	FY 25 YTD	12 Mos.
		Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.			
Patient-Days																		
Adults/Peds		52	75	47	86	49	48	53	90	47	57	51	76	64	137	602	694	649
Swing		38	76	74	49	61	31	164	36	87	50	46	71	28	89	871	542	958
SNF		1,546	1,500	1,500	1,599	1,493	1,511	1,509	1,478	1,412	1,301	1,465	1,446	1,340	1,463	17,786	16,046	19,198
Total "Patient Days"		1,636	1,651	1,621	1,734	1,603	1,590	1,726	1,604	1,546	1,408	1,562	1,593	1,432	1,689	19,259	17,282	20,805
ADC																		
Adults/Peds		1.68	2.42	1.57	2.77	1.58	1.55	1.71	2.90	1.57	1.84	1.65	2.45	2.13	4.42	1.80	2.07	1.78
Swing		1.23	2.45	2.47	1.58	1.97	1.00	5.29	1.16	2.90	1.61	1.48	2.29	0.93	2.87	2.60	1.62	2.62
SNF		49.87	48.39	50.00	51.58	48.16	48.74	48.68	47.68	47.07	41.97	47.26	46.65	44.67	47.19	53.09	47.90	52.60
Total "Average Daily Census"		52.77	53.26	54.03	55.94	51.71	51.29	55.68	51.74	51.53	45.42	50.39	51.39	47.73	54.48	57.49	51.59	57.00
ALOS																		
Adults/Peds		3.06		2.94		3.50		3.12		3.36		3.00		3.20		3.17	3.11	3.18
Swing		7.60		14.80		8.71		13.67		10.88		4.60		7.00		9.27	6.95	9.39
Admissions																		
Adults/Peds		17	20	16	28	14	14	17	27	14	17	17	23	20	19	190	223	204
Swing		5	5	5	8	7	5	12	6	8	7	10	12	4	10	94	78	102
SNF		-	2	-	2	1	1	5	4	3	5	4	4	1	1	39	21	42
Total "Admissions"		22	27	21	38	22	20	34	37	25	29	31	39	25	30	323	322	348
Discharges																		
SNF		1		-		1		2		4		1		1		22	20	26
																-	-	-
Days in Period		31		30		31		31		30		31		30		335	335	365
																-	-	-
Amulatory Service Statistics																-	-	-
Emergency	Visits	550	474	471	476	494	525	487	464	460	464	481	552	482	553	5,348	5,369	5,808
Ambulance Runs	Visits	78	91	94	83	82	87	106	81	75	81	77	113	75	108	900	969	975
Clinic	Visits	837	923	791	809	827	857	959	772	574	772	1,081	902	827	1,229	9,752	8,966	10,326
Canby Clinic	Visits	233	268	210	225	248	325	312	301	232	301	261	274	233	331	2,722	3,079	2,954
Canby Dental		183	200	195	180	169	210	169	171	192	171	136	237	163	286	2,011	1,650	2,203
Observation Admits		2	2	-	5	1	6	2	2	5	2	5	5	4	5	35	40	40
Observation Care	Hours	115.0	159	-	128	26.2	193	145.3	50	169.3	50	218.2	160	89.5	131	1,397	1,253	1,567
																-	-	-
Ancillary Services Statistics																-	-	-
Surgeries		3	3	10	4	3	2	2	4	5	4	11	8	2	5	48	61	53
Endoscopies		35	20	21	25	24	17	17	24	25	24	19	30	21	19	245	204	270
Surgery & Recovery	Minutes	1,016	566	716	498	638	501	414	642	802	642	869	1,064	767	574	7,402	6,862	8,204
Anesthesia	Minutes	1,427	898	1,089	793	1,014	565	667	946	1,404	946	1,392	1,556	864	1,076	11,076	10,471	12,480
Laboratory	Tests	4,680	5,079	4379	4,805	4772	4,534	5241	4,112	4816	4,112	4543	4,832	4631	4,914	53,576	51,236	58,392
EKG Tests-Acute	Proc															-	-	-
EKG Tests-Clinic	Proc															-	-	-
Radiology-Diagnostic	Proc	307	285	244	267	267	283	330	300	266	300	297	293	257	297	3,259	3,055	3,525
Ultrasounds	Proc	138	106	112	99	114	99	156	102	82	102	83	85	94	89	1,276	940	1,358
CT Scans	Proc	149	152	168	128	181	167	196	139	150	139	150	173	138	195	1,841	1,713	1,991
MRI	Proc		-				28		26	-	26		18		-	263	46	263
Physical Therapy	Sessions	582	552	851	573	967	677	1,232	775	817	775	551	718	756	770	7,584	6,974	8,401
Retail Pharmacy-Scripts		5,035	2,663	4,016	2,394	3,555	2,594	3,441	2,351	3,248	2,351	3,309	2,689	2,969	2,598	46,006	29,356	49,254

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

Department	May-26	Apr-26	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25	Jun-25	12 Mo Ave
Med / Surg	16.55	16.98	18.32	19.24	18.35	16.90	17.36	15.63	15.21	16.15	15.37	16.06	16.84
Comm Disease Care													#DIV/0!
Swing Beds													#DIV/0!
Long Term - SNF	74.52	69.35	69.30	61.27	59.65	37.41	64.09	59.56	56.28	57.55	55.38	53.39	59.81
Mountainview - SNF	3.25	3.31	2.91	9.79	10.26	31.66							10.20
Emergency Dept	13.80	12.79	11.46	13.66	12.26	11.60	12.19	12.93	12.49	14.13	10.59	12.51	12.53
Ambulance - Alturas	11.82	12.65	10.99	11.90	10.55	11.55	10.79	10.86	11.31	12.65	12.06	12.31	11.62
Clinic	19.97	21.74	21.85	20.74	17.92	17.28	19.78	19.45	20.43	19.71	20.32	19.93	19.93
Canby Clinic	11.37	11.31	9.29	9.48	9.04	10.54	11.49	12.06	11.47	10.55	10.89	9.80	10.61
Canby Dental	3.89	3.94	4.59	4.60	4.43	4.66	5.11	4.75	4.86	4.33	3.85	4.37	4.45
Surgery	3.90	3.97	4.10	4.45	3.67	4.33	5.05	4.12	3.97	3.93	4.11	3.70	4.11
IRR													#DIV/0!
Lab	8.20	8.94	8.29	8.32	8.65	8.51	8.90	8.94	9.08	9.07	8.21	8.74	8.65
Radiology	5.49	5.77	5.56	6.49	6.05	6.86	7.13	5.37	5.05	5.67	5.85	3.65	5.75
MRI													#DIV/0!
Ultrasound	1.24	1.33	1.36	1.42	1.70	1.39	1.33	1.37	1.31	1.28	1.33	1.13	1.35
CT	1.18	1.24	1.31	1.58	1.34	1.51	1.81	1.29	1.62	1.72	1.67	1.47	1.48
Pharmacy	2.09	2.13	2.24	2.12	2.01	2.05	2.00	1.96	2.16	1.83	1.33	1.09	1.92
Physical Therapy	6.49	6.65	6.25	7.35	6.30	6.61	7.38	6.40	4.84	6.75	6.88	6.41	6.53
Other PT													#DIV/0!
Dietary	18.38	19.02	17.10	18.14	19.07	13.72	16.43	12.85	12.25	13.15	14.01	11.48	15.47
Dietary - MV SNF	4.20	3.73	2.98	3.10	2.33	5.89							3.71
Dietary Acute	9.68	9.62	8.29	7.52	7.35	7.48	7.08	8.43	8.17	7.77	6.76	7.36	7.96
Laundry	1.06	1.05	1.01	1.02	1.01	1.00	1.10	1.00	1.01	1.03	1.01	0.90	1.02
Activities	5.14	5.59	5.75	5.87	5.21	5.11	5.72	5.67	4.74	4.64	4.43	4.41	5.19
Social Services	4.00	3.07	2.77	1.96	2.16	1.79	1.97	2.02	1.82	1.95	1.43	1.65	2.22
Purchasing	2.98	3.01	2.99	2.98	3.01	3.01	3.01	2.92	3.00	3.01	3.01	3.02	3.00
Housekeeping	19.87	20.37	20.55	18.65	16.81	17.10	15.12	13.97	13.67	14.00	13.78	13.94	16.49
Maintenance	5.77	5.94	5.91	5.99	6.03	6.06	5.93	6.05	5.80	5.16	5.82	5.99	5.87
Data Processing	4.72	4.41	4.11	4.21	4.16	4.07	4.87	4.68	4.69	4.73	4.58	4.63	4.49
General Accounting	3.54	2.88	3.84	3.86	4.21	4.14	3.92	3.94	3.71	3.99	3.92	3.40	3.78
Patient Accounting	8.97	9.08	9.34	8.45	9.48	9.13	9.30	8.46	7.67	7.17	8.25	8.95	8.69
Administration	3.65	3.27	3.51	3.44	3.21	3.38	3.37	3.49	3.43	3.53	3.40	3.65	3.44
Human Resources	2.93	2.85	2.88	2.12	2.89	2.99	3.01	2.97	2.85	2.92	1.98	2.01	2.70
Medical Records	8.65	8.75	8.74	8.81	8.52	8.58	8.70	7.76	7.96	8.30	8.51	8.51	8.48
Nurse Administration	3.16	3.02	3.11	2.77	2.93	2.91	2.78	3.07	3.02	3.02	2.88	2.80	2.96
In-Service	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Utilization Review	1.47	1.49	1.43	1.50	1.44	1.48	1.49	1.49	1.44	1.48	1.41	1.44	1.46
Quality Assurance	0.51	0.50	0.50	0.50	0.50	0.50	0.50	0.51	0.50	0.50	0.50	0.51	0.50
Infection Control	0.59	0.60	0.59	0.60	0.59	0.59	0.61	0.69	0.64	0.64	0.39	0.70	0.60
Retail Pharmacy	6.60	6.43	6.16	6.41	7.15	6.41	6.39	6.67	6.17	5.94	4.96	4.50	6.15
TOTAL	**300.63**	**297.78**	**290.38**	**291.31**	**281.24**	**279.20**	**276.71**	**262.33**	**253.62**	**259.25**	**249.87**	**245.41**	**273.98**

ATTACHMENT G

Capstone Advantage Employee Benefit Program

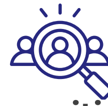
PREDICTIVE & PREVENTATIVE HEALTH

Our program is a Section 125 pre-tax plan that enhances existing benefits without replacing any medical or supplemental coverage. It prioritizes preventative and predictive health, helping address issues before they become costly claims. Best of all, **Capstone Advantage can be implemented at no net cost to the employer or employee.**

MORE BENEFITS

- Compliance protection coverage
- Reduced FICA payroll tax liability ($700/yr/employee on average)
- Recruit/retain employees
- Additional benefits provided at no out-of-pocket cost Fewer
- claims on health insurance plan

Challenges Most Employers Are Facing Today


Recruiting

Retention

Revenue

67% of employees have seen a negative impact from Inflation and because of the rising cost of goods, 30% had to choose between paying for medical treatment, a prescription, or a non-medical bill.**

Program Qualifications

- 10 or More Employees
- W2 and Full Time - Avg 30 hours a week
- Owners of the Company are not Eligible for plan

Wellution Health

- Personalized dashboard
- Biometric scanner and logs
- Virtual telehealth (no copays)
- Expert-guided fitness & nutrition library
- Free lab screening
- Rewards and incentives program
- 1000+ free prescriptions
- Discount prescription program
- Comprehensive diabetes program
- Virtual pet health
- LifeGuides Coaching
- Mental/Behavior Health Available

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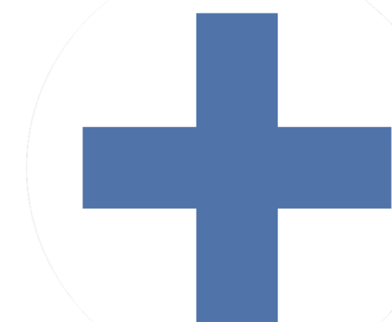
CAPSTONE Advantage

Exclusively Distributed by GPA, Serving America and its Territories since 1967

Administered by Bay Bridge Administrators (TPA)

Re-Insured by Everest, A+ Rated



Our PROGRAM

Is an indemnity-based section 125Pre-Tax plan that prioritizes preventative health. **Capstone Health,** no net cost to the employer or employee. Most importantly, ***we focus on predictive and preventative health*** before it becomes a health insurance issue.

PROGRAM QUALIFICATIONS

10 or More Employees

W-2 and Full Time - Avg 30 hours a week

Owners of the company may be eligible

PREVENTIVE HEALTH CARE

CAPSTONE Advantage

CAPSTONE Advantage

Expanded Under the Affordable Care Act

509 PPACA (Consolidated) Sec. 4303\399MM–1 PHSA

SEC. 4303. CDC AND EMPLOYER-BASED WELLNESS PROGRAMS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), by section 4102, is further amended by adding at the end the following:

“PART U—EMPLOYER-BASED WELLNESS PROGRAM

“SEC. 399MM [42 U.S.C. 280l]. TECHNICAL ASSISTANCE FOR EMPLOYER-BASED WELLNESS PROGRAMS.

“In order to expand the utilization of evidence-based prevention and health promotion approaches in the workplace, the Director shall—

“(1) provide employers (including small, medium, and large employers, as determined by the Director) with technical as-

111TH CONGRESS
2d Session

LEGISLATIVE COUNSEL

PRINT 111–1

COMPILATION OF PATIENT PROTECTION AND AFFORDABLE CARE ACT

[As Amended Through May 1, 2010]

INCLUDING

PATIENT PROTECTION AND AFFORDABLE CARE ACT
HEALTH-RELATED PORTIONS OF THE HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

PREPARED BY THE
Office of the Legislative Counsel
FOR THE USE OF THE
U.S. HOUSE OF REPRESENTATIVES

MAY 2010

Tri-Agency Ruling

CAPSTONE Advantage

FEDERAL REGISTER

The Daily Journal of the United States Government

Rule

Short-Term, Limited-Duration Insurance and Independent, Noncoordinated Excepted Benefits Coverage

A Rule by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 04/03/2024

PUBLISHED DOCUMENT

Start Printed Page 23338

AGENCY:

Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services.

ACTION:

Final rules.

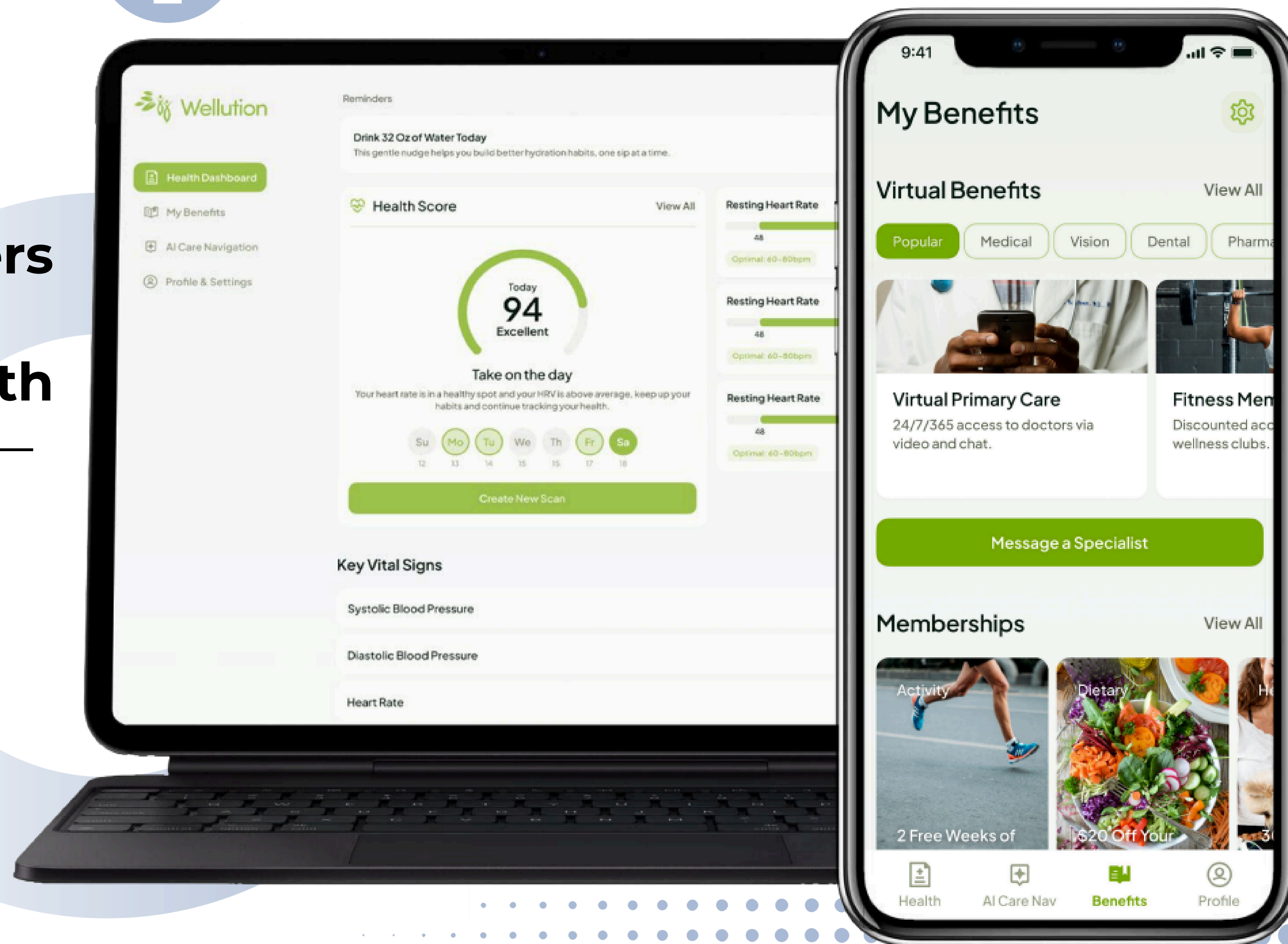
Additional Information:

Hospital indemnity and other fixed indemnity insurance has traditionally been used as a form of income replacement upon the occurrence of certain health-related events. Consumers can use the fixed cash benefit as they wish, such as to cover out-of-pocket expenses not covered by comprehensive coverage, or to defray non-medical expenses (for example, mortgage or rent). In the group market, the payments must be made as a fixed dollar amount per day (or other time period) of hospitalization or illness (for example, $100 per day). In the individual market, payments may be made either per period of hospitalization or illness or per service (for example, $50 per medical examination). Benefits must be paid regardless of the amount of expenses a consumer incurs. When hospital indemnity or other fixed indemnity insurance meets those payment standards and other statutory and regulatory criteria, it is an excepted benefit under the Affordable Care Act that is not subject to the federal requirements or consumer protections that apply to comprehensive coverage.

CAPSTONE Advantage + Wellution
JOIN THE WELLNESS REVOLUTION

ONE APP ONE LOGIN

Capstone Advantage simplifies access with a single app and one login. **It offers personalized health assessments, centralized benefits, a virtual AI health coach, biometric scanning, and logs**—all available on Android and Apple devices.



Get personalized Health Maintenance plans from health assessments and connected devices. Earn points by setting goals, watching wellness videos, and joining challenges—redeem them for rewards.

Real-time health insights. No needles. No hassle.

Best In Class Tele-Health Benefits

CAPSTONE Advantage

Wellution Virtual Health
Join The Wellness Revolution
powered by lyric

Virtual ER Telemedicine

Behavioral Health

Primary Care

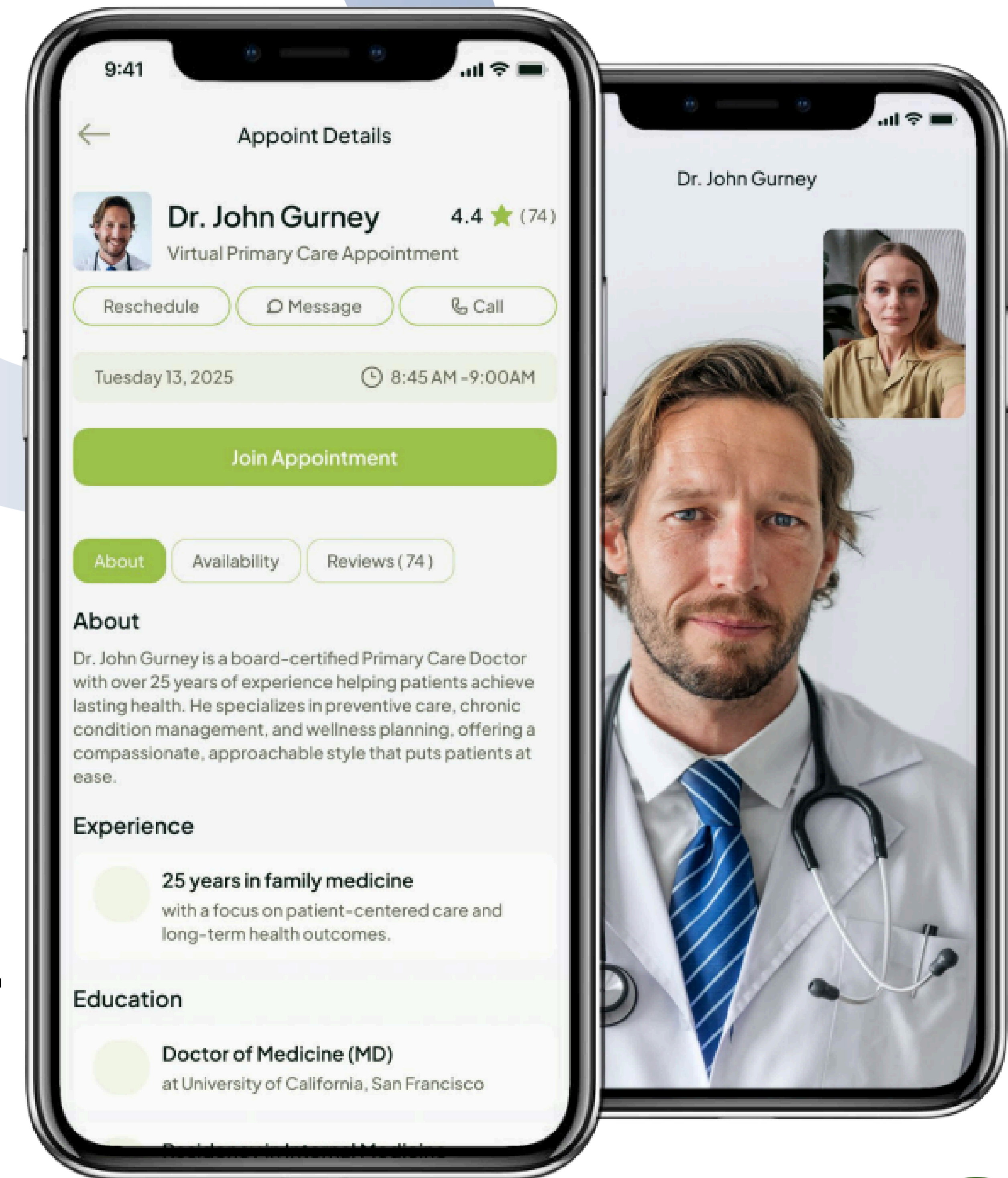
Dermatology

Urgent Care

$0 Co-Pay Fee

Ranked #1 by JD Power & Associates in 2024

Ranked 4 years in a row in Telehealth Satisfaction with direct-to-consumer providers by **J.D. Power**

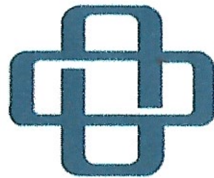


This proforma generated is an estimate and is subject to change. Assumptions may have been made due to missing or incomplete data. All required data must be received and a new calculation generated prior to implementation to ensure accuracy.

Modoc Medical Center 261 **Qualified Employees**

Potential Annual Savings $225,307.64

Total Pre-Tax Premium	$	176,262.11
Company Gross Savings	$	13,484.14
Less Admin Fee	$	(4,818.46)
NET Savings Per-Pay-Period	$	8,665.68



Employee Paycheck Increase Per Pay Period $36.63

Employee Paycheck Increase Per Month $79.36

Select an employee via the drop down list immediately below.

Current Paycheck Example

LINDA AARSTAD			Required Deductions		
Pay Period		Biweekly	Federal Income Tax	$	(178.89)
Gross Pay	$	2,062.31	State Tax	$	(46.20)
Marital Status		Single	Medicare	$	(28.62)
Allowances	$	-	Social Security	$	(122.38)
Dependents Amount	$	-	SDI	$	(25.66)
Additional Withholding	$	-			
Pre-tax	$	-			
After-Tax	$	(0.10)			
401k	$	(115.18)			
Major Medical	$	(88.42)			
			NET PAY	$	1,456.86

1234

PAY TO THE ORDER OF: **LINDA AARSTAD** **$ 1,456.86**

Memo: Modoc Medical Center

Capstone Benefit

			Required Deductions		
Pay Period		Biweekly	Federal Income Tax	$	(95.81)
Gross Pay	$	2,062.31	State Tax	$	(16.15)
Marital Status		Single	Medicare	$	(18.58)
Allowances	$	-	Social Security	$	(79.46)
Dependents Amount	$	-	SDI	$	(16.66)
Additional Withholding	$	-	**Claim Payment**	$	553.85
Pre-tax	$	-	**Post-tax Premium**	$	-
Premium	$	(692.31)			
After-Tax	$	(0.10)			
401k	$	(115.18)			
Major Medical	$	(88.42)			
			NET PAY	$	1,493.49

1234

PAY TO THE ORDER OF: **LINDA AARSTAD** **$ 1,493.49**

Memo: Modoc Medical Center

Savings
Average Employee Increase Per Pay
$60.20
Average Employee Increase Annually
$1,565.19
Percentage of Qualifed Employees
86%
Average Employer Savings PEPY
$863.25

ATTACHMENT H

Laparoscopic Surgeon Contract

GENERAL SURGERY PROFESSIONAL SERVICES AGREEMENT

By and Between

Last Frontier Healthcare District dba Modoc Medical Canter ("Hospital")

and

Wilesco Inc. ("Physician")

GENERAL SURGERY PROFESSIONAL SERVICES AGREEMENT

This GENERAL SURGERY PROFESSIONAL SERVICES AGREEMENT **("Agreement")** is made and entered into to be effective _____________, by and between Last Frontier Healthcare District dba Modoc Medical Center, a local government hospital district ("HOSPITAL"), and Wilesco Inc., a corporation able to provide a California licensed MD that can perform work in the surgery department of the Hospital ("Physician"). Hospital and Physician are sometimes referred to herein as a **"Party"** or, collectively, as the **"Parties."**

RECITALS

A. Hospital owns and operates a general acute care hospital, rural health clinics, skilled nursing facilities, and other services located in Alturas, California, which serves the surrounding communities of Alturas, California, ("Community"). Hospital is on the approved list of rural hospitals in the California Section 439 of the Health & Safety Code.

B. Physician is a California Licensed physician specializing in general surgery services.

C. Hospital has need for a general surgery provider at the Hospital and desires to contract with Physician to ensure that, to the extent Physician will have a presence in the Community and in accordance with this Agreement, Physician will be compensated for services.

D. Hospital has determined that an arrangement with Physician for the provision of such services will facilitate the administration of the Hospital and help assure that general surgery services are available to the extent Physician is willing to so staff the Hospital:

AGREEMENT

THE PARTIES AGREE AS FOLLOWS:

ARTICLE I.
PHYSICIAN'S OBLIGATIONS

1.1 Professional Services. Physician shall provide General Surgery services, including medically necessary evaluation, care and treatment that Physician is qualified to provide to all patients presenting to Hospital requesting medical diagnosis or treatment, or for whom medical diagnosis or treatment is requested on patient's behalf by attending physician ("Services").

1.2 Time Commitment. Physician shall be available to provide scheduled general surgery Services for patients at the Hospital as scheduled by the Surgery Director or Administration and within the scheduling limitations of Physician. It is both parties' intent for Physician to work 2 days per month under this Agreement. If demand necessitates more visits per month, both parties must agree to expanding days that Physician would work at Hospital per month.

1.3 Medical Records and Claims. Physician shall prepare complete, timely, accurate and legible medical and other records in accordance with Hospital's Medical Staff Bylaws and Rules and Hospital policies with respect to the services and treatment furnished by Physician to any Hospital Patient.

1.4 Records Available to Physician. Both during and after the term of this Agreement, Hospital shall permit Physician and its agents to inspect and/or duplicate, at Physician's sole cost and expense, any medical chart and record to the extent necessary to meet Physician's professional responsibilities to patients, to assist in the defense of any malpractice or similar claim to which such chart or record may be pertinent, and/or to fulfill requirements pursuant to provider contracts to provide patient information; provided, however, such inspection or duplication is permitted and conducted in accordance with -applicable legal requirements and pursuant-to commonly accepted standards of patient confidentiality.

1.5 Competitive Services. Nothing in this Agreement is intended to prohibit or limit Physician's provision of professional, medical directorship, or other services to other organizations; provided, however, that the provision of such services does not adversely affect or otherwise interfere with the performance of Physician's obligations under this Agreement.

1.6 Nondiscrimination. Physician shall not differentiate or discriminate in performing the Services based on race, color, national origin, ancestry, sex, marital status, age, or payer, or on any other basis prohibited by applicable law.

ARTICLE II
PROFESSIONAL STANDARDS AND QUALIFICATIONS

2.1 Licensure. Physician shall ensure Physician is duly licensed and qualified to practice in the State of California.

2.2 Medical Staff. Physician shall comply with the medical staff bylaws of Hospital and all reasonable Hospital Policies.

2.3 Medical Staff Membership. Physician shall ensure Physician is a member in good standing, in the "Active Staff' category of the Medical Staff, and maintains all clinical privileges necessary to practice medicine in the Services at the Hospital, according to Hospital's Medical Staff Bylaws and Rules. If Physician is not a member in good standing in the "Active Staff' category of the Medical Staff, or has not obtained all clinical privileges necessary to practice medicine in the Services at Hospital, Physician shall have a reasonable amount of time to obtain such membership and/or clinical privileges and Physician will exercise his best efforts to complete this process in accordance with the normal procedures set forth in the Medical Staff Bylaws and Rules.

2.4 Quality Standards. Physician shall agree to maintain and uphold the clinical standards set forth by the Hospital Medical Executive Committee, and the Hospital Board of

Directors, as well as any and all regulatory agencies including but not limited to the Centers for Medicare and Medicaid Services, the California Health and Human Services Agency, and the California Department of Public Health.

ARTICLE III
DUTIES OF HOSPITAL

3.1 Staff. Hospital shall, at its own expense, as necessary for the proper and cost efficient operation of Physician surgical Services, provide the services of licensed, registered, and vocational nurses; technologists; and other non-physician technicians, and assistants, including without limitation, certain Mid-level Practitioners (collectively, "Hospital Personnel").

3.2 · Utilities; Support Services. Hospital shall, at its own expense provide heat, water, electricity, telephone, laundry, housekeeping, and other support services necessary for the proper functioning of surgical Services.

3.3 Space. Hospital shall provide such space available that is deemed acceptable and appropriate by the Hospital for the proper and cost-efficient operation of the surgical Services. Physician understands and agrees that the surgery lounge provided by Hospital shall not be for Physician's exclusive use.

3.4 Equipment and Supplies. Hospital shall, at its own expense, provide all equipment, expendable and nonexpendable supplies (both medical and surgical), drugs, furniture and fixtures and/or other items (the "Equipment and Supplies") for the use of Physician as are necessary for the proper and cost-efficient operation of the Services. Hospital shall select and acquire Equipment and supplies. The Equipment and Supplies shall meet all electrical, engineering, and other safety standards required by law and/or relevant Hospital policies. Hospital shall, at its own expense, keep and maintain the Equipment and Supplies in good order and repair and replace the Equipment and Supplies or any part of it that becomes worn out or is mutually determined by the Parties to be obsolete. Hospital shall work cooperatively with Physician regarding the selection, installation, placement and repair of material Equipment and Supplies.

3.5 Day-to-Day Services. Hospital shall furnish or obtain, at its sole cost and expense, all day – to-day office services, including secretarial, transcription, reception, scheduling, duplication and facsimile services, and any other services of a similar nature reasonably necessary in connection with the day-to-day operations of Services, as determined by Hospital.

3.6 Support Personnel. Hospital shall provide, at its sole cost and expense, the services of all non-professional personnel, including managerial, secretaries, or receptionists ("Support Personnel") that are necessary and appropriate for the operation of the Services, as determined by Hospital from time to time. Hospital shall have the exclusive right to hire and terminate all Support Personnel and to determine and pay compensation payable to all Support Personnel, including salaries and employee benefits. Physician shall make

recommendations to Hospital concerning appropriate levels of Support Personnel staffing, considering Physician's pattern of clinical practice and applicable standards.

ARTICLE IV
COMPENSATION AND BILLING

4.1 Compensation for Professional Services. Hospital shall pay Physician as outlined in Addendum A of this Agreement.

4.2 Professional Services Billing and Collections

a) **Billing and Collection.** Hospital shall have the sole and exclusive right to bill and collect for any and all Professional Services rendered by Physician at the Hospital. Hospital shall have the sole and exclusive right, title, and interest in and to accounts receivable with respect to such Professional Services.

b) **Assignment of Claims**. Physician hereby assigns (or reassigns, as the case may be) to Hospital all claims, demands and rights of Physician for any and all Professional Services rendered by Physician pursuant to this Agreement. Physician shall take such action and execute such documents, as may be reasonably necessary or appropriate to effectuate the assignment (or reassignment, as the case may be) to Hospital of all claims, demands and rights of Physician and Physician Practitioners for any and all Professional Services rendered by Physician pursuant to this Agreement. Despite the foregoing, Physician does not assign any claims, demands and rights of Physician relating to any services not rendered pursuant to this Agreement.

c) **Designation as Attorney-in-Fact and Agent.** Physician hereby appoints Hospital as Physician's true and lawful attorney-in-fact to bill and collect for Professional Services rendered by Physician pursuant to this Agreement.

d) **Cooperation with Documentation, Billing and Collections**. Physician shall cooperate with Hospital in the billing and collection of fees with respect to Professional Services rendered by Physician pursuant to this Agreement as may be required by insurance carriers, health care service plans, governmental agencies, or other third party payers. All requests will be met in a timely manner. The Hospital is obligated to use best efforts to bill properly and receive payments timely.

ARTICLE V
INSURANCE AND INDEMNITY

5.1 Malpractice Liability Insurance. Hospital shall maintain in force, at its own expense, a policy or polices of professional liability insurance covering Physician's patient care services under this Agreement and providing a minimum coverage of one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) aggregate per year throughout the term

of the Agreement. A current certificate of insurance shall be provided to the Physician upon request.

5.2 Indemnification by Physician. Physician shall indemnify, defend, and hold harmless Hospital and its agents, employees, Practitioners, officers, and directors against: (i) any and all liability arising out of Physicians' failure to comply with the terms of this Agreement;(ii) any injury, loss, claims, or damages arising from the negligent operations, acts, or omissions of Physician relating to or arising out of this Agreement, including a breach of any warranties made herein; and (iii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of District in connection with the defense of such claims.

5.3 Indemnification by Hospital. Hospital shall indemnify, defend and hold harmless Physician against; (i) any and all liability arising out of Hospital's failure to comply with the terms of this Agreement; (ii) any injury, loss, claims, or damages arising from the negligent operations, acts, or omissions of Hospital or its employees or agents relating to or arising out of this Agreement; and (iii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of Physician in connection with the defense of such claims.

5.4 No Limit on Insurance. The Parties agree that the indemnification obligations under this Section 5 shall only apply if and to the extent that such indemnified acts or omissions are not completely covered by insurance.

5.5 Indemnification Limits. The indemnification is limited to the extent not otherwise covered by insurance and in no event shall indemnity overrule insurance coverage. The indemnification provision is void to the extent it would cause the Physician or Hospital to lose insurance coverage.

ARTICLE VI
RELATIONSHIP BETWEEN THE PARTIES

6.1 Independent Contractor. Physician shall at all times be an independent contractor with respect to Hospital in meeting Physician's respective responsibilities under this Agreement. Nothing in the Agreement is intended nor shall be construed to create a partnership, employer-employee or joint relationship between Hospital and Physician.

6.2 Limitation on Control. Hospital shall neither have nor exercise any control or direction over Physician's professional medical services; provided, however, that Physician shall be subject to and shall at all times comply with the Hospital Rules. Hospital shall contract for and remunerate all non-physician personnel required for the provision of patient care services to patients of the Surgery Department.

6.3 No Benefit Contributions. Hospital shall have no obligation under this Agreement to compensate or pay applicable taxes for or provide employee benefits of any kind (including contributions to government mandated, employment-related insurance and similar programs)

to or on behalf of Physician. Notwithstanding the foregoing, if Hospital determines or is advised that it is required by law to compensate or pay applicable taxes for or provide employee benefits of any kind (including contributions to government mandated, employment related insurance and similar programs) to or on behalf of Physician, Physician shall reimburse Hospital for any such expenditure within thirty (30) calendar days after being notified of such expenditure.

6.4 **Referrals.** Physician shall be entitled to refer patients to any hospital or other healthcare facility or provider deemed by Physician best qualified to deliver medical services to any particular patient; provided, however, that Physician shall not refer any Hospital patient to any provider of health care services which Physician knows or should have known is excluded or suspended from participation in, or sanctioned by, any Federal Health Care Program. No term of this agreement shall be construed as requiring or inducing Physician to refer patients to Hospital. Physician's rights under this Agreement shall not be dependent in any way on the referral of patients or business to Hospital by Physician.

ARTICLE VII
TERM AND TERMINATION

7.1 **Term.** This Agreement shall be for a term of two (2) years commencing ________________ (the "Effective Date"), and terminating on _____________, (the "Expiration Date"), unless sooner terminated pursuant to the terms of this Agreement. Upon Expiration Date of the initial term, this Agreement shall be renewed automatically for successive one (1) year terms unless either party elects not to renew the Term.

7.2 **Termination by Hospital.** Without cause, Hospital shall have the right to terminate this Agreement upon sixty (60) calendar days written notice to Physician. Upon the occurrence of anyone or more of the following events, Hospital may terminate this Agreement by giving written notice of termination to Physician, which termination shall be effective as of the date set forth in Hospital's written notice of termination to Physician or, if no date is set forth in the notice, the date the notice is delivered to Physician:

a) Breach of this Agreement by Physician where the breach is not cured within thirty (30) -calendar days after Hospital first gives written notice of the breach to Physician;

b) Physician is charged with or convicted of a felony, a misdemeanor involving fraud, dishonesty, or moral turpitude, or any crime relevant to the provision of the Service, or Physician's practice of medicine; or

c) Physician is debarred, suspended, excluded or otherwise ineligible to participate in any Federal Health Care Program.

7.3 **Termination by Physician.** Physician shall have the right to terminate this Agreement upon sixty (60) calendar days written notice to Hospital.

7.4 **Effect of Termination or Expiration**. Upon any termination or expiration of this

Agreement:

a) All rights and obligations of the Parties shall cease except: (i) those rights and obligations that have accrued and remain unsatisfied prior to the termination or expiration of the Agreement; (ii) those rights and obligations which expressly survive termination or expiration of this Agreement; and (iii) Hospital shall continue to reimburse Physician where Physician's obligation to continue to provide services to patients under its care at the Hospital at the time of expiration or termination of this Agreement continues, as determined by Physician;

b) This Section 7.4 shall survive the expiration or termination of this Agreement for any reason.

ARTICLE VIII
GENERAL PROVISIONS

8.1 Trade Secrets.

a) During the term of this Agreement, Physician will have access to and become acquainted with confidential information and trade secrets of Hospital, including information and data relating to payer contracts and accounts, clients, patients, patient groups, patient lists, billing practices and procedures, business techniques and methods, strategic plans, operations and related data (collectively, "Trade Secrets"). All Trade Secrets are the property of Hospital and used in the course of Hospital's business, and shall be proprietary information protected under the Uniform Trade Secrets Act. Physician shall not disclose to any person or entity, directly or indirectly, either during the term of this Agreement or at any time thereafter, any Trade Secrets, or use any Trade Secrets other than in the course of providing Professional Services pursuant to this Agreement. All Trade Secrets are the exclusive property of Hospital

8.2 Amendment. This Agreement may be modified or amended only by mutual written agreement of the Parties. Any such modification or amendment must be in writing, dated, signed by the Parties and explicitly indicate that such writing modifies or amends this Agreement.

8.3 Attorneys' Fees. If either Party brings an action or proceeding, arising out of or relating to this Agreement, the non-prevailing Party shall pay to the prevailing Party reasonable attorneys' fees and costs incurred in bringing such action, including without limitation, fees incurred in post judgment motions, contempt proceedings, garnishment, levy, debtor and third party examinations, discovery, bankruptcy, litigation, arbitration, trial, and any appeal or review, all of which shall be deemed to have accrued upon the commencement of such action and shall be paid whether or not such action is prosecuted to judgment. Any judgment or order entered shall contain a provision providing for the recovery of attorneys' fees and costs incurred in enforcing such judgment. The prevailing Party shall be the Party who is identified in any judgment or order entered as the Party entitled to recover its costs of suit, whether or not the action or proceeding proceeds to final judgment or award.

8.4 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

8.5 Entire Agreement. This Agreement is the entire understanding and agreement of the Parties regarding its subject matter, and supersedes any prior oral or written agreements, representations, understandings, or discussions between Parties with respect to such subject matter. No other understanding between the Parties shall be binding on them unless set forth in writing, signed and attached to this Agreement.

8.6 Headings. The headings in this Agreement are intended solely for convenience of reference and shall be given no effect in the construction or interpretation of this Agreement.

8.7 Notices. All notices or communications required or permitted under this Agreement shall be given in writing and shall be delivered to the Party to whom notice is to be given either: a) by personal delivery (in which case such notice shall be deemed given on the date of delivery); b) by next day business courier service (e.g., Federal Express, UPS or other similar service) (in which case such notice shall be deemed given on the business day following date of deposit with the courier service); or c) by United States mail, first class, postage prepaid, registered or certified, return receipt requested (in which case such notice shall be deemed given on the third (3rd) day following date of deposit with the United States Postal Service). In each case, notice shall be delivered or sent to the address indicated on the signature page, or such other address as provided by a Party, from time to time, pursuant to this Section.

8.8 Waiver. No delay or failure to require performance of any provision of this Agreement shall constitute a waiver of that provision as to that or any other instance. Any waiver granted by a party must be in writing to be effective, and shall apply solely to the specific instance expressly stated. The Parties have executed this Agreement to be effective on the date first above written, and signify their agreement with duly authorized signatures.

HOSPITAL Last Frontier Healthcare District	PHYSICIAN _Wilesco Inc.
By ________________________________ Kevin Kramer, CEO Date of Execution: ___________________ **Address of Hospital:** 1111 N. Nagle Street Alturas, CA 96101	By: ________________________________ Connor Wiles, MD Date of Execution: ___________________ **Address of Physician:** 231 Apollo Circle Bishop, CA 93514

ADDENDUM A
<u>COMPENSATION SCHEDULE FOR PROFESSIONAL SERVICES</u>

Hospital shall pay Physician $10,000.00 per day that Physician provides services at Hospital as outlined in Section 1.2 of this Agreement. This Compensation Schedule shall be for a term of two (2) years commencing on the Effective Date of this Agreement. Upon expiration of the initial term, this Compensation Schedule shall be renewed automatically for successive one (1) year terms unless Hospital and Physician agree upon a revised Compensation Schedule.

Physician shall invoice Hospital at least monthly for services rendered under this agreement. Invoices will be paid by the Hospital within 30 days of receipt.

ATTACHMENT I

Laparoscopic Surgeon Contract

GENERAL SURGERY PROFESSIONAL SERVICES AGREEMENT

By and Between

Last Frontier Healthcare District dba Modoc Medical Canter ("Hospital")

and

Mundell Medical Corporation ("Physician")

GENERAL SURGERY PROFESSIONAL SERVICES AGREEMENT

This GENERAL SURGERY PROFESSIONAL SERVICES AGREEMENT **("Agreement")** is made and entered into to be effective _____________, by and between Last Frontier Healthcare District dba Modoc Medical Center, a local government hospital district ("HOSPITAL"), and Mundell Medical Corporation ("Physician"). Hospital and Physician are sometimes referred to herein as a **"Party"** or, collectively, as the **"Parties."**

RECITALS

A. Hospital owns and operates a general acute care hospital, rural health clinics, skilled nursing facilities, and other services located in Alturas, California, which serves the surrounding communities of Alturas, California, ("Community"). Hospital is on the approved list of rural hospitals in the California Section 439 of the Health & Safety Code.

B. Physician is a California Licensed physician specializing in general surgery services.

C. Hospital has need for a general surgery provider at the Hospital and desires to contract with Physician to ensure that, to the extent Physician will have a presence in the Community and in accordance with this Agreement, Physician will be compensated for services.

D. Hospital has determined that an arrangement with Physician for the provision of such services will facilitate the administration of the Hospital and help assure that general surgery services are available to the extent Physician is willing to so staff the Hospital:

AGREEMENT

THE PARTIES AGREE AS FOLLOWS:

ARTICLE I.
PHYSICIAN'S OBLIGATIONS

1.1 Professional Services. Physician shall provide General Surgery services, including medically necessary evaluation, care and treatment that Physician is qualified to provide to all patients presenting to Hospital requesting medical diagnosis or treatment, or for whom medical diagnosis or treatment is requested on patient's behalf by attending physician ("Services").

1.2 Time Commitment. Physician shall be available to provide scheduled general surgery Services for patients at the Hospital as scheduled by the Surgery Director or Administration and within the scheduling limitations of Physician. It is both parties' intent for Physician to work 2 days per month under this Agreement. If demand necessitates more visits per month, both parties must agree to expanding days that Physician would work at Hospital per month.

1.3 Medical Records and Claims. Physician shall prepare complete, timely, accurate and legible medical and other records in accordance with Hospital's Medical Staff Bylaws and Rules and Hospital policies with respect to the services and treatment furnished by Physician to any Hospital Patient.

1.4 Records Available to Physician. Both during and after the term of this Agreement, Hospital shall permit Physician and its agents to inspect and/or duplicate, at Physician's sole cost and expense, any medical chart and record to the extent necessary to meet Physician's professional responsibilities to patients, to assist in the defense of any malpractice or similar claim to which such chart or record may be pertinent, and/or to fulfill requirements pursuant to provider contracts to provide patient information; provided, however, such inspection or duplication is permitted and conducted in accordance with -applicable legal requirements and pursuant-to commonly accepted standards of patient confidentiality.

1.5 Competitive Services. Nothing in this Agreement is intended to prohibit or limit Physician's provision of professional, medical directorship, or other services to other organizations; provided, however, that the provision of such services does not adversely affect or otherwise interfere with the performance of Physician's obligations under this Agreement.

1.6 Nondiscrimination. Physician shall not differentiate or discriminate in performing the Services based on race, color, national origin, ancestry, sex, marital status, age, or payer, or on any other basis prohibited by applicable law.

ARTICLE II
PROFESSIONAL STANDARDS AND QUALIFICATIONS

2.1 Licensure. Physician shall ensure Physician is duly licensed and qualified to practice in the State of California.

2.2 Medical Staff. Physician shall comply with the medical staff bylaws of Hospital and all reasonable Hospital Policies.

2.3 Medical Staff Membership. Physician shall ensure Physician is a member in good standing, in the "Active Staff' category of the Medical Staff, and maintains all clinical privileges necessary to practice medicine in the Services at the Hospital, according to Hospital's Medical Staff Bylaws and Rules. If Physician is not a member in good standing in the "Active Staff' category of the Medical Staff, or has not obtained all clinical privileges necessary to practice medicine in the Services at Hospital, Physician shall have a reasonable amount of time to obtain such membership and/or clinical privileges and Physician will exercise his best efforts to complete this process in accordance with the normal procedures set forth in the Medical Staff Bylaws and Rules.

2.4 Quality Standards. Physician shall agree to maintain and uphold the clinical standards set forth by the Hospital Medical Executive Committee, and the Hospital Board of

Directors, as well as any and all regulatory agencies including but not limited to the Centers for Medicare and Medicaid Services, the California Health and Human Services Agency, and the California Department of Public Health.

ARTICLE III
DUTIES OF HOSPITAL

3.1 Staff. Hospital shall, at its own expense, as necessary for the proper and cost efficient operation of Physician surgical Services, provide the services of licensed, registered, and vocational nurses; technologists; and other non-physician technicians, and assistants, including without limitation, certain Mid-level Practitioners (collectively, "Hospital Personnel").

3.2 · Utilities; Support Services. Hospital shall, at its own expense provide heat, water, electricity, telephone, laundry, housekeeping, and other support services necessary for the proper functioning of surgical Services.

3.3 Space. Hospital shall provide such space available that is deemed acceptable and appropriate by the Hospital for the proper and cost-efficient operation of the surgical Services. Physician understands and agrees that the surgery lounge provided by Hospital shall not be for Physician's exclusive use.

3.4 Equipment and Supplies. Hospital shall, at its own expense, provide all equipment, expendable and nonexpendable supplies (both medical and surgical), drugs, furniture and fixtures and/or other items (the "Equipment and Supplies") for the use of Physician as are necessary for the proper and cost-efficient operation of the Services. Hospital shall select and acquire Equipment and supplies. The Equipment and Supplies shall meet all electrical, engineering, and other safety standards required by law and/or relevant Hospital policies. Hospital shall, at its own expense, keep and maintain the Equipment and Supplies in good order and repair and replace the Equipment and Supplies or any part of it that becomes worn out or is mutually determined by the Parties to be obsolete. Hospital shall work cooperatively with Physician regarding the selection, installation, placement and repair of material Equipment and Supplies.

3.5 Day-to-Day Services. Hospital shall furnish or obtain, at its sole cost and expense, all day – to-day office services, including secretarial, transcription, reception, scheduling, duplication and facsimile services, and any other services of a similar nature reasonably necessary in connection with the day-to-day operations of Services, as determined by Hospital.

3.6 Support Personnel. Hospital shall provide, at its sole cost and expense, the services of all non-professional personnel, including managerial, secretaries, or receptionists ("Support Personnel") that are necessary and appropriate for the operation of the Services, as determined by Hospital from time to time. Hospital shall have the exclusive right to hire and terminate all Support Personnel and to determine and pay compensation payable to all Support Personnel, including salaries and employee benefits. Physician shall make

recommendations to Hospital concerning appropriate levels of Support Personnel staffing, considering Physician's pattern of clinical practice and applicable standards.

ARTICLE IV
COMPENSATION AND BILLING

4.1 Compensation for Professional Services. Hospital shall pay Physician as outlined in Addendum A of this Agreement.

4.2 Professional Services Billing and Collections

a) **Billing and Collection.** Hospital shall have the sole and exclusive right to bill and collect for any and all Professional Services rendered by Physician at the Hospital. Hospital shall have the sole and exclusive right, title, and interest in and to accounts receivable with respect to such Professional Services.

b) **Assignment of Claims**. Physician hereby assigns (or reassigns, as the case may be) to Hospital all claims, demands and rights of Physician for any and all Professional Services rendered by Physician pursuant to this Agreement. Physician shall take such action and execute such documents, as may be reasonably necessary or appropriate to effectuate the assignment (or reassignment, as the case may be) to Hospital of all claims, demands and rights of Physician and Physician Practitioners for any and all Professional Services rendered by Physician pursuant to this Agreement. Despite the foregoing, Physician does not assign any claims, demands and rights of Physician relating to any services not rendered pursuant to this Agreement.

c) **Designation as Attorney-in-Fact and Agent.** Physician hereby appoints Hospital as Physician's true and lawful attorney-in-fact to bill and collect for Professional Services rendered by Physician pursuant to this Agreement.

d) **Cooperation with Documentation, Billing and Collections**. Physician shall cooperate with Hospital in the billing and collection of fees with respect to Professional Services rendered by Physician pursuant to this Agreement as may be required by insurance carriers, health care service plans, governmental agencies, or other third party payers. All requests will be met in a timely manner. The Hospital is obligated to use best efforts to bill properly and receive payments timely.

ARTICLE V
INSURANCE AND INDEMNITY

5.1 Malpractice Liability Insurance. Hospital shall maintain in force, at its own expense, a policy or polices of professional liability insurance covering Physician's patient care services under this Agreement and providing a minimum coverage of one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) aggregate per year throughout the term

of the Agreement. A current certificate of insurance shall be provided to the Physician upon request.

5.2 Indemnification by Physician. Physician shall indemnify, defend, and hold harmless Hospital and its agents, employees, Practitioners, officers, and directors against: (i) any and all liability arising out of Physicians' failure to comply with the terms of this Agreement;(ii) any injury, loss, claims, or damages arising from the negligent operations, acts, or omissions of Physician relating to or arising out of this Agreement, including a breach of any warranties made herein; and (iii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of District in connection with the defense of such claims.

5.3 Indemnification by Hospital. Hospital shall indemnify, defend and hold harmless Physician against; (i) any and all liability arising out of Hospital's failure to comply with the terms of this Agreement; (ii) any injury, loss, claims, or damages arising from the negligent operations, acts, or omissions of Hospital or its employees or agents relating to or arising out of this Agreement; and (iii) any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of Physician in connection with the defense of such claims.

5.4 No Limit on Insurance. The Parties agree that the indemnification obligations under this Section 5 shall only apply if and to the extent that such indemnified acts or omissions are not completely covered by insurance.

5.5 Indemnification Limits. The indemnification is limited to the extent not otherwise covered by insurance and in no event shall indemnity overrule insurance coverage. The indemnification provision is void to the extent it would cause the Physician or Hospital to lose insurance coverage.

ARTICLE VI
RELATIONSHIP BETWEEN THE PARTIES

6.1 Independent Contractor. Physician shall at all times be an independent contractor with respect to Hospital in meeting Physician's respective responsibilities under this Agreement. Nothing in the Agreement is intended nor shall be construed to create a partnership, employer-employee or joint relationship between Hospital and Physician.

6.2 Limitation on Control. Hospital shall neither have nor exercise any control or direction over Physician's professional medical services; provided, however, that Physician shall be subject to and shall at all times comply with the Hospital Rules. Hospital shall contract for and remunerate all non-physician personnel required for the provision of patient care services to patients of the Surgery Department.

6.3 No Benefit Contributions. Hospital shall have no obligation under this Agreement to compensate or pay applicable taxes for or provide employee benefits of any kind (including contributions to government mandated, employment-related insurance and similar programs)

to or on behalf of Physician. Notwithstanding the foregoing, if Hospital determines or is advised that it is required by law to compensate or pay applicable taxes for or provide employee benefits of any kind (including contributions to government mandated, employment related insurance and similar programs) to or on behalf of Physician, Physician shall reimburse Hospital for any such expenditure within thirty (30) calendar days after being notified of such expenditure.

6.4 **Referrals.** Physician shall be entitled to refer patients to any hospital or other healthcare facility or provider deemed by Physician best qualified to deliver medical services to any particular patient; provided, however, that Physician shall not refer any Hospital patient to any provider of health care services which Physician knows or should have known is excluded or suspended from participation in, or sanctioned by, any Federal Health Care Program. No term of this agreement shall be construed as requiring or inducing Physician to refer patients to Hospital. Physician's rights under this Agreement shall not be dependent in any way on the referral of patients or business to Hospital by Physician.

ARTICLE VII
TERM AND TERMINATION

7.1 **Term.** This Agreement shall be for a term of two (2) years commencing _________________ (the "Effective Date"), and terminating on ______________, (the "Expiration Date"), unless sooner terminated pursuant to the terms of this Agreement. Upon Expiration Date of the initial term, this Agreement shall be renewed automatically for successive one (1) year terms unless either party elects not to renew the Term.

7.2 **Termination by Hospital.** Without cause, Hospital shall have the right to terminate this Agreement upon sixty (60) calendar days written notice to Physician. Upon the occurrence of anyone or more of the following events, Hospital may terminate this Agreement by giving written notice of termination to Physician, which termination shall be effective as of the date set forth in Hospital's written notice of termination to Physician or, if no date is set forth in the notice, the date the notice is delivered to Physician:

a) Breach of this Agreement by Physician where the breach is not cured within thirty (30) -calendar days after Hospital first gives written notice of the breach to Physician;

b) Physician is charged with or convicted of a felony, a misdemeanor involving fraud, dishonesty, or moral turpitude, or any crime relevant to the provision of the Service, or Physician's practice of medicine; or

c) Physician is debarred, suspended, excluded or otherwise ineligible to participate in any Federal Health Care Program.

7.3 **Termination by Physician.** Physician shall have the right to terminate this Agreement upon sixty (60) calendar days written notice to Hospital.

7.4 **Effect of Termination or Expiration**. Upon any termination or expiration of this

Agreement:

a) All rights and obligations of the Parties shall cease except: (i) those rights and obligations that have accrued and remain unsatisfied prior to the termination or expiration of the Agreement; (ii) those rights and obligations which expressly survive termination or expiration of this Agreement; and (iii) Hospital shall continue to reimburse Physician where Physician's obligation to continue to provide services to patients under its care at the Hospital at the time of expiration or termination of this Agreement continues, as determined by Physician;

b) This Section 7.4 shall survive the expiration or termination of this Agreement for any reason.

ARTICLE VIII
GENERAL PROVISIONS

8.1 Trade Secrets.

a) During the term of this Agreement, Physician will have access to and become acquainted with confidential information and trade secrets of Hospital, including information and data relating to payer contracts and accounts, clients, patients, patient groups, patient lists, billing practices and procedures, business techniques and methods, strategic plans, operations and related data (collectively, "Trade Secrets"). All Trade Secrets are the property of Hospital and used in the course of Hospital's business, and shall be proprietary information protected under the Uniform Trade Secrets Act. Physician shall not disclose to any person or entity, directly or indirectly, either during the term of this Agreement or at any time thereafter, any Trade Secrets, or use any Trade Secrets other than in the course of providing Professional Services pursuant to this Agreement. All Trade Secrets are the exclusive property of Hospital

8.2 Amendment. This Agreement may be modified or amended only by mutual written agreement of the Parties. Any such modification or amendment must be in writing, dated, signed by the Parties and explicitly indicate that such writing modifies or amends this Agreement.

8.3 Attorneys' Fees. If either Party brings an action or proceeding, arising out of or relating to this Agreement, the non-prevailing Party shall pay to the prevailing Party reasonable attorneys' fees and costs incurred in bringing such action, including without limitation, fees incurred in post judgment motions, contempt proceedings, garnishment, levy, debtor and third party examinations, discovery, bankruptcy, litigation, arbitration, trial, and any appeal or review, all of which shall be deemed to have accrued upon the commencement of such action and shall be paid whether or not such action is prosecuted to judgment. Any judgment or order entered shall contain a provision providing for the recovery of attorneys' fees and costs incurred in enforcing such judgment. The prevailing Party shall be the Party who is identified in any judgment or order entered as the Party entitled to recover its costs of suit, whether or not the action or proceeding proceeds to final judgment or award.

8.4 Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

8.5 Entire Agreement. This Agreement is the entire understanding and agreement of the Parties regarding its subject matter, and supersedes any prior oral or written agreements, representations, understandings, or discussions between Parties with respect to such subject matter. No other understanding between the Parties shall be binding on them unless set forth in writing, signed and attached to this Agreement.

8.6 Headings. The headings in this Agreement are intended solely for convenience of reference and shall be given no effect in the construction or interpretation of this Agreement.

8.7 Notices. All notices or communications required or permitted under this Agreement shall be given in writing and shall be delivered to the Party to whom notice is to be given either: a) by personal delivery (in which case such notice shall be deemed given on the date of delivery); b) by next day business courier service (e.g., Federal Express, UPS or other similar service) (in which case such notice shall be deemed given on the business day following date of deposit with the courier service); or c) by United States mail, first class, postage prepaid, registered or certified, return receipt requested (in which case such notice shall be deemed given on the third (3rd) day following date of deposit with the United States Postal Service). In each case, notice shall be delivered or sent to the address indicated on the signature page, or such other address as provided by a Party, from time to time, pursuant to this Section.

8.8 Waiver. No delay or failure to require performance of any provision of this Agreement shall constitute a waiver of that provision as to that or any other instance. Any waiver granted by a party must be in writing to be effective, and shall apply solely to the specific instance expressly stated. The Parties have executed this Agreement to be effective on the date first above written, and signify their agreement with duly authorized signatures.

HOSPITAL Last Frontier Healthcare District	PHYSICIAN Mundell Medical Corporation
By ______________________________ Kevin Kramer, CEO Date of Execution: __________________ **Address of Hospital:** 1111 N. Nagle Street Alturas, CA 96101	By: ______________________________ Ben Mundell, MD Date of Execution: __________________ **Address of Physician:** 50 Rusty Ln (Physical Address) PO Box 464 (Mailing Address) Mammoth Lakes, CA 93546

ADDENDUM A
COMPENSATION SCHEDULE FOR PROFESSIONAL SERVICES

Hospital shall pay Physician $10,000.00 per day that Physician provides services at Hospital as outlined in Section 1.2 of this Agreement. This Compensation Schedule shall be for a term of two (2) years commencing on the Effective Date of this Agreement. Upon expiration of the initial term, this Compensation Schedule shall be renewed automatically for successive one (1) year terms unless Hospital and Physician agree upon a revised Compensation Schedule.

Physician shall invoice Hospital at least monthly for services rendered under this agreement. Invoices will be paid by the Hospital within 30 days of receipt.

ATTACHMENT J

Strategic Plan

Modoc Medical Center Strategic Plan
Fiscal Year Ending 6/30/2027

OBJECTIVES	GOALS	TASKS
SERVICE	Improve Customer Service	Conduct all-employee training that re-establishes standards for excellent customer service.
		Provide off site training to all management staff on customer service standards so that standard can be enforced appropriately.
		Obtain quotes for a recorded call system.
		Implement recorded call system for organization if financially feasible.
	Improve Access to Primary Care	Complete clinic expansion construction drawings and add alternates.
		Get bids on the clinic expansion project and add alternates.
		Begin construction of clinic expansion project if financially feasible.
		Explore viability of telemedicine service to provide walk-in access to non-established patients.
		Expand Enhanced Care Management program to Alturas Clinic.
		Recruit two permanent physicians for Canby and Alturas clinics.
		Establish physical presence at conferences and association events that are well-attended by primary care physicians.
		Explore viability of advertising provider positions in trade or academic journals.
		Explore enhanced utilization of linked in to broaden advertisement efforts for healthcare providers.
QUALITY	Improve Physical Environment of Care	Finalize Canby Remodel Project
		Explore opportunities for remodel at Warnerview to make physical facilities better for current residents. Implement plans for remodel where financially feasible.
		Identify opportunities and take action to improve landscaping and maintenance of current landscaping at facilities.
	Utilize Technology to Enhance Patient Care	Explore viability of integrating with Epic to obtain more complete clinical information from other healthcare providers.
		Formally implement a consistent AI tool to assist in charting for providers.
		Research and implement possible AI tool or technological solution that can remind patients of preventive care appointments to encourage more engagement of patients in their own care.
		Identify an AI tool that can extract pre-visit clinical data to assist in more complete and better preventive care.
		Develop and implement feasible plan to expand patient engagement with the patient portal.
		Research feasibility of an automated packaging and filling machine for retail pharmacy to accommodate more growth.
		If feasible, implement pharmacy packaging machine and make necessary remodels to accommodate small expansion of retail pharmacy.
	Improve on Current Quality Improvement Program Performance	Graduate from modified Partnership Healthplan of California QIP program in the Canby and Alturas Clinics.
		Formalize Care Coordinator engagement with patients to improve performance on QIP metrics.
		Research possibility of offering incentives to patients to encourage better preventive care and compliance with clinic visits on QIP metrics.
PEOPLE	Expand Current Training Opportunities for Managers	Implement a management training component to each leadership team meeting, focusing on training that would better equip managers to address issues they will encounter during daily operations within the organization.
		Deliver financial management training to all managers on budget and planning and use of multiview to manage department level budgets.
		Complete a thorough review and refresh of department level orientation and training programs to ensure proper training of new leaders and new employees.
	Reduce Travel and Registry Staff	Finish wage analysis and implement wage increases where wages are identified to not be competitive based on regional market.
		Identify other opportunities to improve and increase local outreach and efforts to grow our own healthcare professionals from within the community.
		Enforce 12 month limitation on the amount of time registry and travel staff may work at Modoc Medical Center, to encourage direct hires by managers.
	Secure Additional Opportunities for Staff Housing	Explore feasibility of acquring more existing housing, purchasing higher density housing, or building new housing.
		If feasible acquire more housing that can be used for staff that need temporary housing while they look for permanent housing or for registry staff that cannot find housing.
	Transition to Cost-Based Ambulance Billing	Continue to research viable legal avenues to transition to cost-based ambulance billing that would not require restructure of ownership of the service.

FINANCE	Transition to Cost-Based Ambulance Billing	If legal avenues do not succeed, initiate collaboration with Surprise Valley Healthcare District to consolidate ambulance services so that ambulance billing can transition to cost-based billing to Medicare.
	Obtain Change of Scope and Increased Rate for Alturas Clinic	Finalize implementation of Cardiology in the Alturas clinic and hospital.
		Apply for change of scope and increased rate in the Alturas clinic.
	Transition to Solar Power for Main Campus	Generate an RFP for solar consultant to help design, bid, and execute solar array construction project for main campus.
		Obtain bids from potential contractors capable of constructing the solar array and corresponding infrastructure required to bring solar power online for main campus.
		If feasible proceed with constructing solar array for main campus.
GROWTH	Expand Access to Specialty Services	Identify top five referred specialty services from our clinics.
		Identify opportunities for shared providers where alignment exists in identified specialty areas within the region amongst other smaller facilities.
		Where alignment is identified, implement shared provider and service models to expand access to specialty care.
		Finalize implementation of laparoscopic surgery service.
		Explore viability of specialty relationship with a larger facility that could be delivered via telehealth or in person or a combination of both.
		Finalize implementation of cardiology service.
	Implement Geriatric Behavioral Health Program	Implement better mental health program and med management program available to skilled nursing facility residents.
		Implement outpatient geriatric behavioral health program.

ATTACHMENT K

FYE 2027 Budget

Modoc Medical Center
3 year Capital Budget starting FYE 2027

Description	Budget Amount	Department	Funding Source	Fiscal Year
Server Upgrades	$ 25,000	Data Processing	District	FYE 2027
Computers (50)	$ 85,000	Data Processing	District	FYE 2027
Omni Cell Replace	$ 750,000	Pharmacy	District	FYE 2027
Remainder of NMR drawings for Clinic Expansion	$ 380,000	Alturas Clinic	District	FYE 2027
Remainder of Hospital Generator Project	$ 300,000	Maintenance	District	FYE 2027
Pictures for New SNF	$ 60,000	Mountainview	District	FYE 2027
Canby Clinic - New Outdoor Signs	$ 30,000	Canby Clinic	District	FYE 2027
Hospital Intersection Lighting Project and New Signage	$ 40,000	Maintenance	District	FYE 2027
Remainder of Canby Clinic Remodel	$ 50,000	Canby Clinic	District	FYE 2027
Street Test Treadmill	$ 15,000	Maintenance	District	FYE 2027
New EKG Machines	$ 10,000	Emergency Room	District	FYE 2027
Tiny Home/Sleep Room ER Physicians	$ 200,000	Emergency Room	District	FYE 2027
Pharmacy Remodel/ER Sleep Room Conversion	$ 100,000	Hospital Pharmacy	District	FYE 2027
Tray Cart	$ 10,000	Acute Dietary	District	FYE 2027
Car	$ 45,000	Maintenance	District	FYE 2027
UTV Electric with Plow	$ 20,000	Maintenance	District	FYE 2027
Water Filter System	$ 20,000	Maintenance	District	FYE 2027
Heat Exchange Geothermal	$ 120,000	Maintenance	District	FYE 2027
Side Walk - Support Service	$ 25,000	Maintenance	District	FYE 2027
Snow Plow for Pickup	$ 15,000	Maintenance	District	FYE 2027
Canby Well House - Remodel	$ 5,000	Canby Clinic	District	FYE 2027
Mobile MRI Machine (Shared with Collaborative)	$ 350,000	Radiology	District	FYE 2027
Metal Storage Building	$ 500,000	Purchasing	District	FYE 2027
Drawings Support Svcs Office Building	$ 350,000	Administration	District	FYE 2027
Warnerview Remodel	$ 100,000	Warnerview	District	FYE 2027
Landscaping Improvements	$ 40,000	Multiple	District	FYE 2027
Solar Proposal/Design/Bidding	$ 300,000	Maintenance	District	FYE 2027
Wash & Dry Machines	$ 5,000	Laundry	District	FYE 2027
Laparoscopic Camera and Tower	$ 97,349	Surgery	District	FYE 2027
Drawings Support Svcs Office Building	$ 350,000	Administration	District	FYE 2027
Pediatric Colonoscope	$ 30,037	Surgery	District	FYE 2027
Acquire More Staff Housing	$ 500,000	Multiple	District	FYE 2027
PHILIPS US W/Cardiovascular MACHINE	$ 275,472	US	District	FYE 2027
Subtotal FYE 2027	**$ 5,202,857**			

Description	Budget Amount	Department	Funding Source	Fiscal Year
Server Upgrades	$ 25,000	Data Processing	District	FYE 2028
Computers (50)	$ 85,000	Data Processing	District	FYE 2028
Solar Array Project	$ 3,000,000	Maintenance	District	FYE 2028
Clinic Expansion/Landing Zone/Parking Lot/Radiology Add Alternate	$ 7,500,000	Alturas Clinic	District	FYE 2028
Subtotal FYE 2028	**$ 10,610,000**			

Description	Budget Amount	Department	Funding Source	Fiscal Year
Support Svcs Office Building Construction	$ 4,000,000	Administration	District	FYE 2029
Server Upgrades	$ 25,000	Data Processing	District	FYE 2029
Anesthesia Machine	$ 21,500	Surgery	District	FYE 2029
Computers (50)	$ 90,000	Data Processing	District	FYE 2029
Clinic Expansion/Landing Zone/Parking Lot/Radiology Add Alternate	$ 7,500,000	Alturas Clinic	District Budget	FYE 2029
Subtotal FYE 2029	**$ 11,636,500**			

Modoc Medical Center - Budget FY 27

Income Statement Compared to Annualized FY 26 Performance

	YTD March 2026		Annualized	FYE 2027 BudgetTotal
IP Acute Rev	5,409,624		7,274,374	7,274,373
IP SNF Rev	8,331,712		15,457,750	15,457,750
IP Ancillary Rev	0		0	
Total IP Rev	13,741,336		22,732,124	22,732,123
OP Rev	31,808,006		44,425,261	44,571,920
Total Pt Rev	45,549,343		67,157,385	67,304,043
BD	1,158,550		1,544,733	1,675,814
Contractual Allowance	6,183,314		8,244,419	10,840,093
Admin	(34,546)		(46,061)	439,424
Total Deducs	7,307,318		9,743,091	12,955,331
Net Pt Rev	38,242,024		57,414,294	54,348,713
% of Gross	83.96%		85.49%	80.75%
Other Rev	360,162		485,018	485,018
Total Net Rev	**38,602,186**		**57,899,311**	**54,833,730**
Salaries	16,633,597		20,758,729	22,900,587
Benefits	3,626,642		4,526,049	4,835,571
Registry	2,196,204		2,635,445	3,956,808
Pro Fees	4,210,164		5,252,197	5,605,002
Purch Svcs	1,311,838		1,574,205	2,468,076
Supplies	3,429,585		4,321,278	5,007,802
Repairs	366,240		439,488	468,827
Lease	63,349		76,018	71,018
Utils	715,774		927,643	951,817
Ins	413,646		496,376	492,242
Depr	2,059,927		2,471,913	3,500,183
Other	698,460		838,152	873,013
Total Op Exp	**35,725,427**		**44,317,493**	**51,130,946**
Income from Operations	**2,876,759**		**13,581,819**	**3,702,784**
Prop Tax	2,341,416		2,554,272	2,336,521
Int Income	882,890		963,153	963,153
Int Exp	(2,023,801)		(2,207,783)	(1,796,717)
Gain/Loss	0		0	0
Retail Rx	791,716		863,691	608,100
District Vouchers	65,945		71,940	(70,840)
Total Non-Op	**2,058,166**		**2,245,272**	**2,040,217**
Total Net Income	**4,934,926**		**15,827,091**	**5,743,001**

ATTACHMENT L

Large Account Write Off

Large Account Write-Off

All reimbursement efforts have been exhausted on Swing Bed encounter 60050755, and I am seeking permission to perform an Administrative Adjustment for the outstanding amount of $93,317.65. I had R1 do a case study on this so that we could fully understand what happened and avoid this again in the future. Details below.

Case Study: Reimbursement Delays Due to Authorization, Billing Corrections, Diagnosis Coding, and Taxonomy Issues

A claim was initially billed under **claim number 300090004** for dates of service **09/18/2024 through 10/22/2024**, with a total billed amount of **$90,788.73**. The claim was submitted with **authorization number VA9006619921**, which was valid only for the service period **09/18/2024 through 10/17/2024**. Since only part of the billed dates of service were covered under the authorization, the account was sent to the Authorization Department on **11/20/2024** for review and validation.

A response was received on **02/10/2025** from **Abernathy, Lisa**, indicating that an email had been received from Krishna and that a new claim had been generated for the covered dates only, **09/18/2024 through 10/17/2024**. However, upon review, it was found that the claim had again been billed with the original dates of service **09/18/2024 through 10/22/2024**, incorrect date span instead of the authorized partial dates.

To correct this, **claim number 300110199** was generated as a corrected claim using **TOB 187**, with a billed amount of **$80,372.84**. On **02/26/2025**, correspondence was received stating that the bill type was invalid. In response, **Prathyusha, Peraka** changed the bill type from **187 to 851**, and the claim was refiled on **03/05/2025** as **claim number 300116819**. This claim was denied again on **03/20/2025** for authorization-related reasons.

A work item was created on **03/24/2025**, and a response from Krishna advised additional review. Based on that guidance, the account was split-billed, and on **04/14/2025**, **claim number 300123859** was submitted for dates of service **09/18/2024 through 10/17/2024** with a billed amount of **$77,603.72**. The following day, **04/15/2025**, the claim was returned to provider. Krishna advised that the **claim status code in box 17 should have been manually changed to "01" instead of "30"**, and that the corrected claim should be billed with **TOB 187** and **status code 01** for the authorized service period. Following this instruction, **claim number 300125641** was billed on **04/24/2025**. On **05/23/2025**, this claim was returned to provider with the denial reason: **"Diagnosis code is invalid. Correct and resubmit with valid code."** The issue was sent to Coding on **06/23/2025**. Coding confirmed that TriWest had received the claim but returned it because **diagnosis code T8454XA did not match between claim**

boxes 66 and 69, even though the claim had been transmitted correctly electronically. Coding advised rebilling to ensure diagnosis code alignment in both fields.

A corrected claim, **claim number 300145976**, was then submitted on **07/28/2025** for **$80,372.84**. On **08/05/2025**, the claim was denied for **timely filing limit (TFL) expired**. Upon payer verification, it was determined that this denial was incorrect, and the claim was sent for reprocessing on **08/13/2025**. After reprocessing, the claim was denied again on **08/29/2025**, this time for **invalid provider taxonomy code 390200000X**. Review of the **NPPES registry** showed that the correct taxonomy code for provider **Landin Hagge** was **207Q00000X (Family Medicine)**. The taxonomy was updated, and the claim was resubmitted through SSI on **09/19/2025**.

Despite this correction, another denial was received on **10/03/2025** for **TFL expired**. AR reviewed the account and sent it back for reprocessing on **10/13/2025**, confirming that the claim remained within filing limits. Due to continued unresolved denials, an appeal was pursued. On **01/19/2026**, the matter was escalated based on a request from the CBO team, and an appeal was formally submitted on **01/23/2026**. During follow-up on **03/21/2026**, the payer stated that no appeal was on file, requiring a second appeal submission on **04/01/2026**.

This case demonstrates how a valid claim can experience significant reimbursement delays when impacted by multiple downstream issues, including **partial authorization coverage, incorrect dates of service, invalid bill type, claim status code errors, diagnosis code mismatches, provider taxonomy discrepancies, repeated inaccurate timely filing denials, and payer appeal processing failures**. The account required repeated rebilling, coding review, payer follow-up, reprocessing, and appeal escalation over an extended period.

Key Takeaways

- Verify that billed dates of service align exactly with authorization validity dates.
- Ensure corrected claims use the appropriate **bill type** and **claim status code**.
- Confirm diagnosis codes match across all required claim fields before submission.
- Validate provider taxonomy against **NPPES** before rebilling.
- Challenge inaccurate **timely filing denials** with payer confirmation and reprocessing requests.
- Track appeals closely and confirm payer receipt to avoid duplicate effort and further delays.