

MEETING NOTICE Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on January 29, 2026, at 1:30 p.m., by teleconference and in-person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information: Join by phone +1-415-655-0001 US Toll

Webex Link:

<https://shchd.webex.com/shchd/j.php?MTID=m65c1024281b4ef67076bbe032ec5f0d9>

Written comments may also be sent to boardcomments@shchd.org. Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real time during the meeting by attending in person or via Webex or phone.

Agenda

Page	Item
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- A. Call to Order
- B. Approval of the Teleconferencing of a Board Member
- C. Approval of the Agendas
- D. Public Comment on Non-Agendized Items
See below for Public Comment Guidelines
- E. Board Member Comments
Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.

F. Announcements

G. Consent Agenda –

7 - 14	1. Approval of Previous Minutes a. Governing Board Meeting, December 10, 2026
15 - 26	2. SHCHD New and Updated Policies <u>Engineering</u> a. Emergency Preparedness Countywide Resource List b. Earthquake Response SNF and Acute Nursing c. Fire Prevention Plan d. Fire Watch Procedure e. Emergency Operation Plan (EOP) Waiver Declared By Secretary <u>District Wide</u>
25 - 26	f. EHR Access Readiness and Password Reset Escalation <u>Radiology</u>
27 - 28	g. Infection Control h. Negative and Benign Mammogram Reports
29 - 36	<u>Materials</u> i. Product Recall and Product Hazard Report j. Scope of Service k. Back Orders l. Infection Control m. Inventory Policy n. Organizational Structure o. Departmental Access-Visitor
	3. Quarterly Reports - (Feb, May, Aug, Nov) None a. Human Resources – Season Bradley Koskinen, HR Manager b. Foundation – Chelsea Brown, Outreach Manager c. Operations – Kent Scown, Chief Operations Officer

Approval of Consent Agenda

H. Last Action Items for Discussion

1. Financial Trend Graph – Added to financial Packet
2. Action Plan and Steps to Stabilize Optometry
3. Peer Review Policy

- I. Correspondence, Suggestions, or Written Comments to the Board
- J. Administrator's Report – Matt Rees, CEO
 - 1. Department Updates
 - a. Milestones
 - b. August Employee Anniversaries
 - 1 Year: LCSW Tara Huff and Business Development Director Ryan Staples
 - 5 Years Case Manager Shirley Hillman
 - c. Approval of the December Financials - Paul Eves – See Report
 - d. CNO Report – Adela Yanez – See Report
 - e. Family Resource Center – Amy Terrones – Mar and Oct – None

37 - 45

46 - 50

K. Old Business

- 1. VSP Update
- 2. Commercial Insurance/ Credentialing in the Clinic and Optometry
- 3. 360 review for Administration

L. New Business

51

- 1. Approval of Resolution 26:01 Annual Public Meeting Notice
- 2. Election of Officers
- 3. Committee Assignment
 - i. Outreach
 - ii. Bylaws
 - iii. Finance
- 4. Update of Medical Staff and Governing Board Bylaws Timeline
- 5. Addition of MRI Services

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

- 1. Medical Staff Committee – Thursday, February 12, 2026, at 12:30 p.m
- 2. Medical Staff Policy Development Committee – Tuesday, February

17, 2026, 10:00 a.m.

3. QAPI Meeting – Wednesday, February 11, 2026, at 10:00 a.m.
4. Finance Committee – Friday, February 20, 2026, at 10:00 a.m.
5. Governing Board Meeting – Thursday, February 26, 2025, at 1:30 p.m.

Q. Adjourn to Closed Session

1. Closed Session
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Compliance, Risk, and Reports of Quality Assurance Committees
[H&S Code § 32155] - Kristen Rees, CQCO
4. Quarterly Reports - None
 - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec.
 - b. Patient Safety – Mar., June, Sept., Dec.
 - c. Medication Error – Feb., May, Aug., Dec.
5. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
 - a. Approval of Lawrence Gettler, MD, Reappointment as Associate status in Anatomical and Clinical Pathology privileges for March 1, 2026 – January 31, 2028
 - b. Approval of Fungluo Liu, MD, Reappointment as Associate status in Anatomical and Clinical Pathology privileges for March 1, 2026 – January 31, 2028
 - c. Approval of Mahdieh Assar, MD, (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges for February 1, 2026 – January 31, 2028
 - d. Approval of Ari Plosker, MD, (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges for February 1, 2026 – January 31, 2028
 - e. Approval of Ann-Elise Zarkwoer, NP, Initial Appointment as Provisional status in Clinic/Ambulatory privileges-- for February 1, 2026 – January 31, 2027
 - f. Approval of David Brosan, OD, Initial Appointment as Provisional status in Optometry – for February 1, 2026 – January 31, 2027
6. Personnel Matter –Evaluation § 54957
 - a. CQCO Kristen Rees

R. Adjourn Closed Session; Report on Any Action Taken, If Needed

S. Resume Open Session**T. Adjourn****Abbreviations**

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>COO</i>	Chief Quality and Compliance Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPHC</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>OIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine	<i>Resident</i>	Patients Residing in the Skilled Nursing Facility

PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA: Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.

PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA: Individuals wishing to address the Board regarding items on the agenda may do so after the Board has completed their initial discussion of the item and before the matter is voted on, so that the Board may have the benefit of these comments before making their decision. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act constraints, the Board meeting is their only opportunity to do so. Comments are limited to three minutes per person per agenda item, at the discretion of the Chair of the Board.

OTHER OPPORTUNITIES FOR PUBLIC COMMENT: Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the Board and appropriate staff.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 1276 at least 48 hours prior to the meeting."

Governing Board Meeting Agenda

January 29, 2026

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**Times are estimated*

COPIES OF OPEN SESSION AGENDA ITEMS: Members of the public are welcome to see and obtain copies of the open session regular meeting documents by contacting SHCHD Administration at (707) 923-3921 ext. 1276 or stopping by 291 Sprowel Creek Rd, Garberville, CA 95542 during regular business hours. Copies may also be obtained on the District's website, sohumhealth.org.

Posted January 26, 2026

Governing Board

Date: December 10, 2025

Time: 1:30 p.m.

Location: Sprowel Creek Campus and Via Webex Conferencing

Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

The Governing Board consists of Corinne Stromstad, Kevin Church, Yvonne Hendrix, Galen Latsko, and all in person, and Christopher Schille, with accommodation via Webex.

Not Present: None

Also in person: Administrative Assistant Darrin Guerra, CFO Paul Eves, PFS Manager Marie Brown, CQCO Kristen Rees, Chief of Staff Dr. Raison, Outreach Manager Chelsea Brown, CEO Matt Rees, and Compliance Lead Coral Ciarabellini

Also via Webex: FRC Manager Amy Terrones, Business Development Director Ryan Staples, and COO Kent Scown

A. Call to Order – Board President Kevin Church called the meeting to order at 1:32 pm.

B. Approval of the Teleconferencing of a Board Member

1. Chris Schille utilized the reasonable accommodation granted in SB707.

C. Approval of the Agenda

Motion: Galen Latsko motioned to approve the agenda.

Second: Yvonne Hendrix

Ayes: Corinne Stromstad, Christopher Schille, Galen Latsko, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: None

Motion Carried

D. Public Comment on Non-Agendized Items

E. Board Member Comments

1. Kevin shared that two members of the public have approached him and shared that they feel uncomfortable with the Mobile Optometry stairs. Matt will be addressing this manner.
2. Yvonne Hendrix shared her recent stay in the ER with the Governing Board. She was very impressed with the new providers and the staff who cared for her

F. Announcements

G. Approval of Consent Agenda

1. Approval of Previous Minutes
 - a. Governing Board Meeting, September 30, 2025
 - b. Special Governing Board Meeting, October 22, 2025
 - c. Governing Board Meeting, October 30, 2025

2. SHCHD New and Updated Policies

Radiology and Mammography: Page 3-10

- a. Medical Outcomes
- b. Consumer Complaints
- c. Radiology CT Scheduling
- d. Personnel Verification
- e. Exams with IV Contrast
- f. Contrast Administration and Supervision

Nursing: Page 11-12

- g. Physician Orders for Life Sustaining POLST

Human Resources: Page 13-18

- h. Employee Group Health and Life Insurance Benefits
- i. Smoke Free
- j. Commute/Commuter Pay

Employee Health: 19-36

- k. Employee Immunization and Tuberculosis (TB)Screening Program
- l. Blood, Body, or Substance Exposure and Management
- m. Employee Health Procedures
- n. Respiratory Protection Program

Hospital Pharmacy: 37-62

- o. Crash Cart

- p. Furnishing Medication Orders
- q. High-Risk Medication
- r. Impaired Pharmacy Licensee
- s. Loss and Diversion
- t. Managing Temperature Excursion
- u. Medication Administration
- v. Medication Monitoring and Storage
- w. Patient's Own Medication
- x. Prescription Pads
- y. Procurement of Pharmaceuticals
- z. Pyxis Downtime
- aa. Pyxis Education
- bb. Pyxis Medication Maintenance and Access
- cc. Pyxis Reports and Data
- dd. Pyxis Technology Access
- ee. Pyxis User Maintenance
- ff. Compounding Medications

Security and Transportation: 63-66

- gg. Patient Transport and Vehicle Safety
- hh. Vehicle Maintenance

Materials: 67-69

- ii. Materials Approval Process

Outreach: 70-73

- jj. Use of Personal Social Media Accounts
- kk. Managing Social Media Presence

3. Quarterly Reports - (Feb, May, Aug, Nov)
 - a. Human Resources – Season Bradley Koskinen, HR Manager
 - b. Foundation – Chelsea Brown, Outreach Manager
 - c. Operations – Kent Scown, Chief Operations Officer

Chris Schille pulled G.1.b, and G.2.a, e, j, and ii from the consent agenda.

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Motion: Yvonne Hendrix motioned to approve the consent agenda.
Second: Corinne Stromstad
Ayes: Corinne Stromstad, Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: None
Motion Carried

Motion: Corinne Stromstad motioned to approve agenda item G.1.B with corrections, marking Kevin Church as the Board President
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: None
Motion Carried

Motion: Corinne Stromstad motioned to approve agenda items G.2.j. with the addition to the sentence under additional guidelines, “The Manager is responsible for **approving and** entering the travel time...”, and to replace employee names on item G.2.ii with the name of the appropriate positions.
Second: Christopher Schille
Ayes: Corinne Stromstad, Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: None
Motion Carried

No Action was taken on Item G.2.a, and G.2.e

H. Last Action Items for Discussion

1. VSP Update
 - a. The District is in the final steps of getting commercial VSP set up in our rural clinic, and Fortuna Optometry, Ryan, Darrin, and Tru Bridge have been working to fill out the appropriate documentation.

I. Correspondence Suggestions or Written Comments to the Board – None

J. Administrator's Report – Matt Rees, CEO

Matt shared updates on healthcare access in our county and our District, as well as legislative changes. Ophthalmology in Eureka is closing and might offer us an opportunity to fill a new need in the County. We were happy to discover that the 4% sequester was removed upon the reopening of the Government after the shutdown, and we are pleased to announce that we currently have 12 patients in SLS, which exceeds Psychiatric Medical Care's standards for a full program.

1. Department Updates

- a. Milestones – None
- b. August Employee Anniversaries
1 Year: PFS Rep Joseph Hoaglin-Shelley
- c. Approval of the October Financials - Paul Eves – See Report
i. Paul presented the October financials and answered corresponding questions.
- ii. Kevin stated that he would like to see the Income Statement presented in a visual graph.
- d. CNO Report – Adela Yanez – See Report
i. Adela presented her staff report.
- e. Family Resource Center – Amy Terrones – Mar and Oct - None

Motion: Galen Latsko motioned to approve the October 2025 Financials.

Second: Yvonne Hendrix

Ayes: Corinne Stromstad, Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: None

Motion Carried

K. Old Business

1. Med Staff Coordinator Update

- a. Administration has decided to fill this role in-house.

L. New Business - None

M. Parking Lot - None

N. Meeting Evaluation

1. Moving forward, “Meeting Evaluation” will be moved to after the Closed Session.

O. New Action Items

1. Approval of Resolution 25:10 Loan of up to 2 Million from Equipment Leasing Group of America

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Motion: Galen Latsko motioned to approve Resolution 25:10.
Second: Christopher Schille
Ayes: Corinne Stromstad, Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: None
Motion Carried

2. CEO Retention Contract Negotiation

- a. This item was moved to the end of the agenda after Closed Session

Motion: Kevin Church motioned to approve the CEO Retention Contract.
Second: Christopher Schille
Ayes: Corinne Stromstad, Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: None
Motion Carried

3. USDA Update

- a. The USDA Loan project continues to move forward. Paul is in the process of completing the final application.

4. SB 707 Brown Act Update – Darrin

- a. Darrin shared some of the changes to the Brown Act due to SB 707, which included ADA accommodations, Changes to Quorum rules on social media, and new teleconferencing requirements.

P. Next Meetings

1. Medical Staff Committee – Thursday, December 11, 2025, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, December 16, 2025, 10:00 a.m
3. QAPI Meeting – Wednesday, December 10, 2025, at 10:00 a.m.
4. Finance Committee – Friday, January 23, 2025, at 10:00 a.m.
5. Governing Board Meeting – Thursday, January 29, 2025, at 1:30 p.m

Q. Closed Session

1. Closed Session Opened at 2:56 p.m.
2. Update on Peer Review, Credentialing, and Appointment/Reappointments – Medstaff
3. Compliance, Risk, and Reports of Quality Assurance Committees **[H&S Code § 32155]** - Kristen Rees, CQCO
4. Quarterly Reports -
 - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec.

- b. Patient Safety – Mar., June, Sept., Dec.
- c. Medication Error – Feb., May, Aug., Dec.
- 5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Approval of Megan Tresenriter, MD, Provisional Privileges -Emergency Department and Inpatient privileges, December 10, 2025 - November 30, 2026
 - b. Approval of Nicholas Kanaan, MD, Provisional Privileges -Emergency Department and Inpatient privileges, December 10, 2025 - November 30, 2026
- 6. Approval of Wallace McKinney, MD, Provisional Privileges -Emergency Department and Inpatient privileges, December 10, 2025 - December 30, 2026
- 7. Personnel Matter –Evaluation § 54957
 - a. CQCO Matt Rees

R. Kevin Church Adjourned Closed Session

S. Kevin Church Resumed Open Session

1. Action Items to Report in Open Session

Motion: Yvonne Hendrix motioned to approve Megan Tresenriter, MD, Provisional Privileges -Emergency Department and Inpatient privileges, December 10, 2025 - November 30, 2026, Nicholas Kanaan, MD, Provisional Privileges -Emergency Department and Inpatient privileges, December 10, 2025 - November 30, 2026, and Wallace McKinney, MD, Provisional Privileges -Emergency Department and Inpatient privileges, December 10, 2025 - December 30, 2026

Second: Galen Latsko

Ayes: Corinne Stromstad, Christopher Schille, Galen Latsko, Yvonne Hendrix, and Kevin Church

Noes: None

Not Present: None

Motion Carried

T. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer

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<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Subject: Emergency Preparedness County Wide Resources Contact List	Manual: Safety and Emergency Preparedness
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To Be Used during an Emergency or Disaster Event in SoHum Health District.

- **Administrative Analyst & Hospital Preparedness Program Coordinator**
Humboldt County Dept. of Health and Human Services
Public Health Branch, Emergency Preparedness
529 I Street
Eureka, Ca. 95501
Office 707-476-4957
After hours: Brian Carter (cell) 707-298-9391 or Dino Novello (cell) 707-407-5407
- **Office of Emergency Services Humboldt County**
862 4th Street
Eureka, CA. 95501
707-268-2500 Business Hours (Business Hours Monday through Friday, 8 AM to 5 PM)
707-445-7251 after Hours
Duty Officer Cell Line 707-273-3500
Website humboldtgov.org/oes
- **Federal Emergency Management Agency (FEMA)**
1111 Broadway #1200
Oakland, CA. 94607
Phone 510-627-7100
Hours: Open 24 hours
- **Humboldt County Sheriff's Office**
William Honsal; Sheriff/Coroner
707-268-3611
- **Local Garberville Sheriff Sub-Station**
707-923-2761
- **California Highway Patrol**
707-268-2000
- **Mad River Hospital**
Emergency Preparedness Coordinator
Larry Wood
Phone
- **Northcoast Emergency Medical Services**
Emergency Preparedness Liaison
3340 Glenwood Avenue
Eureka, CA. 95501
Phone 707-445+-2081
Fax 707-445-0443
- **Redwood Memorial Hospital**
Emergency Preparedness Liaison
Elizabeth Wardell, RN

Ambulance Companies/Air Ambulance

- **Arcata-Mad River Ambulance**
220 F Street
Arcata, CA. 95521
Phone 707-822-3353
- **City Ambulance Company**
135 West 7th Street
Eureka, CA. 95501
Phone 707-445-4907 (Dispatch)
- **CAL-ORE Life Flight**
Office
3705 Boeing Avenue
Mckinleyville, CA. 95519
Phone 541-469-7911 (Mon-Thurs 9am-4pm and Fri 9am-3pm)
Emergency Communications Center
Phone 800-705-1728
- **REACH Air Medical**
Dispatch Office
Phone 1-800-338-4045

Fire Departments

- **Garberville Fire Protection**
680 Locust Street
Garberville, CA. 95542
Phone 707-923-3196
- **Redway Volunteer Fire Department**
[417 Redway Drive](#)
[Redway, CA 95560](#)
[Phone 707-923-4164](#)
- **Briceland Volunteer Fire Department**
4438 Briceland Thorn Road
Garberville, CA. 95542
Phone 707-923-7204
- **Cal Fire/Humboldt Del Norte Unit Thorn Fire Station**
13298 Briceland Thorn Road
Whitethorn, CA. 95589
Phone 707-986-7553
- **California Department of Forestry**
Garberville Forest Fire Station
324 Alderpoint Road
Garberville, CA. 95542
Phone 707-923-2645
- **Eel River Conservation (Fire) Camp #31 Forestry Department/Redway**
[3850 RedwayRedwood -Drive](#)
[Redway, CA. 95560](#)
[Phone 707-923-2757](#)
- **Shelter Cove Volunteer Fire Rescue**

9126 Shelter Cove Road

Whitethorn, CA. 95589

Phone 707-986-7507

After hours emergency utility 707-223-1225

Utilities

- **Pacific Gas And Electric Company**
Emergency Phone 1-800-743-5000
24-hour Power Outage Information Center
1-800-743-5002
1000 King Salmon Avenue
Eureka, CA.
- **Garberville Sanitary District**
919 Redwood Drive
Garberville, CA. 95542
Phone 707-923-9566
- **Blue Star Gas**
1333 Redwood Drive
Garberville, CA 95542
Phone 707- 923-7827

Subject: Earthquake Response in the SNF and Acute Nursing Unit	Manual: Safety and Emergency Preparedness
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (SHCHD) to secure areas of the hospital and clinic by keeping doors closed and locked as appropriate.

PURPOSE:

The purpose of this policy and procedure is to describe how the facility will maintain a safe and secure environment for its patients, residents, and employees, in the event of an earthquake.

Procedure:

1. The An earthquake may be of sufficient magnitude that the hospital's Disaster Plan may be activated. If this occurs, staff should follow the instructions of the Incident Commander.
2. Earthquakes are of short duration, thus not allowing time for nursing staff to provide normal levels of exceptional care during the actual quake. Follow "duck, cover and hold" as appropriate.
3. Immediately after an earthquake of any magnitude, the staff will go to each resident/patient room and assess the damage and the physical and emotional state of the resident/patient, and exam the physical environment for any obvious signs of structural damage.
4. If any resident/patient is injured, nursing staff will give immediate first aid as required. Nursing staff will contact the ER physician for any residents/patients who require continuing medical care. This care may be rendered in the resident/patient room or in the Emergency Department, as appropriate.
5. Nursing staff will assess, to the best of their ability, the safety conditions of the facility as it refers to the residents/patients. This assessment may include oxygen and other equipment that may have fallen, broken windows, water leakage, etc., that may be an imminent hazard or danger to the resident. This will be reported immediately to Engineering Manager. It may be necessary to move one or more residents/patients out of a particularly hazardous area.
6. If a full evacuation is required, staff should follow the standard Evacuation Plan as outlined in the Disaster Manual.
7. If appropriate, staff should contact resident/patient families to report on the condition of their loved one.
8. Nursing will document individual resident/patient assessments for each person in the nursing notes.
9. If the earthquake was of extensive magnitude and the Disaster Plan has been activated, the staff will assess resident/patient needs and make immediate provisions to meet those needs so they can make themselves available for reassignment as appropriate to assist in the Emergency Room or as assigned by the Incident Commander.

DEFINITIONS:

None

Subject: Fire Prevention Plan	Manual: Safety and Emergency Preparedness
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to make every effort to prevent fire.

DEFINITIONS:

Fire Prevention Plan: to prevent a fire from occurring in a workplace. It describes the fuel sources (hazardous or other materials) on site that could initiate or contribute to the spread of a fire and the building systems, such as fixed fire extinguishing systems and alarm systems, in place to control the ignition or spread of a fire.

PROCEDURE:**I. Introduction**

- A. Major disasters occurring during peace or war must be anticipated and procedures must be developed and mastered if lives and property are to be protected, and if the facility is to be ready to serve. Such protection of life and property in all cases of emergency is everyone's business.
- B. With this thought in mind and recognizing that an effective fire protection program calls for long-range planning, the facility's Safety Committee, with technical assistance from the Garberville Fire Department, has developed a combined Fire Protection and Fire Prevention Plan together with a Disaster Plan based on the participation of trained employees.
- C. This plan explains the organizational structure of the fire protection system and outlines emergency measures to be taken in the event of a fire or another emergency. The conduct and action of trained personnel during the first few minutes of an emergency may or may not only save lives and property but ensure the security of our livelihood.

II. Fire Prevention Plan

- A. A recognition of the materials, conditions, and activities which contribute to a fire hazard is the first step to reducing the hazard. Potential fire hazards may include trash cans, trash bins, dry weeds, welding/cutting activities, vehicle fueling operations, and spark or flame in chemical storage areas.
- B. Fire hazards that employees should recognize are as follows:
 1. Exit Ways – will not be obstructed at any time. These include aisles, doorways, and ramps. These areas will never be used for storage. Prompt orderly egress from the building is of prime importance in the event of most emergencies. Sufficient light must be provided in every hallway to enable persons to readily find exits and safely use them.
 2. Combustible Waste – will be safely stored in proper containers until disposal. Environmental Services will store and dispose of all combustible waste in the facility.
 3. Fire Doors – The proper operation of fire doors and windows is necessary to protect or

isolate one section of the building from another thus providing protection to all other areas and persons within the building. Keep all fire doors, except those equipped to close automatically, properly closed.

4. Flammable Liquids (such as Acetone, Alcohol, etc.) - Limit the amount on hand to a minimum working supply. When possible, keep them in metal containers and store them in safety cabinets or storage rooms. Environmental Services and departmental managers will be responsible for the safe storage of such items.
5. Non-Ambulatory Patients - These are a special problem because in an emergency their life depends upon what is done by the hospital staff. Because these patients are helpless, they must be moved to safety by hospital employees. Each employee must know the technique for emergency removal of patients.
6. Electrical Heaters - These units, especially the portable types, must be watched closely to prevent close contact with combustible materials such as beds, upholstered furniture, clothing, etc. Portable and open flames are not permitted in any location. No one should ever leave a portable electric heater unattended. The Life Safety Code, NFPA 101, section 19.7.8 prohibits the use of portable space heaters in health care occupancies but provides the following exception: Portable space heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F.
8. Acids - All concentrated or corrosive acids must be handled with extreme care. Avoid storing these materials on high shelves or in locations where they are likely to be spilled or the containers are broken. Organic acids and inorganic acids should not be stored together. Any spillage should be immediately diluted or neutralized and cleaned up.
9. Oxygen - Oxygen does not burn. However, it will support combustion. All oxygen cylinders will be kept on carts or secured to a wall. Environmental Services and Nursing Staff will be responsible for the safe storage and use of oxygen.

C. Engineering Manager shall be responsible for the maintenance of equipment and systems installed to prevent or control the ignition of fires and the recharging of fire extinguishers annually as well as performing monthly inspections. Work assignments are issued so that employees have a designated role in an effective housekeeping program. This would include controlling the accumulation of flammable or combustible waste materials. Trash cans will be emptied per a designated schedule and more often if required. Right-of-way and fence lines shall be maintained free of weeds.

D. The duties of Managers are:

1. To facilitate the Fire Safety Program.
2. To coordinate the Fire Safety Program throughout their department.
3. To track all employees to be sure they are completely familiar with all phases of the Fire Safety Program which they are required to know.
4. To see that all employees participate in all fire drills.
5. To see that all employees are familiar with and make thorough fire prevention inspections when they are so assigned.
6. To take steps to correct any fire hazards found.

E. The duties of all employees are to:

1. Be completely familiar with the Fire Prevention and Response Plans and their duties and responsibilities in the program.
2. Participate in all fire drills and practice sessions as required. (Refer to Emergency Procedures both General and by Department.)
3. Attend all fire training classes when assigned to do so.
4. Learn the locations of and know how to operate the Fire Alarm Boxes and fire extinguishers.

F. Employees shall be trained at least annually in the Fire Prevention and Response Plans and the use of fire extinguishers. Training shall be documented.

Subject: Fire Watch	Manual: Safety and Emergency Preparedness
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a means for monitoring for the presence of fire in the event fire alarm or sprinkler systems are inoperable, there is a water outage to the facility, or there is planned maintenance on the water system which will be longer than four hours in duration.

PURPOSE:

The purpose of this policy and procedure is to delineate the steps to monitor for fire in the event of the above-noted situations.

PROCEDURE:

The Uniform Fire Code requires that a Fire Watch be established when a building or premises presents a hazard to life or property because of construction, demolition, fire, or other emergency, or when fire protection equipment/systems are temporarily inoperable.

An updated logbook listing the names and phone numbers of key personnel to notify in the event of a Fire Watch is maintained by the Engineering Manager. This logbook is provided to the person(s) responsible for conducting the Fire Watch process. The logbook will include space for the Fire Watch person to record their patrol rounds.

1. The Engineering Manager is responsible for notifying the local fire department and the California Department of Public Health (CDPH) that the facility will be following Fire Watch procedures.
2. Engineering or Security personnel will perform a Fire Watch walkthrough of the entire perimeter, interior rooms, and corridors of the subject property.
 - a. Rounds will occur every 60 minutes.
 - b. During rounds, assigned Fire Watch personnel will speak with all staff present in the facility at the time, explain the situation, and state that they will follow Fire Watch procedures.
3. Anyone who detects smoke or flames should use the nearest pull station to trigger an alarm, notifying building occupants and the Fire Department that a fire has been detected, and begin fire response protocols.
4. At the end of each shift, the departing personnel, along with their replacement, will complete a handoff Fire Watch walkthrough and pass the logbook between them.
5. Document all walks in the log. The Engineering Manager must retain logs for at least one year by scanning the document(s) into their online storage location.
6. Once systems are operational again, the Engineering Manager will inform the fire department and the CDPH that the district is no longer on Fire Watch. Forward a copy of the log to either agency if requested.

DEFINITIONS:

A Fire Watch is the assignment of one or more individuals to patrol a building or premises, detect smoke or fire, and activate an alarm.

Subject: Emergency Operations Plan (EOP) Waiver Declared by <u>DHHS</u> Secretary	Manual: Operations
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to establish the criteria for actions to be taken under a waiver declared by the US Department of Health and Human Services Secretary to support the development and implementation of the Emergency Operation plan (EOP) for Skilled Nursing Facilities.

DEFINITIONS:**None****Purpose:**

The purpose of this policy is to establish a standardized process in accordance with current CMS requirements. This policy assists the Southern Humboldt Community Health District in developing Policies and Procedures that provide a foundation for mitigation, preparedness, response, and recovery activities, thereby ensuring a constant state of Emergency Preparedness.

PROCEDURE:

The Administrator In-Charge shall implement and follow the established procedures outlined below:

1. Facility role under an 1135 Waiver

The role of a Skilled Nursing Facility under a waiver declared by the Secretary, in accordance with Section 1135 of the Social Security Act, includes providing care and treatment at an alternate care site designated by emergency management officials. Those involved assisting with implementation of any necessary waivers will include the following:

- Safety Officer
- Executive team
- DON
- Department managers
- Medical director

2. Requesting assistance or a 1135 Waiver

Once an 1135 Waiver Is Authorized:

- The Administrator shall coordinate actions through the established chain of command.
- When the Administrator determines that a 1135 Waiver request is necessary, the Administrator shall submit the request via email to the CMS Regional Office serving the facility's area.
- The State Survey Agency must be copied on the email.
- The waiver request must include:
 - Facility identification information
 - A clear justification for the waiver request
- This information shall be documented in a formal letter attached to the email submitted to the CMS Regional Office, with the State Survey Agency copied.

3. Coordination with established policies

Southern Humboldt Community Health District will reference existing Emergency Preparedness policies and coordinate with the chain of command when providing care at alternate care sites during emergencies.

4. Southern Humboldt Community Health District will collaborate with local emergency management officials to support a proactive and organized response. This cooperation facilitates continuity of care even when operations within the facility have been significantly disrupted.

All actions must be coordinated through the chain of command.

Subject: EHR Access Readiness and Password Reset Escalation	Manual: District Wide
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POLICY

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to require Epic users to maintain access readiness by retaining their Epic username and password and maintaining access to their Epic password reset email (community-health email), and to follow the established escalation path for Epic login issues to prevent delays in patient care.

Due to OCHIN system parameters, Epic passwords ~~generally~~ must be reset by the user through the approved self-service process using the email on file for Epic password resets. IT (Information Technology) and ESA (Electronic Health Record Support Analyst) support troubleshooting and escalation within scope; however, staff are expected to maintain the information necessary to complete the reset process.

Department managers are responsible for enforcing these expectations with their staff.

DEFINITIONS

Epic Username: The unique user ID assigned to a staff member for Epic access.

Community-Health Email: The email account associated with the staff member’s Epic profile that is used for Epic password reset/self-service recovery.

IT On-Call: The District’s designated after-hours support contact for urgent technology access issues, including Epic login troubleshooting.

ESA: Epic Support Analyst.

OCHIN Parameters: System rules/limitations that govern Epic access processes, including password reset capabilities.

PROCEDURE

Epic User Access Readiness Requirements (All Epic Users)

- Staff must know and retain their Epic username.
- Staff must know and retain their Epic password and be able to enter it manually when needed. ~~Staff should (de) not rely solely on Slingshot/ or Imprivata auto-fill).~~
- Staff must know ~~their which~~ community-health ~~email that~~ is used for Epic password resets ~~and must be able to access that email account.~~
- Staff must follow the posted Epic password reset instructions on the intranet ~~site~~ when a reset is needed.
- Staff must ~~use have~~ IT On-Call ~~and ESA contact resource~~ information available per department guidance.

Manager Enforcement (Department Managers / Supervisors)

- Managers must ensure new hires and current staff meet the access readiness requirements above before working independently in Epic.
- Managers must reinforce that Epic password resets require use of the staff member's correct community-health email.
- Managers must address repeated preventable access issues (not knowing username/password, and/or using the wrong email, inability to access the reset email) through coaching and follow-up as needed.

Escalation Path for Epic Login / Password Reset Issues

1. Self-Service Reset
 - a. Staff will attempt Epic password reset using the intranet instructions and their correct community-health email.
2. Contact IT On-Call
 - a. If staff cannot complete the reset or cannot access Epic, staff must contact IT On-Call using the established on-call process.
 - b. IT On-Call will assist with troubleshooting (common issues include incorrect credentials, wrong email used for reset, inactivity/lockout, or portal/login workflow issues).
3. ESA Escalation
 - a. If IT on-call cannot resolve the Epic access issue, IT will reach out to the ESA manager.
 - b. If the ESA manager is unavailable, IT will use the OCHIN 24-hour help line or OCHIN Live chat to report issue and seek resolution.

Extended Leave / Inactivity Prevention (90+ Day Scheduling Gaps)

- If a staff member has not been scheduled/worked for 90+ days or is returning from extended leave, the department should encourage the staff member to test Epic access before their first shift back when feasible.
- When staffing schedules are created and extended gaps are identified, department leadership should notify the ESA team via an Epic Support Ticket so access issues can be addressed proactively.

Subject: Infection Control: X-ray and Ultrasound	Manual: Radiology
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to adhere to infection control procedures as applicable to each hospital department.

PROCEDURE:

- Standard precautions will be used while providing care to all patients.
- Hands will be washed with soap and water if visibly soiled. If not visibly soiled than hands will be washed with soap and water or sanitized using approved water free hand sanitizer between patients and after removal of gloves.
- Infectious waste must be placed in red "biohazard" bags for appropriate disposal.
- Radiographic patient contact surfaces (i.e. upright chest bucky) that can be wiped will be disinfected with hospital approved disinfectant between patients. X-ray table pad shall be used whenever possible for table work. Table pad shall be covered with a clean linen sheet which will be changed at least once a week or when visibly soiled or wet. If table pad is contaminated with any bodily fluid, it shall be disinfected with hospital approved disinfectant according to manufacturer's directions. Additionally, the sheeted table pad will be covered with a secondary clean linen sheet which will be changed after each patient.
- Ultrasound table will be disinfected with hospital approved disinfectant between patients. The table shall be covered with a clean linen sheet which will be changed after each person.
- Disposable gloves must be worn when there is a possibility of direct contact with body fluids.
 - Gloves must be removed prior to processing images or handling other equipment.
 - Gloves must be worn while disinfecting contaminated surfaces.
- Image receptors which may be in direct contact with blood or other body fluids must be protected by plastic covers and/or disinfected prior to developing or placing in portable.
- Gowns will be worn if splattering of clothing is anticipated.
 - ~~All lead aprons and shielding materials must be cleaned on a monthly basis and whenever visibly soiled with a product containing dimethyl ethyl benzyl ammonium chlorides (such as PDI germicidal disposable wipes). Lead aprons shall be stored hanging or draped without folds or creases. Lead shall be inspected annually for holes and cracks.~~

PORTABLE RADIOGRAPHY:

- For isolation patients, follow instructions on the isolation sign concerning attire.
- When there is a possibility of direct contact with body fluids, gloves must be worn while positioning the patient.
 - Gloves must be discarded and hands washed or sanitized with approved water free hand sanitizer prior to contact with the x-ray machine.
 - Clean gloves must be used for subsequent patient contact.
- X-ray image receptor will be placed in a clean pillowcase or plastic bag (preferred) whenever possible to avoid direct patient contact.
- The portable unit must be wiped down with hospital approved disinfectant (such as PDI germicidal disposable wipes) after contact with any bodily fluids or an isolation patient.
- The portable unit must be cleaned weekly and when visibly soiled with hospital approved disinfectant (such as PDI germicidal disposable wipes) to prevent the transmission of microorganisms to patients and staff.

DEFINITIONS:

None

Subject: Negative/Benign Mammogram Reports	Manual: Mammography
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure that all patients shall receive a written notification of the results of their mammogram in a timely manner.

PROCEDURE:

1. Patients shall be instructed to self-address an envelope at the time of their mammography appointment.
2. The envelope shall be used to mail the patient their negative BI-RADS (category 1, 2 or 3) results letter. All reports will contain information about the patient's breast density. ~~If the mammogram reveals dense breast tissue, a dense breast letter shall be mailed to the patient instead of the general negative/benign letter.~~ All reports shall be mailed within 30 days of the date of examination.
3. Negative/benign (category 1 or 2) mammography interval is generally one year. Interval for follow-up for "Probably Benign" BI-RADS category 3 is generally 6 months but shall be determined by the Radiologist's recommendation.

DEFINITIONS:**None**

Subject: Product Recall and Product Hazard Report	Manual: Materials Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to maintain a system to gather, disseminate, track, follow-up, and document action taken for all product safety recalls and alerts.

DEFINITIONS:

Product Recall: A product recall, alert, or safety notification is a warning notice sent by a manufacturer or other independent party, which communicates a known or potential defect or dangerous condition detected in a product.

- The purpose of the communication may be:
 - To advise users to immediately stop all use and withdraw from distribution all suspect stock
 - To alert users of a potential hazard, or
 - To notify users to return known defective material, through proper channels, to the manufacturer for replacement. Notice is usually accompanied by the necessary corrective action to be taken by the manufacturer and the user.

Product Hazard Report:

- Reports of known problems with medical devices (e.g., user errors) that have caused harm to patients and/or healthcare personnel but that have not resulted in a product recall
- Some hazard reports are "product specific" and others apply to general areas of technology. Examples include ECRI Hazard Reports, FDA Public Health Advisories, and The Joint Commission Sentinel Event Reports.

PROCEDURE:

- Materials Management will receive medical product, device and drug safety alerts and recalls via multiple sources: letter, facsimile, telephone, e-mail, or through subscription with independent services.
- Upon receipt of a recall or alert notice, the materials staff will review the information provided and determine what, if any, action to take.
- The Materials Technician will check for inventory of recalled product and pull from shelves if needed. The Materials Technician will keep a binder with all product recalls and actions taken. This binder will include the materials technicians name and initials as well as the date it was completed. The Materials Technician will scan documentation into Shared drive and notify Manager once completed. After scanning the documentation and actions taken into the shared drive the original paperwork is discarded.
- Inventory Products and Stocked Intravenous Solutions
 - Upon receipt of a product recall, alert or safety notification of a stock inventory product, the Materials Technician, shall check all storage locations under the control of the Materials Management Department.
 - All affected products will be removed, segregated from the other stock and appropriately identified with warning notices.
 - All products being recalled will be exchanged as necessary by the Materials Management Department. The products being recalled that are essential to the hospital's operation will be replaced by a substitute product as soon as possible.
 - The substitution of products will be coordinated by the Materials Management Department. Any product that cannot be replaced with the exact manufacturer product will be replaced with a product that is comparable. This change will be communicated to the affected departments.

- All recall documentation will be maintained by the Materials Management Department in the Materials shared file.

Subject: Scope of Service	Manual: Materials Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD," "District," "SoHum Health") to be involved in or directly responsible for all supply chain activities within the institution.

PROCEDURE:

- The Materials Management Department is directly responsible for the following activities:
 - Receiving of supplies and equipment
 - Shipping of supplies and equipment
 - Supply storage and inventory control
 - Distribution of supplies including Periodic Automatic Replenishment [PAR] levels and equipment
 - Monitoring of supply and service usage
 - Supply contract renewal and review through GPO and Primary wholesalers
- The Materials Management Department is involved in the following activities:
 - Product assessment, evaluation, and standardization
 - Cost savings activities reviews
 - Review and procurement related to Code, Disaster, isolation cart inventory, replenishment, and distribution
 - Materials also assists the Pharmacy department with replenishment and distribute their supplies.

DEFINITIONS:

None

Subject: Backorders	Manual: Materials Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to monitor backorders from suppliers and work to fill them as soon as possible.

PROCEDURE:

- A backorder occurs anytime the requested/needed quantity of a stock item is not available to be issued.
- A stock backorder can be caused by a variety of situations:
 - Items are on backorder from the supplier/manufacturer.
 - Items have been received but not yet submitted into stock.
 - Items are in transit and expected to be delivered or an expected delivery is late.
 - There is an error in the inventory and items have not been ordered or were ordered late.
- In the event of a backorder, the Materials Management team will determine the reason for the backorder and the expected time that stock will be available.
 - If the backordered item is not at a zero balance and the restock quantity is expected to be delivered and available before the item's on-hand quantity reaches zero balance no action is necessary.
 - If the backordered item will likely reach zero balance before the stock quantity is available and demand for the item is likely due to the item's Average Daily Usage (ADU), the Materials team will notify department managers of the shortage and will list item on backorder list posted on the Materials Management office door.
 - If the item is not critical, simple notification may be sufficient.
 - If sufficient quantities are available in other departments, it may be appropriate to transfer inventory from one department to another.
 - If other items may be used instead, these will be provided.
 - If the need is critical and items are not available elsewhere, the manager will:
 1. Work with the supplier, manufacturer, and/or unit staff to identify and procure a functionally equivalent substitute item.
 2. Contact other local health systems and attempt to borrow the item on an emergency basis until the backorder is filled.

DEFINITIONS:

None

Subject: Infection Control: X-ray and Ultrasound	Manual: Radiology
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to adhere to infection control procedures as applicable to each hospital department.

PROCEDURE:

- Standard precautions will be used while providing care to all patients.
- Hands will be washed with soap and water if visibly soiled. If not visibly soiled than hands will be washed with soap and water or sanitized using approved water free hand sanitizer between patients and after removal of gloves.
- Infectious waste must be placed in red "biohazard" bags for appropriate disposal.
- Radiographic patient contact surfaces (i.e. upright chest bucky) that can be wiped will be disinfected with hospital approved disinfectant between patients. X-ray table pad shall be used whenever possible for table work. Table pad shall be covered with a clean linen sheet which will be changed at least once a week or when visibly soiled or wet. If table pad is contaminated with any bodily fluid, it shall be disinfected with hospital approved disinfectant according to manufacturer's directions. Additionally, the sheeted table pad will be covered with a secondary clean linen sheet which will be changed after each patient.
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 - Gloves must be removed prior to processing images or handling other equipment.
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- Image receptors which may be in direct contact with blood or other body fluids must be protected by plastic covers and/or disinfected prior to developing or placing in portable.
- Gowns will be worn if splattering of clothing is anticipated.
 - ~~All lead aprons and shielding materials must be cleaned on a monthly basis and whenever visibly soiled with a product containing dimethyl ethyl benzyl ammonium chlorides (such as PDI germicidal disposable wipes). Lead aprons shall be stored hanging or draped without folds or creases. Lead shall be inspected annually for holes and cracks.~~

PORTABLE RADIOGRAPHY:

- For isolation patients, follow instructions on the isolation sign concerning attire.
- When there is a possibility of direct contact with body fluids, gloves must be worn while positioning the patient.
 - Gloves must be discarded and hands washed or sanitized with approved water free hand sanitizer prior to contact with the x-ray machine.
 - Clean gloves must be used for subsequent patient contact.
- X-ray image receptor will be placed in a clean pillowcase or plastic bag (preferred) whenever possible to avoid direct patient contact.
- The portable unit must be wiped down with hospital approved disinfectant (such as PDI germicidal disposable wipes) after contact with any bodily fluids or an isolation patient.
- The portable unit must be cleaned weekly and when visibly soiled with hospital approved disinfectant (such as PDI germicidal disposable wipes) to prevent the transmission of microorganisms to patients and staff.

DEFINITIONS:

None

Subject: Inventory	Manual: Materials Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to make sure all inventory will be maintained to ensure adequate supplies are available for general patient care.

PROCEDURE:

- Materials Management will maintain all supplies needed to ensure adequate inventory for all patient care services of the district.
- Materials Management team will establish PAR levels for all materials according to inventory usage report.
- Reordering will be accomplished through reports of PAR levels and past ordering through primary wholesaler.
 - If for any reason a material is unavailable from primary wholesaler an alternative item may be ordered with approval of Operations Manager.
 - Any item needed to ensure adequate materials for the patients of SHCHD may be ordered from alternative wholesaler if not available from primary wholesaler. Operations manager approval is needed prior to ordering.
- Items will be stored in Materials (room) using shelf and row labeling. Materials Management will maintain a list of all materials in Materials and their locations. This list will be kept in the pocket folder attached to supply room door.
- Operations manager along with department managers will determine what items are kept in Materials. If new inventory items are requested by department managers, the following guidelines will be considered before ordering:
 - Items used by multiple departments
 - Items used by multiple patients
 - Fast moving items
 - Slow moving items used as a necessity with no other alternative available
- Items will not be deleted from inventory without prior notification to any known users of the item. If an item is no longer used it will be inactivated rather than deleted in the inventory control system in use.

DEFINITIONS:

None

Subject: Organizational Structure	Manual: Materials Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to be directly responsible for the following activities and shall have a uniform structure for the department's operation and management. There will be a specified chain of command for departmental employees.

PROCEDURE:

- The Materials Management Department is composed of the following sections:
 - Shipping, Receiving Services Section
 - Supply, Equipment, Cart Services Section
- The Operations Manager holds overall responsibility for the direction and administration and strategic planning of all department activities and reports to the COO. In the absence of the Operations Manager, the Materials Technician will have overall responsibility.
- Individual job descriptions for all positions are located in shared departmental files under HR and in the employee's file.
- Currently the Materials Management Department consists of a Materials Technician and Operations Manager.
- Employees are encouraged to direct all problems or suggestions to their direct supervisor. However, employees are free to contact anyone in the chain of command and/or Human Resources in situations where contact with the direct supervisor would not be appropriate.

DEFINITIONS:

None

Subject: Departmental Access/Visitor	Manual: Materials Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") that access to Materials Management areas be restricted to authorized personnel. Controlling access to departmental areas is necessary for the personal safety and security of employees and patients, and the safeguarding of organizational property.

PROCEDURE:

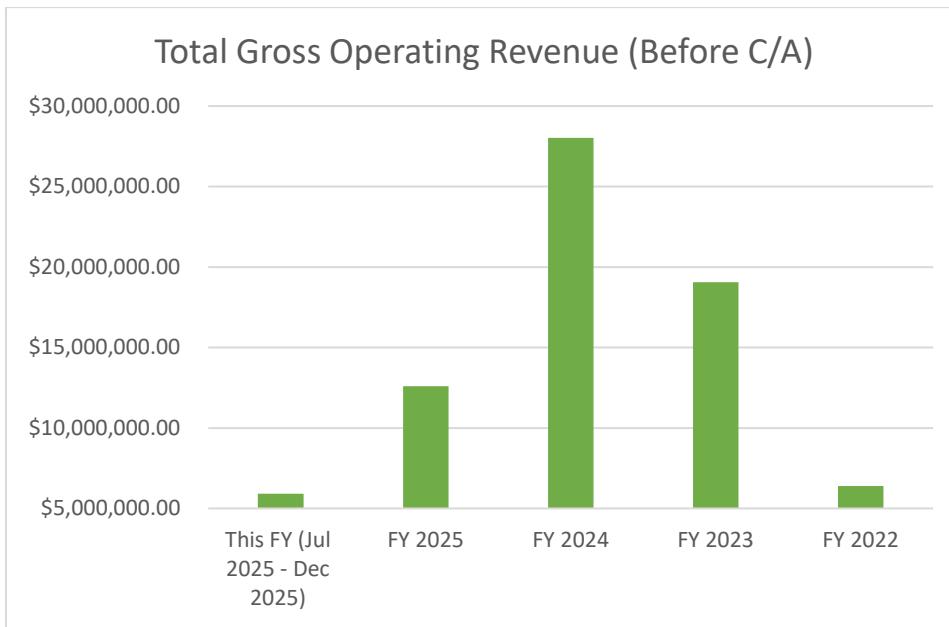
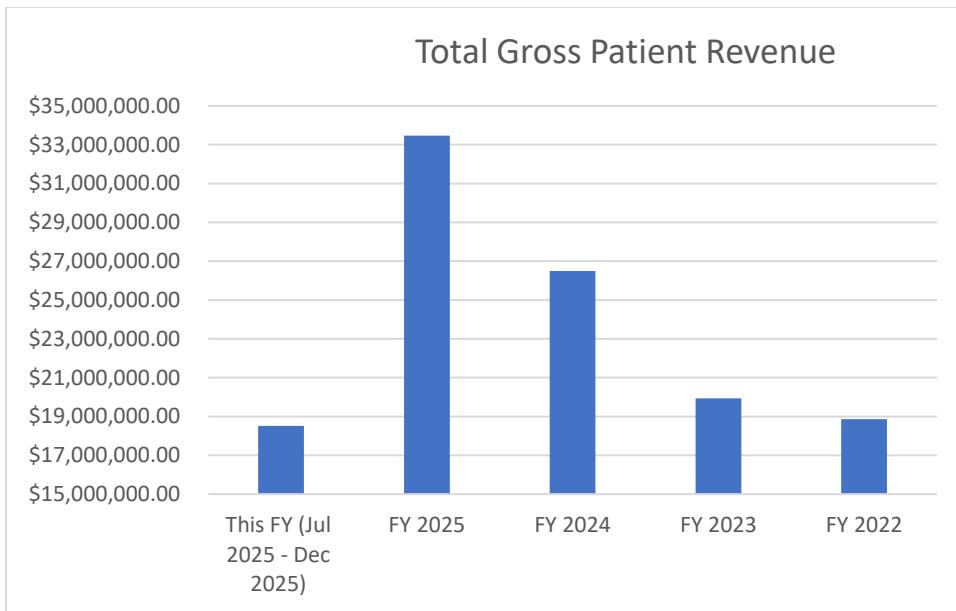
- Access to departmental areas:
 - The Materials Management Department working areas (including the shipping, receiving and distribution section, equipment and cart services section) are restricted to authorized hospital staff and vendors only.
 - Both the receiving area and Materials room are locked by coded entry pads. Only authorized personnel are given the access codes.
- Visitors:
 - Personal visitors are not allowed in the department without approval of Materials Manager.
 - Vendors must be accompanied by authorized staff.
- Security of goods and equipment:
 - No one will be allowed to remove supplies or equipment from departmental areas without proper authorization.
 - Anyone observing an individual acting suspiciously or carrying items from the departmental areas will contact the duty Security Officer or the Materials Manager.

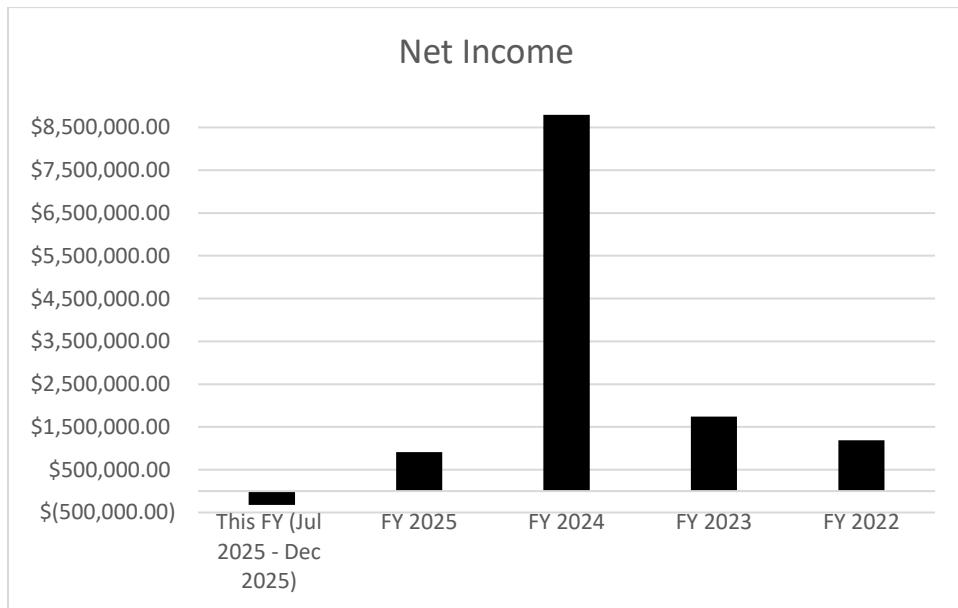
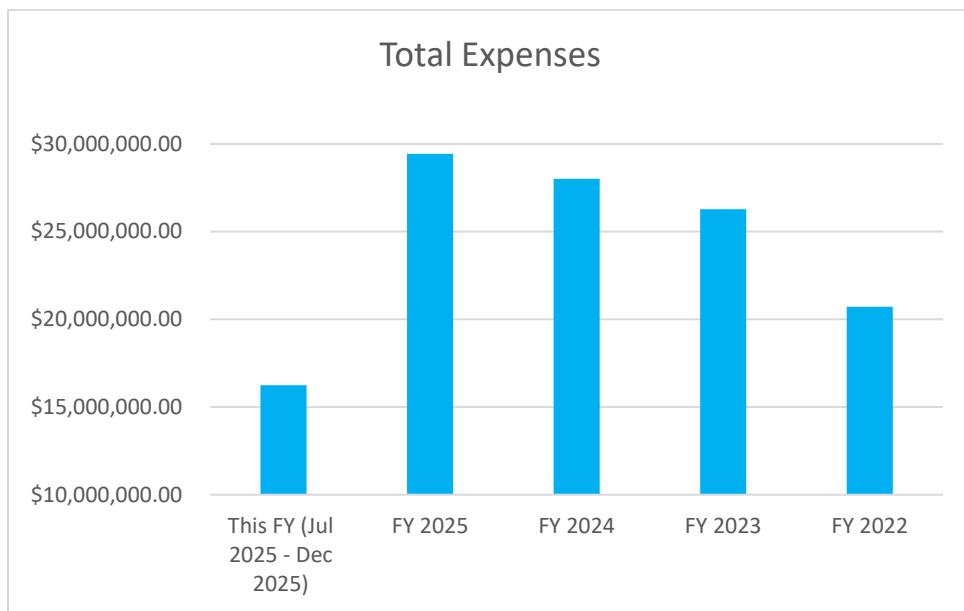
DEFINITIONS:

None

Southern Humboldt Community Healthcare District
Comparative SoHum Income Statement
5 Year Look Back - FY22 through End of Dec 2025

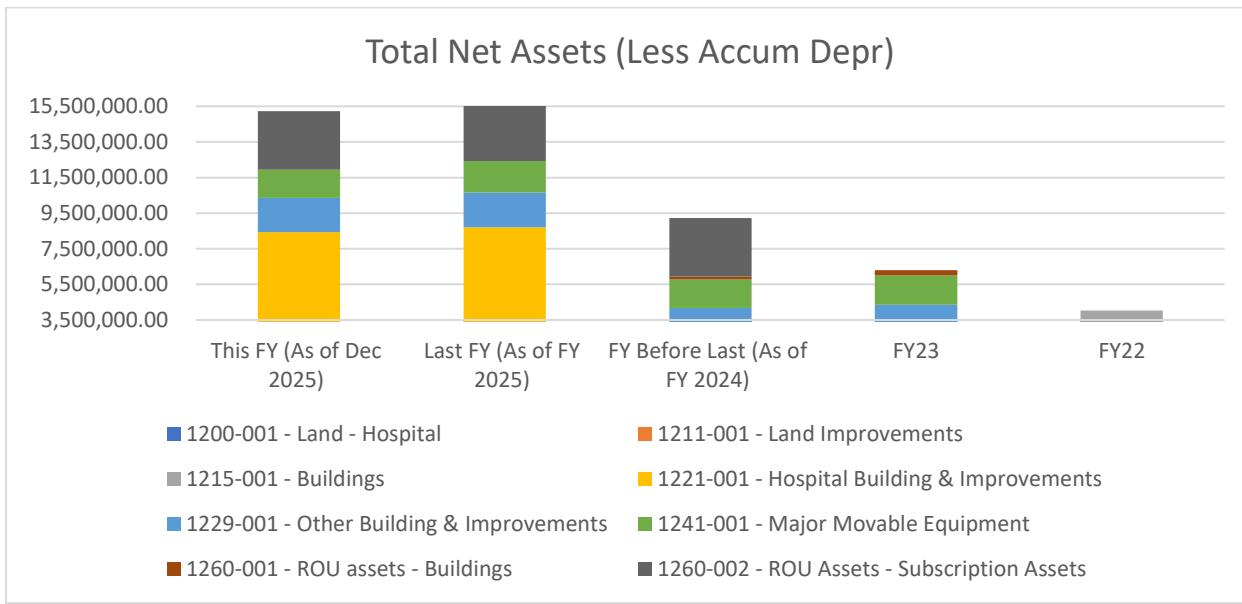
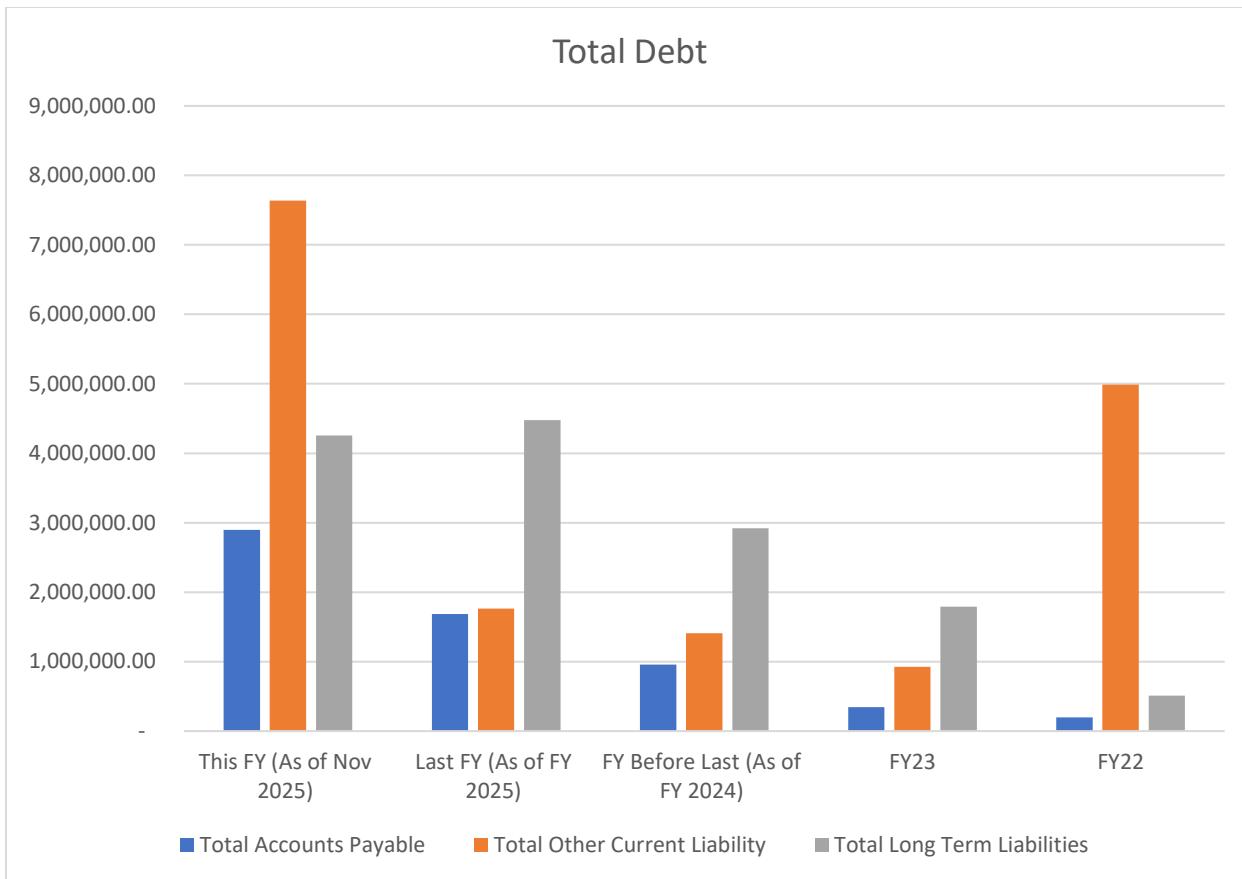
	This FY (Jul 2025 - Dec 2025)	FY 2025	FY 2024	FY 2023	FY 2022
Revenue					
Gross Patient Revenue					
Total - Inpatient	1,786,451.00	3,214,097.00	2,750,183.00	2,946,481.00	2,176,244.00
Total - Inpatient Ancillary	370,362.00	552,816.00	359,641.00	515,457.00	290,138.00
Total - Outpatient	11,075,589.00	19,542,813.00	15,724,614.00	10,154,038.00	15,517,764.00
Total - Outpatient Ancillary	5,284,909.00	10,163,600.00	7,666,152.00	6,321,148.00	883,854.00
Total Patient Revenue	18,517,311.00	33,473,326.00	26,500,590.00	19,937,124.00	18,868,000.00
Deductions from Revenue					
Total Operating IGTs & Supplemental	(5,208,155.00)	(11,688,152.00)	(9,497,749.00)	(10,815,285.00)	(3,600,000.00)
Total - Contractual Allowances	8,984,153.00	16,057,528.00	6,726,785.00	7,458,971.00	5,690,484.00
Provision for Bad Debts					
5800-010 - Bad Debt - Retail Pharmacy	(50,607.00)	(105,704.00)	(147,428.00)	-	-
5800-400 - Bad Debt Expense	(174,896.00)	(758,716.00)	(24,792.00)	(48,578.00)	
5800-012 - Bad Debt Expense - Fort Optometry	-	-	(264,515.00)	-	-
Total - Provision for Bad Debts	225,503.00	864,420.00	436,735.00	48,578.00	404,249.00
Total - Other Allowances / Deductions	141,579.00	449,870.00	(869,207.00)	1,143,031.00	1,400,263.00
Total - Cost Of Sales	(22.00)	(107.00)	-	-	-
Total Deductions	4,143,058.00	5,683,559.00	(3,203,436.00)	(2,164,705.00)	3,894,996.00
Net Patient Revenue	14,374,253.00	27,789,767.00	29,704,026.00	22,101,829.00	13,857,000.00
Total Other Operating Revenue	517,638.00	859,040.00	5,051,568.00	4,421,876.00	39,000.00
Total Operating Revenue	14,891,891.00	28,648,807.00	34,755,594.00	26,523,705.00	13,896,000.00
Expenses					
Total - Salaries & Wages	7,649,399.00	12,324,246.00	9,809,582.00	10,305,733.00	7,665,000.00
Total - Employee Benefits	2,826,244.00	4,553,596.00	3,890,153.00	2,235,101.00	2,659,000.00
Total - Professional Fees	2,202,857.00	5,332,521.00	3,861,034.00	3,198,652.00	2,626,000.00
Total - Supplies	644,628.00	1,297,196.00	5,113,726.00	5,712,127.00	2,514,000.00
Total - Repairs & Maintenance	150,959.00	290,698.00	335,812.00	342,050.00	324,000.00
Total - Purchased Services	1,467,165.00	3,063,109.00	2,114,981.00	2,224,256.00	2,224,000.00
Total - Utilities	171,173.00	351,589.00	304,523.00	276,547.00	290,000.00
Total - Insurance	137,192.00	238,076.00	172,820.00	172,223.00	110,000.00
Total - Depreciation/ Amortization	555,654.00	1,520,657.00	1,299,612.00	1,057,818.00	887,000.00
Total - Other	431,868.00	461,335.00	1,111,431.00	761,844.00	1,413,000.00
Total Operating Expenses	16,237,139.00	29,433,023.00	28,013,674.00	26,286,351.00	20,712,000.00
Operating Profit (Loss)	(1,345,248.00)	(784,216.00)	6,741,920.00	237,354.00	(6,816,000.00)
Total - Tax Revenue	699,029.00	1,411,946.00	1,084,388.00	1,100,133.00	
Total - Other Non Operating Revenue (Expense)	264,030.00	233,199.00	773,828.00	344,097.00	8,001,000.00
Total - Interest Income	62,786.00	53,857.00	194,029.00	62,545.00	
Net Non Operating Revenue (Expense)	1,025,845.00	1,699,002.00	2,052,245.00	1,506,775.00	8,001,000.00
Net Income (Loss)	(319,403.00)	914,788.00	8,794,165.00	1,744,129.00	1,185,000.00



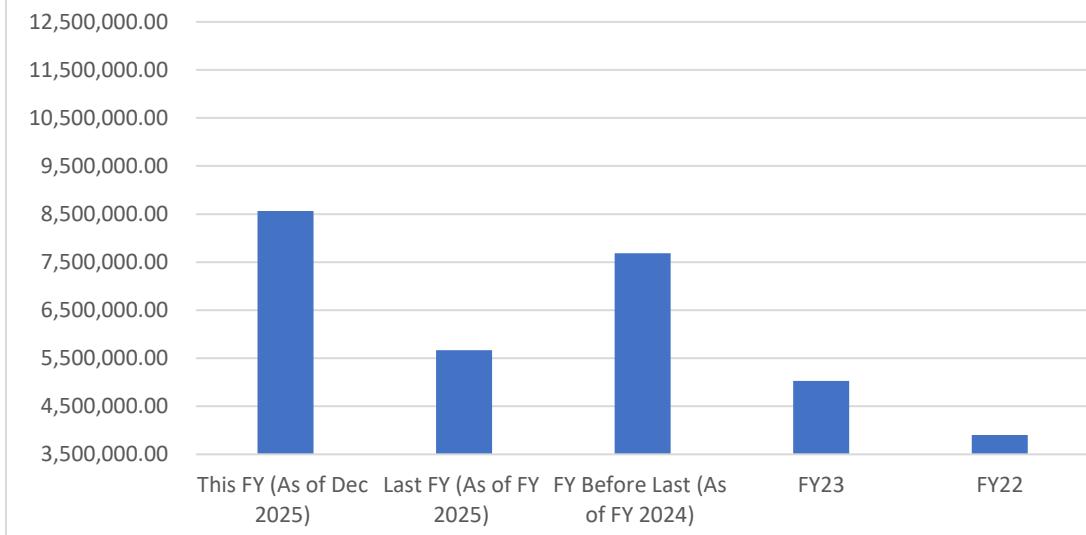


Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet
5 Year Look Back - FY22 through End of Dec 2025

	This FY (As of Dec 2025)	Last FY (As of FY 2025)	FY Before Last (As of FY 2024)	FY23	FY22
ASSETS					
Current Assets					
Total Bank	1,173,339	5,085,807	8,242,122	10,263,542	12,749,303
Total Accounts Receivable	6,039,521	6,881,152	7,312,024	2,326,716	1,696,446
Total Other Current Asset	15,221,603	6,329,263	3,094,801	628,810	2,373,170
Total Current Assets	22,434,463	18,296,222	18,648,947	13,219,068	16,818,919
Fixed Assets					
1200-001 - Land - Hospital	1,193,526	1,193,526	1,163,216	1,028,216	959,877
1211-001 - Land Improvements	553,251	553,251	553,251	553,251	553,251
1215-001 - Buildings	1,489,909	1,489,909	1,367,015	1,474,356	2,516,797
1221-001 - Hospital Building & Improvements	6,680,242	6,680,242	119,716	119,716	
1229-001 - Other Building & Improvements	3,550,715	3,526,173	3,447,325	3,387,733	
1230-001 - Leasehold Improvements	12,785	12,785	12,785	12,785	
1241-001 - Major Movable Equipment	8,477,163	8,433,015	7,788,684	7,378,269	6,117,944
1246-001 - Accumulated Depreciation - ROU equipment	(1,143,837)	(1,143,837)	(416,174)	(296,509)	
1247-001 - Accumulated Amortization - SBITA	(438,492)	(438,492)	(438,492)	-	
1250-001 - Construction In Progress	8,567,288	5,669,853	7,683,040	5,029,861	3,901,331
1260-001 - ROU assets - Buildings	580,234	580,234	580,234	580,234	
1260-002 - ROU Assets - Subscription Assets	3,735,812	3,735,812	3,735,812	-	
1261-001 - Accum Depr- Land Improvements	(221,028)	(207,224)	(179,615)	(152,007)	
1270-001 - Accum Depr - Buildings	(982,116)	(950,234)	(969,656)	(818,630)	
1271-001 - Accum Depr - Hosp Buildings	(285,786)	(60,629)	(21,175)	(13,777)	
1279-001 - Accum Depr - Oth Buildings	(1,619,525)	(1,564,564)	(1,310,111)	(1,230,863)	
1280-001 - Accum Depr - Leasehold Imprmnt	(12,785)	(12,785)	(12,785)	(12,785)	
1291-001 - Accum Depr - Major Movable Equipment	(6,902,401)	(6,672,550)	(6,186,504)	(5,710,330)	(6,345,119)
Total Fixed Assets	23,234,960	20,824,487	16,916,567	11,329,520	7,704,081
Total ASSETS	45,669,423	39,120,709	35,565,514	24,548,588	24,523,000
Liabilities & Equity					
Current Liabilities					
Total Accounts Payable	2,899,079	1,684,811	959,621	346,403	197,742
Total Other Current Liability	7,637,369	1,762,548	1,406,791	927,074	4,989,519
Total Current Liabilities	10,536,450	3,447,359	2,366,412	1,273,477	4,608,252
Long Term Liabilities					
2250-020 - LEAF Data Backup Liability	-	-	53,135	106,365	
2250-025 - Maple Lane Loan	177,121	195,197	227,867	262,814	
2250-030 - ELGA Lease Loan	1,563,538	1,723,278	-	-	
2260-001 - Help II Loan	1,786,734	1,829,893	1,907,907	1,184,026	511,000
2273-002 - Lease obligations	730,124	730,124	730,124	236,003	
Total Long Term Liabilities	4,257,518	4,478,493	2,919,033	1,789,208	511,000
Equity					
Equity					
2910-001 - Fund Balance	3,027,989	3,027,989	3,027,989	3,027,989	3,027,989
2910-100 - Fund Balance - Disprport Share	(146,589)	(146,589)	(146,589)	(146,589)	(146,589)
2910-200 - Fund Balance - Donations	26,635	26,635	26,635	26,635	26,635
2920-001 - Fund Balance - Beta JPA	(77,074)	(77,074)	(77,074)	(77,074)	(77,074)
Total - Equity	2,830,961	2,830,961	2,830,961	2,830,961	2,830,961
Retained Earnings	28,363,896	27,449,107	18,654,947	16,913,017	14,808,778
Net Income	(319,402)	914,789	8,794,160	1,741,925	1,185,000
Total Equity	30,875,455	31,194,859	30,280,069	21,485,903	18,824,739
Total Liabilities & Equity	45,669,423	39,120,709	35,565,514	24,548,588	24,523,000

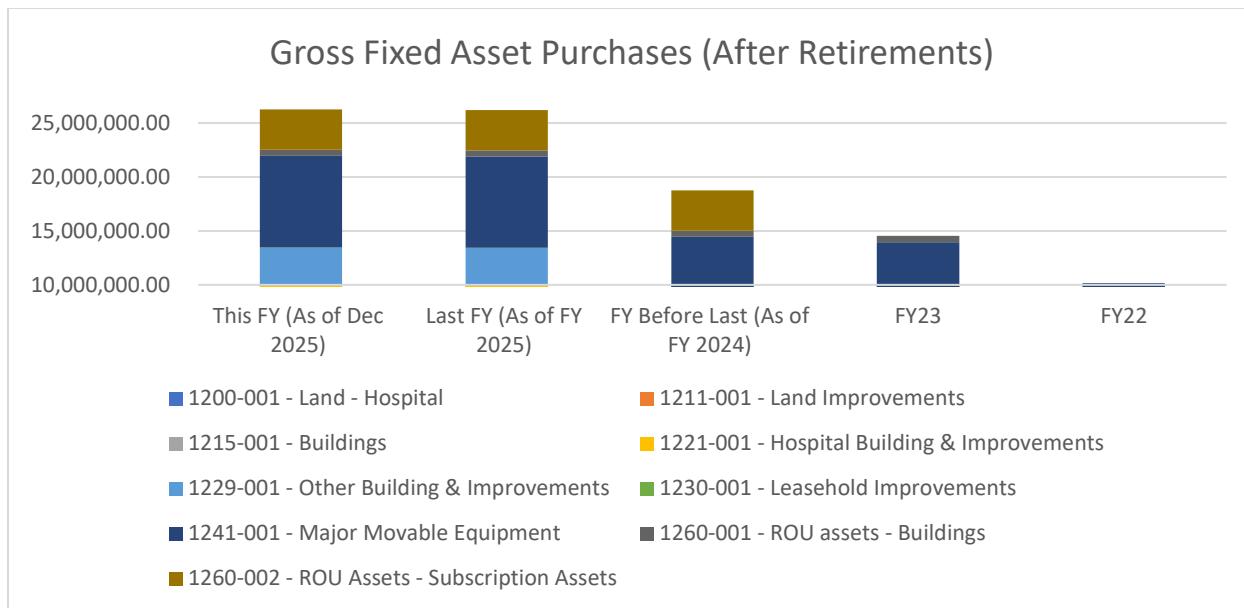


Construction in Progress



Construction In Progress Detail **Total @ 12/31/2025**

NEW HOSPITAL	7,335,158
817 Redwood Drive	533,804
412 Maple Lane	180,958
285 SPROWEL CREEK	105,718
Radiology Room Refresh	92,544
823 Redwood Drive	91,822
531 Elm Parking Lot Upgrade	87,336
JPCH-ED HVAC Upgrade	53,215
819 Redwood Drive	42,409
286 Sprowel Creek Parking Lot	39,520
291 Sprowel Creek Hostile	4,700
887 SUNNYBANK	<u>106</u>
Total	<u>8,567,288</u>



Southern Humboldt Community Healthcare District

November 2025

EPIC AR Overview

AR By Financial Class	October Totals	November Totals	Overall Decrease/Increase
Medicaid	\$2,502,694.19	\$2,280,677.75	(\$222,016.44)
Self-Pay	\$1,451,392.55	\$1,502,515.38	\$51,122.83
Medicare	\$1,416,760.83	\$1,569,772.30	\$153,011.47
Commercial	\$403,788.09	\$384,323.89	(\$19,464.20)
Blue Shield	\$217,845.49	\$203,986.10	(\$13,859.39)
Tricare	\$108,998.17	\$137,739.99	\$28,741.82
Blue Cross	\$139,806.16	\$155,159.56	\$15,353.40
Workers Comp	\$97,572.27	\$73,291.82	(\$24,280.45)
CareOregon	\$10,551.72	\$10,551.72	\$0.00
DMAP Medicaid	\$4,426.79	\$4,426.79	\$0.00
Other	\$3,687.42	\$14,601.08	\$10,913.66
Undistributed	(\$101,197.63)	(\$112,919.51)	(\$11,721.88)
			\$0.00
Total AR	\$6,256,326.05	\$6,224,126.87	(\$32,199.18)

	October	November
Unbilled AR Days	12.3	8.4
Insurance AR Days	35.8	43
Self Pay AR Days	14.3	14.4
Total AR Days	62.4	65.8

Days in AR increased by 3.4 days.

GOAL: 55 days

- Insurance AR days up 7.2 AR days. The increase is primarily due to 2 reasons:
 1. A/R Inventory "Over 30 day with no touch" increased by 210 accounts - a 47% increase. Root cause: A purposeful change in daily workflow did not function as expecting. See plan to resolve below.
 2. Due to the holiday season, several billers took time off which impacted days in A/R:
 - PB Medicaid biller- 2 days*
 - HB Medicaid biller- 6 days*
 - HB and PB Commercial biller- 4 days*
 - HB and PB Medicare Biller- 5 days*
- Self-pay AR days up .1 AR days. No roadblocks identified.
- Unbilled AR down 3.9 AR days.

Roadblocks:

- Aetna Medicare Advantage:** Claims were processed but reflected \$0 payments. This issue is currently being addressed with weekly calls to the payor for status updates. There are 59 outstanding accounts affected by this issue. We have escalated to a supervisor on 12/12 and were told to allow 14 days for resolution.

Operational Updates

- We have changed our approach to the inventory by sending targeted worklists to the billing team that prioritize accounts aged over 30 days with no activity. We are hopeful that this approach will reduce the overall insurance AR days.
- We are monitoring both productivity and quality of daily work done by billers to ensure that the actions taken are moving the accounts forward towards resolution.

*To better understand the notable increase in Days in A/R for calendar year 2025, controller is working with Trubridge manager to use more data driven reporting specific to individual biller's productivity as seen above. We hope to implement as soon as possible at the new year.

Southern Humboldt Community Healthcare District

December 2025

EPIC AR Overview

AR By Financial Class	November Totals	December Totals	Overall Decrease/Increase
Medicaid	\$2,280,677.75	\$2,502,694.19	\$22,016.44
Self-Pay	\$1,502,515.38	\$1,683,549.00	\$181,033.62
Medicare	\$1,569,772.30	\$1,777,056.00	\$207,283.70
Commercial	\$384,323.89	\$362,114.00	(\$22,209.89)
Blue Shield	\$203,986.10	\$246,575.00	\$42,588.90
Tricare	\$137,739.99	\$85,303.00	(\$52,436.99)
Blue Cross	\$155,159.56	\$232,288.00	\$77,128.44
Workers Comp	\$73,291.82	\$119,744.00	\$46,452.18
CareOregon	\$10,551.72	\$10,552.00	\$0.28
DMAP Medicaid	\$4,426.79	\$4,427.00	\$0.21
Other	\$14,601.08	\$9,812.00	(\$4,789.08)
Undistributed	(\$112,919.51)	(\$97,914.00)	\$15,005.51
Total AR	\$6,224,126.87	\$6,256,326.05	\$32,199.18

	November	December
Unbilled AR Days	8.4	7.1
Insurance AR Days	43	43.1
Self Pay AR Days	14.4	16.3
Total AR Days	65.8	66.5

Days in AR increased by .7 days.

GOAL: 55 days

- Insurance AR days up .1 AR days. Due to our focus on aged accounts over 30 days with no touch we saw some progress on the HB side which helped us stay relatively constant.
- Self-pay AR days up 1.9 AR days. While no roadblocks have been identified, we continue to increase. We believe the primary reason for the increase could be because the incomplete good-bye letter is preventing us from sending bad debt to our collections agency. OCHIN has reported the good-bye letter is "almost done" for several weeks now. SoHum is also hoping to work out a process with the collections company to send the bad debt inventory for them to hold until the letter is complete.
- Unbilled AR down 1.3 AR days.

Roadblocks:

- **Aetna Medicare Advantage:** Claims were processed but reflected \$0 payments. This issue is currently being addressed with weekly calls to the payor for status updates. Aetna has asked that we compile a new list of accounts as they are showing this has been resolved, but we are still showing outstanding accounts. Medicare biller is working to compile a new list of accounts and total dollars affected by this issue.
- **EPIC Mapping Errors:** As you are aware, the controller has been working closely with OCHIN for 2 years on General Ledger mapping errors in our system. We have finally made progress! OCHIN now recognizes that not only are there errors, but they are material and directly impacting A/R. A correction plan has been made and the first results will be received 1/28/2026. While the impact, if any, of these corrections on overall A/R days is uncertain, we hope to have more information in a month or two.

CNO Board Report – January 2026

Infection Prevention Update

The flu season is ongoing, and although multiple cases have been reported to public health, our patients and residents have remained free from COVID-19 and the flu. We kindly ask that any visitors to the hospital or skilled nursing facility (SNF) who have not been vaccinated wear a face mask to protect our patients and residents.

According to the CDC, seasonal influenza activity remains elevated nationwide, and elevated influenza levels are expected for several more weeks, with the CDC labeling this season as moderately severe. It's essential to protect yourself and get vaccinated if you haven't yet.

Influenza A is the most commonly reported strain this season. Of the 1,259 viruses reported, 1,223 were influenza A viruses, accounting for 96.3% of reported cases.

The CDC estimates that at least 15 million illnesses, 180,000 hospitalizations, and 7,400 deaths have occurred from the flu this season.

Vaccination significantly reduces the risk of flu and its complications; approximately 130 million doses have been distributed this season.

Prescription antiviral drugs are available for treating the flu, particularly for high-risk patients.

According to the local Public Health:

"Vaccination is the most effective preventive measure, and everyone aged 6 months and older is strongly encouraged to get vaccinated annually, especially those at higher risk. If you have any questions, consult your healthcare provider.

Additional Tips for Preventing the Flu:

- Cover your cough.
- Wash your hands frequently.
- Avoid touching your face.
- Stay home if you are sick."

Emergency Department and Acute Care Update

In December, the Emergency Department (ED) provided care to 313 patients, while the Acute Care unit managed 7 swing-bed patients and 1 inpatient. The Elevate ED providers have been positively received within the community, consistently delivering high-quality care. Feedback from patients has been encouraging, highlighting the caliber of service provided in the Emergency Department.

The ED and Acute Care units are currently prioritizing updating training across all areas, including Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), Pediatric Advanced Life Support (PALS), and various competencies. Efforts are underway to establish a more streamlined approach to continuing education that encompasses both onboarding and annual training initiatives. Furthermore, there is a concerted effort to cross-train more staff members across different departments to ensure coverage as required. Management is also engaged in training related to the new MCG system.

The contract for the licensed vocational nurse (LVN) has concluded, leaving open positions for both LVNs and Registered Nurses (RNs). Additionally, the organization is currently completing employee evaluations. For enhanced patient privacy, the door codes for the Emergency Department have been changed, effective January 5, 2026.

Laboratory

The laboratory concluded the year 2025 on a strong note, achieving several significant milestones:

- We provided care for a substantial number of patients, performing more test procedures than in any previous year, even surpassing the challenging periods of the COVID-19 pandemic. The number of procedures increased from 20,387 in the previous year to 25,729, representing an impressive 26% growth.
- We advanced our quality standards, highlighted by our successful accreditation from the Accreditation Commission for Healthcare, which demonstrates our dedication to maintaining high-quality service.

Remarkably, the laboratory has reached a milestone of three years without adding new hires. Our team of six has remained intact and effective since 2022.

We also emphasized teamwork. The laboratory provided practical training for two students, enabling them to obtain their California phlebotomist certifications. Although job openings in the laboratory are limited, both individuals are now contributing to the Security and Transportation team at SoHum.

On January 7th, the laboratory team convened for an annual kickoff meeting. We reviewed our accomplishments, gathered suggestions from colleagues across other departments, and outlined our objectives for 2026.

Skilled Nursing Update

Katherine, the Director of Nursing at our Skilled Nursing Facility, reports that December was a successful month, during which the residents enjoyed the festivities. The residents received presents, stockings, hot chocolate served by elves, and a variety of festive crafts and activities.

Our resident census remains stable at eight, and we've received positive feedback from our recent survey, reflecting our commitment to excellence.

We continue to develop new policies that ensure high standards in operations and regulatory compliance, prioritizing the safety and rights of our residents.

Our activity director continues to offer a diverse range of activities for residents, including Healy Center lunches in our calendar and hosting a Friday Afternoon Music Event featuring local performers, both of which enhance our community spirit.

Clinic Update

The clinic continues to provide excellent care to the community.

The clinic had 507 visits in December 2025. The clinic is fully staffed with three Medical Doctors (MDs) and one Physician Assistant (PA). We are pleased to have Dr. Raisoni, Dr. Murphy, Dr. Ordonez, and Linda on our team.

We are continually seeking opportunities for improvement and collaborating with the ESA team to develop new workflows. This collaboration enhances processes between the clinic, hospital, and outpatient pharmacy, ensuring that medication orders are processed promptly and reducing the time it takes to deliver medications to the hospital.

Our clinic team has consistently met quality measures and continues to work diligently to serve the community, focusing on reaching out to everyone. As a result, we are successfully achieving our quality goals.

We have scheduled a Mobile Medical Clinic for Shelter Cove on January 23rd, and we are currently scheduling patients.

Additionally, we are excited to announce that Dr. Bronson will be joining our optometry team. Once he is on board, the mobile optometry team plans to expand its services to nearby areas.

The clinic is pleased to announce the availability of flu and COVID-19 vaccines for our patients and staff.

~~Additionally, we will be hosting walk-in sessions every Tuesday. We encourage everyone to take~~

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advantage of these offerings for their health and wellness.

Finally, we are actively seeking ideas to expand our Behavioral Health department to better serve our community.

Radiology Update

Radiology continues to provide essential services to the community, even amid staffing shortages. On January 23, 2026, we will welcome one traveling radiology technician and are actively considering hiring a second. Despite our dedicated recruitment efforts over the past three years, attracting qualified radiology technicians has proven to be a significant challenge.

In December 2025, the Radiology department conducted the following exams: 173 x-rays, 126 CT scans, 44 ultrasounds, and 30 mammograms. We also completed our annual FDA, MQSA, and State survey for mammography, all of which went well with no deficiencies noted.

Throughout 2025, the department experienced increased volume across all modalities. We performed a total of 2,403 X-ray exams (up from 2,008 in 2024), 1,361 CT scans (up from 1,211 in 2024), 613 ultrasound exams (up from 459 in 2024), and 342 mammograms (up from 304 in 2024).

Pharmacy

The pharmacy department is currently reviewing and developing Workflow Aids to ensure compliance with existing policies and procedures. We are collaborating with various departments to identify and implement strategies to manage refrigeration downtime and related issues across the district. Additionally, we are working closely with emergency department providers to enhance our formulary, ensuring it better addresses the specific needs of the emergency room.

Furthermore, we are partnering with Gaberville Pharmacy to maintain consistent order quality across both inpatient and outpatient channels. We will continue fostering a strong working relationship with our Long-Term Care provider to ensure accurate and timely ordering as we navigate the complexities of multiple formularies within the EPIC system.

Physical and Occupational Therapy Update

In December, the Physical and Occupational Therapy departments recorded 94 outpatient visits, in addition to care provided in acute settings, through the SWING program, and in the skilled nursing facility. Sierra, the Physical Therapy Manager, has observed marked improvements following the relocation of therapy treatments to a newly expanded therapy room, which has enabled a more comprehensive range of services.

Additionally, the physical therapy team is recruiting a traveler physical therapist, which we anticipate will enhance our capacity to manage an increased volume of outpatients effectively. Our objective remains focused on delivering high-quality care while welcoming new patients, as demand for our services continues to grow.



Senior Life Solutions (SLS)

In December, the SLS team conducted 80 visits despite a staff shortage. The SLS team plans to host an open house at the beginning of 2026 to introduce both the new location and the SLS program to the community.

Thank you for your ongoing support and dedication!

Adela Yanez, RN, BSN, CNO



Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 26:01 APPROVAL OF THE 2026 REGULAR BOARD MEETING SCHEDULE

WHEREAS, the Southern Humboldt Community Healthcare District (the “District”) will maintain by Resolution the Scheduled Meeting Date and Time of Regular Meetings of the Governing Board.

Regular Meetings

1. Time of Regular Meetings. Regular meetings of the Board of Directors of the District in the year 2026 shall be held on the Last Thursday of every month at the hour of 1:30 p.m.
2. Place of Regular Meetings. The regular meeting place of the Board of Directors in the year 2026 shall be at the Sprowel Creek Campus, 286 Sprowel Creek Rd, Garberville, CA 95542.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 29th day of January 2026, by the following vote:

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

Witnessed by: Kevin Church, President

Witnessed by: Corinne Stromstad, Vice President/Secretary