

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on April 30, 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
	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 - 19

1. Approval of Previous Minutes
 - a. Special Governing Board Meeting, March 2, 2026
 - b. Governing Board Meeting, March 26, 2026
 - c. Special Governing Board Meeting, March 30, 2026

See Supplemental Packet². SHCHD New and Updated Policies - See Supplemental Packet

Nursing Page 3-4

- a. Persons Who are Deaf, Hard of Hearing, or Blind

Radiology Page 5-41

- b. Contrast Administration and Supervision
- c. Radiation Dosimeter Badge
- d. Quality Control Equipment
- e. Qualified Responsible Personnel
- f. Patient History
- g. OnRAD Teleradiology Mammography Protocol
- h. Augmented Breast
- i. Diagnostic Mammography
- j. Image Quality (Phantom)
- k. Mammography Technique Chart
- l. Disposal of Contrast Media and Components
- m. Patient Selection Criteria
- n. Power Outage in CT
- o. ED - Inpatient Transport for CT Services
- p. Lead Interpreting Physician
- q. Scope of Practice in CT
- r. Responsibilities of Quality Assurance Personnel
- s. Critical Findings
- t. Mammogram Reports
- u. Fluoroscopy
- v. Confidentiality Patient Privacy
- w. Ancillary On-Call Services
- x. Compression
- y. Ultrasound Scheduling
- z. Corrective Action

- aa. Portable Radiography
- bb. Radiation Safety and Protection for Pregnant Technologists
- cc. Radiation Protection for Radiology Personnel

IP Page 42-48

- dd. Influenza Immunization Program
- ee. Infection Prevention Performance Improvement Program

Engineering Page 49-52

- ff. Fire Response Plan Procedure

Quality Page 53-54

- gg. Post-Clinical Trial Data Storage

Administration Page 55-57

- hh. Smoke Free

Security Page 58-66

- ii. Generator
- jj. Storage 1 - DEF Tank - Hydraulic Lift Pump

Human Resources Page 67-70

- kk. Travel and Travel Reimbursement

Medical Staff Page 71-72

- ll. Policy Development Committee
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

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- 1. Approval of Resolution 26:02 Adopting an Initial Study/Mitigated Negative Declaration.

I. Correspondence, Suggestions, or Written Comments to the Board

J. Administrator's Report – Matt Rees, CEO

- 1. Department Updates
 - a. Milestones
 - b. January Employee Anniversaries
 - 1 Year: Construction Worker, Dailey Dailey, Security Guard, Pleasure Strange, PFS Representative Coco Juillot, RN Michael Juarez
 - 10 Years: CFO, Paul Eves, and CQCO Kristen Rees.
 - c. Approval of the January Financials - Paul Eves – See Supplemental Packet
 - d. CNO Report – Adela Yanez – See Report
 - e. Family Resource Center – Amy Terrones – Mar and Oct - None
- 33 - 43
- 44 - 51

K. Old Business

- 1. Update on Medical Staff Bylaws
- 2. Clinic Credentialing Update.
- 3. Optometry Statistics Update.

L. New Business – None

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

- 1. Medical Staff Committee – TBD
- 2. Medical Staff Policy Development Committee – TBD
- 3. QAPI Meeting – Wednesday, May 13, 2026, at 10:00 a.m.
- 4. Finance Committee – Friday, May 22, 2026, at 10:00 a.m.
- 5. Governing Board Meeting – Thursday, May 29, 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. Annual Hospital Periodic Evaluation Report FY 2025 – See Report
5. 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.
6. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Scott Baymiller, MDDO – Reappointment as Active status in Mental Health Counselor/Therapist – Psychiatry privileges from May 1, 2026 to April 30, 2028
 - b. Patrick McCarthy, MD – (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from May 1, 2026 to April 30, 2027
 - c. Chris Whitney, OD – Reappointment as Active status in Optometry privileges from May 1, 2026 to April 30, 2028
7. Conference with Labor Negotiators § 54957.6
 - a. Kristen Rees
 - b. Matt Rees
8. Personnel Matter –Evaluation § 54957
 - a. CEO Matt 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>CQO</i>	Chief Quality and Compliance Officer
<i>EMR/EHR</i>	Electronic Medical Record/Electronic Health 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>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."

**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 April 24, 2026

Special Governing Board Meeting

Date: Monday, March 2, 2025
Time: 1:00 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

Governing Board: Corinne Stromstad, Yvonne Hendrix, Chris Schille, and Kevin Church in-person

Not Present: Galen Latsko

Also in person: Darrin Guerra, CNO, Adela Yanez, Chief of Staff, Snehal Raisoni, Compliance Lead, Coral Ciarabellini, and HR Manager, Season Bradley Koskinen

Also via Webex: CQCO Kristen Rees and Lexi Stowe

- A. Call to Order – Board president Kevin Church called the meeting to order at 1:12 pm.
- B. Approval of the Teleconferencing of a Board Member – None
- C. Approval of the Agenda –

Motion: Yvonne Hendrix made a motion to approve the agenda.
Second: Chris Schille
Ayes: Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes: Galen Latsko
Not Present:
Motion carried

- D. Public Comment on Non-Agendized Items - None
- E. Board Member Comments - None
- F. Announcements - None

G. Correspondence, Suggestions, or Written Comments to the Board - None

H. New Business

1. Approval of the Updated Medical Staff Privilege Checklist

- a. Family Medicine
- b. Optometry
- c. Teleradiology
- d. Nurse Practitioner
- e. Mental Health

Motion: Chris Schille made a motion to approve the Updated Medical Staff Privilege Checklist.

Second: Yvonne Hendrix

Ayes: Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church

Noes: Galen Latsko

Not Present:

Motion carried

I. Board President Kevin Church Adjourned to Closed Session at 1:17.

1. Personnel Matter –Evaluation § 54957

- a. Admin 360 Evaluations

J. Kevin Church Adjourned Closed Session

K. Kevin Church Resumed Open Session

1. The following actions were taken in Closed Session

- a. No Action was taken on

L. Kevin Church Adjourned Open Session and Readjourned on March 13, 10 am to continue discussion of I. 1. A. Corinne Stromstad, Chris Schille, Kevin Church, and Season Bradley-Koskinen were all present. No action was taken.

Submitted by Darrin Guerra

Abbreviations

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<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
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<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
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<i>DO</i>	Doctor of Osteopathic Medicine		

Governing Board

Date: March 26, 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 (Arrived at 1:34 pm), and all in person

Not Present: None

Also in person: Administrative Assistant Darrin Guerra, CFO Paul Eves, CEO Matt Rees, Mike Thompson, CQCO Kristen Rees, PFS Manager Marie Brown, CHW Brandy Bremer, Piper Keener, Michelle Pougé, FRC Director Amy Terrones, and COO Kent Scown.

Also via Webex: CNO Adela Yanez, Compliance Lead Coral Ciarabellini, HIM Manager Remy Quinn, Credentialing Specialist Aeryn Thompson, Chief of Staff Dr. Raisonni, Business Development Director Ryan Staples, Doug Strout, Beth Nelson, Meghan Ryan, HR Manager Season Bradley-Koskinen, Quality Analyst Kana Voelckers, Megan Maruffo, Quality Lead Joshua Andrews, and Outreach Coordinator Heidi Holterman

A. Call to Order – Board President Kevin Church called the meeting to order at 1:31 pm.

B. Approval of the Teleconferencing of a Board Member - None

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements - None

G. Approval of Consent Agenda

1. Approval of Previous Minutes
 - a. Governing Board Meeting, January 29, 2026

2. SHCHD New and Updated Policies
 - Radiology**
 - a. Mammography Technologist
 - b. Radiology Daily Procedures
 - c. MRI Safety
 - Infection Prevention**
 - d. Definitions of Healthcare Associated Infections
 - e. Glucometer Cleaning
 - f. Infection Prevention Education
 - Dietary**
 - g. Dietary Disaster Plan
 - h. Dietary Employee Health
 - i. Dietary Policy and Procedure Manual
 - j. Dietary Purchasing
 - k. Equipment Maintenance
 - l. Food Preparation and Preparation Area
 - m. Garbage and Rubbish Disposal
 - n. Hiring, Orientation and Training of Dietary Employees
 - PFS**
 - o. Billing Grievance
 - Pharmacy Obsolete Policies**
 - p. Pyxis Policy
 - q. Managing Temperature Excursion
 - r. Medication Administration
 - s. Compounding Medications
 - t. Drug Recall
 - u. High-Risk Medication
 - v. Defective Medications
 - w. Disposition of Medications
 - x. Furnishing Medication Orders
 - y. Prescription Pads
 - z. Crash Cart

- aa. Loss and Diversion
 - bb. Compassionate Access to Medical Cannabis
 - cc. Procurement of Pharmaceuticals
 - dd. Patient's Own Medication
 - ee. Medication Monitoring and Storage
 - ff. End-of-Life Comfort Care
 - gg. General Medication Room Operations
 - hh. Reporting Medication Errors and Adverse Events
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 – See Report

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

Galen Latsko arrived at 1:34 pm

H. Last Action Items for Discussion

- 1. Approval to add Darrin Guerra to Verify Stream as an authorized signer to approve Medical Staff Appointments and Reappointments on behalf of the Board after they have been approved in a Board Meeting.

Motion: Yvonne Hendrix motioned to add Darrin Guerra to Verify Stream as an authorized signer to approve Medical Staff Appointments and Reappointments on behalf of the Board after they have been approved in a Board Meeting.
Second: Christopher Schille
Ayes: Corinne Stromstad, Christopher Schille, Galen Latsko, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: None
Motion Carried

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

J. Administrator's Report – Matt Rees, CEO

Matt reported that the Mobile Optometry bus made its first trip to Rio Dell. In the coming months, we will be visiting various care homes and residential areas in Northern Humboldt. Additionally, the Mobile Health Clinic is scheduled to visit Shelter Cove and other areas in Southern Humboldt. Matt is currently helping to lobby multiple bills. Some of which will help guarantee earmarked funds for Critical Access Hospitals and cost-based reimbursement. We are currently working to get MRI services at the hospital and could be active as early as June.

1. Department Updates

a. Milestones – None

b. August Employee Anniversaries

1 Year: HR Assistant Michelle Karlson-Siran, Nurse Jenifer LaRue, Nurse Regina Schuetzle

10 Year: CEO Matt Rees

c. Approval of Financials - Paul Eves – Not Received

d. CNO Report – Adela Yanez – See Report

i. Adela presented her staff report.

e. Family Resource Center – Amy Terrones – Mar and Oct – See Report

i. The FRC received two grants last year that helped fund a community event with AT&T to distribute 150 laptops and food to community members in need. The FRC announced that it served over 200 families that day. The FRC also hosted the local Community Baby Shower, Touch-a-Truck, and will be assisting in this year's fireman's games.

K. Old Business

1. Update on Medical Staff Bylaws

a. Matt and Darrin shared that they currently have proposed changes that they will be discussing at the next Medical Staff Meeting

2. Clinic Credentialing Update.

a. The Clinic Providers are now Credentialed with Blue Shield. More information will be provided at the next Governing Board meeting.

3. FPPE/OPPE Update

a. The Quality and Compliance team is working with Medical Staff to create a process. There are scheduled Meetings in April. Quality will give another report at the next Governing Board Meeting.

4. Optometry Statistics According to the Budget.

a. Matt will have a report on Optometry in the April meeting.

5. Approval of Resolution 26.02 Adopting an Initial Study/Mitigated Negative Declaration

a. Discussion between LACCO, Administration, and the Board ensued. All public comments and responses to them were submitted to the public and the Board.

No Action was Taken

L. New Business - None

M. Parking Lot - None

N. Meeting Evaluation – “Speedy.” – Corinne

O. New Action Items

1. Resolution 26:02
2. Medical Staff Bylaws

P. Next Meetings

1. Medical Staff Committee – Thursday, April 9, 2026, at 12:30 p.m
2. Medical Staff Policy Development Committee – Tuesday, April 14, 2026, 10:00 a.m
3. QAPI Meeting – Wednesday, April 8, 2026, at 10:00 a.m.
4. Finance Committee – Friday, April 24, 2026, at 10:00 a.m.
5. Governing Board Meeting – Thursday, April 30, 2025, at 1:30 p.m.

Q. Closed Session

1. Closed Session Opened at 2:43 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. Annual Hospital Periodic Evaluation Report FY 2025 – See Report
5. Quarterly Reports - None
 - a. Quality and Risk Management **H&S Code § 32155** – Feb., May, Aug., Dec. – Not Received
 - b. Patient Safety – Mar., June, Sept., Dec.
 - c. Medication Error – Feb., May, Aug., Dec. – Not Received
6. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**] – None
 - a. **Atul Patel, MD** - (OnRad) Reappointment as Active status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2028
 - b. **Samuel Salen, MD** - (OnRad) Reappointment as Active status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2028
 - c. **Alix Vincent, MD** - (OnRad) Reappointment as Active status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2028

 - d. **Steven White, MD** - (OnRad) Reappointment as Active status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2028

- e. **Gregory Orth, MD** - (OnRad) Reappointment as Active status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2028
 - f. **Huma Qureshi, MD** - (OnRad) Reappointment as Active status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2028
 - g. **Joseph George, MD** - (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2027
 - h. **Sean Feinberg, MD** - (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2027
 - i. **Charles B. Davis, MD** - (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2027
 - j. **James Collins, MD** - (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2027
 - k. **Karl Magsamen, MD** - (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2027
 - l. **Abbas Chamsuddin, MD** - (OnRad) Initial Appointment as Provisional status in Teleradiology – Diagnostic Radiology privileges from April 1, 2026 to March 31, 2027
 - m. **Lauren Beaman, ASW** - (SLS) Initial Appointment as Provisional status in Mental Health Counselor/Therapist privileges from April 1, 2026 to March 31, 2027
 - n. **Justin McGee, LPCC** - (SLS) Initial Appointment as Provisional status in Mental Health Counselor/Therapist privileges from April 1, 2026 to March 31, 2027
- 7. Personnel Matter –Evaluation § 54957
 - a. 360 Evaluations Admin
 - 8. Personnel Matter –Evaluation § 54957
 - a. CQCO Kristen 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 Agenda items Q.6 Medical Staff Appointments Reappointments a-n.
Second: Christopher Schille
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

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<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
<i>EMR/EHR</i>	Electronic Medical Record Electronic Health Record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full-Time Equivalent/Full-Time Employee	<i>HIM</i>	Health Information Management
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<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
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<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Special Governing Board Meeting

Date: Monday, March 30, 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

Governing Board: Corinne Stromstad, Yvonne Hendrix, Chris Schille, and Kevin Church in-person

Not Present: Galen Latsko

Also in person: Darrin Guerra, COO, Kent Scown, and CEO Matt Rees

Also via Webex: HR Manager Season Bradley Koskinen and Chief of Staff Snehal Raisonni

A. Call to Order – Board president Kevin Church called the meeting to order at 1:33 pm.

B. Approval of the Teleconferencing of a Board Member – None

C. Approval of the Agenda –

Motion: Chris Schille made a motion to approve the agenda.
Second: Yvonne Hendrix
Ayes: Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes: Galen Latsko
Not Present:
Motion carried

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements - None

G. Correspondence, Suggestions, or Written Comments to the Board - None

H. New Business

1. Approval of Resolution 23:03 Grant of Easement Requested by PG&E for Underground Utilities on District Property at APN 032-051-009

Motion: Yvonne Hendrix made a motion to approve Resolution 23:03
Second: Chris Schille
Ayes: Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes: Galen Latsko
Not Present:
Motion carried

I. Kevin Church Adjourned Open Session at 1:36.

Submitted by Darrin Guerra

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<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
<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		



Southern Humboldt Community Healthcare District Governing Board Resolution 26:03

GRANT OF EASEMENT REQUESTED BY PG&E FOR UNDERGROUND UTILITIES ON DISTRICT PROPERTY AT APN 032-051-009

WHEREAS, the Southern Humboldt Community Healthcare District (the "District") owns certain real property located in Humboldt County, State of California, for the delivery of services; and

WHEREAS, Pacific Gas and Electric Company ("PG&E") has requested the grant of certain permanent easements and rights-of-way across District-owned property to install, access, operate, maintain, replace, and upgrade utility infrastructure, including electric line and associated equipment; and

WHEREAS, the proposed easement is necessary to support utility service to District facilities and/or the surrounding community, and will not materially interfere with District operations or interests; and

WHEREAS, the terms of the easement have been reviewed and deemed acceptable by District staff, and the board finds it in the best interest of the District to grant said easement;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Southern Humboldt Community Healthcare District as follows:

1.) Approval of Easement Grant

The Board hereby approves the grant of the easement to PG&E as described in the attached Exhibit "A" (Map of Easement Area). Subject to the terms and conditions of the Easement Agreement on file with the District.

2.) Authorization to Execute Documents

The Chief Operations Officer, Kent Scown, is hereby authorized and directed to execute the Easement Agreement and any related documents necessary to effectuate the grant of easement to PG&E, and to take such further actions as necessary or appropriate to carry out the intent of this Resolution.

3.) Effective Date

This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 30th day of March, 2026, by the following vote:

Ayes: Kevin Church, Chris Schille, Yvonne Hendrix, and Corinne Stromstad

Noes: _____

Abstain: _____ Absent: Galen Latsko

Witnessed by: Kevin Church, President [Signature]

Witnessed by: Corinne Stromstad, Vice President/Secretary [Signature]

Resolution 26:02
of the
Southern Humboldt Community Hospital District
Adopting an Initial Study/Mitigated Negative
Declaration (IS/MND) and Mitigation Monitoring
and Reporting Program (MMRP) for the
Garberville Hospital and Medical Office Building
Project

WHEREAS, the Southern Humboldt Community Hospital District (SHCHD) Board of Directors proposes to develop a new Garberville Hospital and Medical Office Building (Project) in order to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, and amended under Senate Bill (SB) 1953 in 1994, which mandates owners of all acute care inpatient hospitals to “demolish, replace, or change to nonhospital use, all hospital buildings that are not in substantial compliance, or seismically retrofit them so that they are in compliance with the [seismic] standards” before January 1, 2030; and

WHEREAS, the proposed Project would be on the properties identified as Assessor’s Parcel Numbers (APNs): 032-091-014, -016, -017, -018, -019, and 032-171-019 (Site), totaling approximately 3.52 acres and generally located at 286 Sprowel Creek Road in the unincorporated community of Garberville in Humboldt County, California. The new hospital and medical office building, to be located on the central portion of the largest project parcel (APN: 032-091-014; 2.95 acres) would replace the existing Jerold Phelps Community Hospital and Southern Humboldt Community Clinic, currently located at 733 Cedar Street (APNs: 032-011-015, 032-011-027, 032-133-002, 032-133-003, and 032-134-009) in Garberville, approximately 1,690 feet northeast of the Site. The new facility would total approximately 49,728 square feet in size and contain two stories. The new hospital and medical office facilities would provide much-needed services to the Garberville community and surrounding area, including expanded acute care and emergency room services, imaging, lab, and pharmacy services. It is estimated the new facilities would serve an average of 50 patients per day. A helistop is proposed directly south of APN: 032-091-014 on three adjacent parcels (APNs: 032-091-016, -018, and -019) for the transport of emergent patients and for training for EMS and fire department personnel. Two additional parcels (APNs: 032-091-017 and 032-171-019) will provide additional setbacks and security control for the helistop. Following completion of the project, the existing Skilled Nursing Unit will remain at the existing hospital facility located on Cedar Street. The existing

building located on-site would also be renovated; and

WHEREAS, the SHCHD prepared an Initial Study/Mitigated Negative Declaration (IS/MND) for the proposed Project consistent with California Environmental Quality Act (CEQA) Guidelines §15063; and

WHEREAS, the IS/MND was circulated for public review from October 13, 2025, to November 13, 2025, and State review from October 13, 2025, to November 13, 2025 (State Clearinghouse No. 2025100529); and

WHEREAS, the SHCHD received three written comments during the public and State review process, and the SHCHD has considered the comments received; and

WHEREAS, the SHCHD revised the IS/MND in response to the comments received during the public and State review process; and

WHEREAS, revisions to the IS/MND were in response to written comments on the Project's impacts identified in the IS/MND and are not new avoidable significant impacts, and therefore are not considered substantial revisions, in accordance with CEQA Guidelines §15073.5, recirculation is not required; and

WHEREAS, a Mitigation Monitoring and Reporting Program (MMRP), attached hereto as Exhibit A, has been prepared based upon the IS/MND, consistent with the requirements of Public Resources Code Section 21081.6, the MMRP lists all mitigations measures and is designed to ensure compliance during project implementation; and

WHEREAS, pursuant to CEQA Guidelines §15074, all documents and files which constitute the record of all proceedings upon which the decisions associated with the Project are on file with the SHCHD; and

WHEREAS, the SHCHD Board of Directors received a presentation on the Project, including an overview of the CEQA process conducted for the Project, findings of the IS/MND, comments received on the IS/MND, and findings included in the resolution, at the SHCHD Board of Directors meeting on March 26, 2026; and

WHEREAS, in accordance with applicable provision of law, the SHCHD Board of Directors held a public hearing on April 30, 2026, at which time the SHCHD Board of Directors heard and received all relevant testimony and

evidence presented orally or in writing regarding the Project. All interested persons were given an opportunity to hear and be heard regarding the Project; and

WHEREAS, the SHCHD Board of Directors has reviewed this Resolution and finds that it accurately sets forth the intentions of the SHCHD Board of Directors regarding the Project.

NOW, THEREFORE, BE IT RESOLVED, that the SHCHD Board of Directors make the following findings:

1. The Project has been processed in accordance with the applicable provisions of CEQA. All noticing and review periods required by CEQA have been satisfied; and
2. The SHCHD Board of Directors has reviewed the IS/MND and considered the document and all comments received before making a decision of the Project; and
3. On the basis on the whole record before it, including the IS/MND and comments received therein, the SHCHD Board of Directors finds that there will be no significant environmental effects resulting from the Project, provided that mitigation measures in the IS/MND are incorporated into the Project; and
4. The IS/MND reflects the SHCHD Board of Director’s independent judgement and analysis of the potential environmental effects of the Project.

Be it Further Resolved, that the SHCHD hereby adopts the IS/MND and adopts the MMRP attached hereto as Exhibit A.

ADOPTED 30th of April 2026, by the Board of Directors of the Southern Humboldt Community Healthcare District, by the following vote:

Kevin Church, President	Yes / No / Abstain / Absent
Corinne Stromstad, Vice President & Finance Committee Chair	Yes / No / Abstain / Absent
Galen Latsko, Board Member	Yes / No / Abstain / Absent
Yvonne Hendrix, Board Member	Yes / No / Abstain / Absent
Christopher Schille, Board Member	Yes / No / Abstain / Absent

Signed:

Kevin Church, Board of Directors, President

Date

Attest:

Darrin Guerra

Date

Exhibit A

Mitigation Monitoring and Reporting Program

MITIGATION MONITORING AND REPORTING PROGRAM

Public Resources Code, Section 21081.6 (Assembly Bill 3180) requires that mitigation measures identified in environmental review documents prepared in accordance with California Environmental Quality Act (CEQA) are implemented after a project is approved. Therefore, this Mitigation Monitoring and Reporting Program (MMRP) has been prepared to ensure compliance with the adopted mitigation measures during the implementation of the Garberville Community Hospital and Medical Office Building Project. The Southern Humboldt Community Healthcare District (SHCHD) is the agency responsible for implementation of the mitigation measures identified in the Initial Study.

This MMRP provides the SHCHD with a convenient mechanism for quickly reviewing all the mitigation measures including the ability to focus on select information such as timing. The MMRP includes the following information for each mitigation measure:

- The phase of the project during which the required mitigation measure must be implemented;
- The phase of the project during which the required mitigation measure must be monitored;
- The enforcement agency; and
- The level of significance after mitigation.

The MMRP includes a checklist to be used during the mitigation monitoring period. The checklist will verify the name of the monitor and the date of the monitoring activity.

Mitigation Monitoring and Reporting Program						
Mitigation Measure	Implementation Phase	Monitoring Phase	Enforcement Agency	Level of Significance After Mitigation	Verification of Compliance	
					Initial	Date
Aesthetics						
AES-1: The project shall utilize and incorporate materials and building techniques to minimize impacts from street and building lighting on day and nighttime views, including the use of: hooded flood lights to prevent off-site light pollution; low reflectivity building materials, treated windows, and muted colors to limit daytime glare; and exterior landscaping to shade buildings and decrease reflectivity to neighboring development and Highway 101.	Project Design and Construction	Project Construction	SHCHD and Humboldt County Building Division	Less Than Significant		
Biological Resources						
BIO-1: Construction activities including vegetation and tree removal shall be conducted in the non-nesting season (August 1-February 1). If any removal of heavy vegetation (including trees) is proposed during the nesting season, within seven (7) days prior to vegetation removal or construction activities, a qualified biologist shall determine the presence of vulnerable nests (within 100 feet for passerines and 300 feet for raptors). Any active nests within the above-mentioned distances shall be allowed to complete their nesting or until the biologist determines that they are no longer active before removal.	Project Construction	Project Construction	SHCHD and Qualified Biologist	Less Than Significant		
BIO-2: Tree removal may have potential to impact non-maternity roosting pallid or fringed myotis bats, as well as other common bat species that may be present on-site. As such, any felled trees shall be left overnight prior to removal from the Site or on-site chipping to allow any bats to exit the roost. A dusk emergence survey shall be performed by a qualified biologist any time within the maternity season (April 15 to September 1) prior to construction activities. If maternity roosting of any special status bat is identified, the roost shall be avoided until after September 15. If the roost is not a solitary roost, replacement of the maternity roost shall be provided.	Project Construction	Project Construction	SHCHD and Qualified Biologist	Less Than Significant		
Cultural Resources						
CUL-1: If archaeological resources are encountered during construction, work shall be temporarily halted in the vicinity of the discovered materials and a qualified archaeologist and the local tribes (Bear River Band of the Rohnerville Rancheria, Big Lagoon Rancheria, Hoopa Valley Tribe, Round	Project Construction	Project Construction	SHCHD, Qualified Archaeologist, and THPOs	Less Than Significant		

Mitigation Monitoring and Reporting Program						
Mitigation Measure	Implementation Phase	Monitoring Phase	Enforcement Agency	Level of Significance After Mitigation	Verification of Compliance	
					Initial	Date
Valley Reservation/Covelo Indian Community, and Sinkyone Tribe) shall be immediately contacted. Workers shall avoid altering the materials and their context until a qualified professional archaeologist, in collaboration with the local tribes, has evaluated the situation and provided appropriate recommendations. Project personnel shall not collect cultural resources. [Native American resources include chert or obsidian flakes, projectile points, mortars, and pestles; and dark friable soil containing shell and bone dietary debris, heat-affected rock, or human burials. Historic-period resources include stone or adobe foundations or walls; structures and remains with square nails; and refuse deposits or bottle dumps, often located in old wells or privies.]						
CUL-2: If human remains are encountered on-site, all work must stop in the immediate vicinity of the discovered remains and the County Coroner and a qualified archaeologist must be notified immediately so that an evaluation can be performed. If the remains are deemed to be Native American and prehistoric, the Native American Heritage Commission (NAHC) must be contacted by the Coroner so that a "Most Likely Descendant" can be designated and further recommendations regarding treatment of the remains is provided.	Project Construction	Project Construction	SHCHD, Humboldt County Coroner, Qualified Archaeologist, NAHC, and THPOs	Less Than Significant		
CUL-3: Any identified cultural resources shall be recorded on DPR 523 historic resource recordation forms, available online from the Office of Historic Preservation's website: http://ohp.parks.ca.gov/default.asp?page_id=1069 .	Project Construction	Project Construction	SHCHD and Qualified Archaeologist	Less Than Significant		
Geology and Soils						
GEO-1: In the event that fossils or fossil-bearing deposits are discovered during project construction, the contractor shall notify a qualified paleontologist to examine the discovery and excavations within 50 feet of the find shall be temporarily halted or diverted. The area of discovery shall be protected to ensure that fossil are not removed, handled, altered, or damaged until the Site is properly evaluated and further action is determined. The paleontologist shall document the discovery as needed, in accordance with Society of Vertebrate Paleontology standards	Project Construction	Project Construction	SHCHD and Qualified Paleontologist	Less Than Significant		

Mitigation Monitoring and Reporting Program						
Mitigation Measure	Implementation Phase	Monitoring Phase	Enforcement Agency	Level of Significance After Mitigation	Verification of Compliance	
					Initial	Date
(Society of Vertebrate Paleontology 1995), evaluate the potential resource, and assess the significance of the finding under the criteria set forth in CEQA Guidelines Section 15064.5. The paleontologist shall notify the appropriate agencies to determine procedures that would be followed before construction is allowed to resume at the location of the find. If the project proponent determines that avoidance is not feasible, the paleontologist shall prepare an excavation plan for mitigating the effect of the project based on the qualities that make the resource important. The plan shall be submitted to the Board of Directors for review and approval prior to implementation.						
Hazards and Hazardous Materials						
HAZ-1: Leaks, drips, and spills of hydraulic fluid, oil, or fuel from construction equipment and emergency vehicles (including ambulance and helicopter) shall be promptly cleaned up to prevent environmental contamination, including contamination of waterways. All workers shall be properly trained in the prevention and clean-up of spills of contaminants. Protective measures shall include the following: <ol style="list-style-type: none"> 1. No discharge of pollutants from vehicle and equipment cleaning shall be allowed into any drainage ditches or watercourses. 2. Spill containment kits shall be properly maintained and located within the vicinity of all operations and fueling of equipment. 	Project Construction	Project Construction	SHCHD	Less Than Significant		
Noise						
NOISE-1: Implementation of the following measures are required during the duration of the project construction period to reduce potential noise impacts on the nearby sensitive receptors: <ul style="list-style-type: none"> • Construction noise and vibration shall be limited through operational standards. Construction activities shall be limited to between the hours of 7:00AM and 6:00PM Monday through Sunday. • Neighboring landowners shall be notified of the anticipated construction schedule prior to commencement of construction activities. • Properly muffle and maintain all construction equipment. 	Project Construction	Project Construction	SHCHD	Less Than Significant		


Mitigation Monitoring and Reporting Program						
Mitigation Measure	Implementation Phase	Monitoring Phase	Enforcement Agency	Level of Significance After Mitigation	Verification of Compliance	
					Initial	Date
<ul style="list-style-type: none"> Prohibit unnecessary idling of internal combustion engines by limiting idling to 5 minutes, per State idling restrictions. Locate all stationary noise-generating construction equipment, such as air compressors, as far as practical from existing nearby residences and other noise-sensitive land uses. <p>Designate a "construction noise disturbance coordinator" to be responsible for responding to any local complaints about construction noise. The disturbance coordinator would determine the cause of the noise complaint (e.g., starting too early, bad muffler, etc.) and would require that reasonable measures to correct the problem be implemented. Conspicuously post a telephone number for the disturbance coordinator at the construction site and include it in the notice sent to neighbors regarding the construction schedule.</p>						
Tribal Cultural Resources						
See Mitigation Measures CUL-1 through CUL-3.	Project Construction	Project Construction	SHCHD, Humboldt County Coroner, Qualified Archaeologist, NAHC, and THPOs	Less Than Significant		

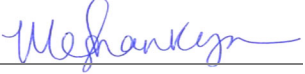
MEMORANDUM

Summary of Findings Garberville Hospital and Medical Office Building Project

Date: April 23, 2026
Project No.: 8609.03

Prepared For: Southern Humboldt Community Healthcare District Board of Directors

Prepared By: Megan Marruffo, Senior Planner/Project Manager 

Reviewed By: Meghan Ryan, Planning Director/Principal 

1.0 INTRODUCTION

The purpose of this memorandum is to provide justification in support of the various findings per Resolution #26.02, under consideration by the Southern Humboldt Community Healthcare District (District) Board of Directors (Board) for the Garberville Hospital and Medical Office Building Project (Project). The Board, as Lead Agency, will be considering adoption of the Initial Study/Mitigated Negative Declaration (IS/MND) and Mitigation Monitoring and Reporting Program (MMRP) prepared for the Project pursuant to the California Environmental Quality Act (CEQA), which was first introduced at the Board hearing on March 26, 2026, and was continued to the April 30, 2026, hearing

2.0 SUMMARY OF FINDINGS

Four findings are included as part of Resolution #26.02 pertaining to preparation of the CEQA document and public noticing. Each individual finding, with justification to support how each finding has been satisfied, is presented below.

Finding #1: The Project has been processed in accordance with the applicable provisions of CEQA. All noticing and review periods required by CEQA have been satisfied.

The IS/MND for the Project was prepared in accordance with the provisions of CEQA. The CEQA Guidelines (California Code of Regulations, Title 14, Division 6, Chapter 3, Sections 15000–15387) are administrative regulations that interpret, implement, and explain *how* to comply with the CEQA mandate and provide the

procedural steps with which public agencies must comply with respect to evaluating potential environmental impacts of a project.

The CEQA Guidelines contain specific sections related to the preparation and processing of Initial Studies and Negative Declarations/Mitigated Negative Declarations, including public review and noticing. For example, CEQA Guidelines Section 15063 *Initial Study* preparation and interpretation of an Initial Study. CEQA Sections 15070 - 15075 describes the process for preparing and public review of a Mitigated Negative Declaration. CEQA Guidelines Section 15202 *Public Hearings* states that public hearings are not required at any stage of the environmental review process and comments may be restricted to written communication. Other subsections of CEQA Guidelines Section 15202 state that public hearings on environmental review can occur as a part of a meeting when the lead agency conducts regular business and notice may be given in the same form and time as notice for other regularly conducted public hearings of the public agency.

CEQA Guidelines Section 15073 *Public Review of a Mitigated Negative Declaration* describes the specific requirements for public review of a Mitigated Negative Declaration. The IS/MND was circulated for a public and agency review period of 30 days, which ran from October 13 to November 13, 2025. LACO provided a response to each comment received (3 in total). Copies of those responses are included in the Final IS/MND. Copies of the IS/MND and Notice of Intent were provided to agencies and the State Clearinghouse, with the Notice of Intent also published in the Times-Standard. Notification of each hearing were also provided to each commenter.

The Project IS/MND includes the required content and adhered to all public review and noticing requirements.

Finding #2: The SHCHD Board of Directors has reviewed the IS/MND and considered the document and all comments received before making a decision of the Project.

A total of three written comments were received during the IS/MND public review period (October 13- November 13, 2025), including comments from two public agencies [the North Coast Regional Water Quality Control Board (NCRWACB) and the California Department of Transportation (Caltrans)] and one individual. The Project Team met with Caltrans at the end of October 2025 to discuss their comments.

The specific comments and responses to each comment were provided and addressed in the Final IS/MND, which were posted on the District's website on March 6, 2026. Comments were informational in nature and did not raise environmental concerns that required significant modifications to the IS/MND. The new information added to the Final IS/MND merely clarified, amplified, or made insignificant modifications to the Draft IS/MND. No new significant impacts were identified that required mitigation measures or Project revisions to be added in order to reduce the effects to a less-than-significant level.

Finding #3: On the basis on the whole record before it, including the IS/MND and comments received therein, the SHCHD Board of Directors finds that there will be no significant environmental effects resulting from the Project, provided that mitigation measures in the IS/MND are incorporated into the Project.

The analysis determined the Project would not result in any significant or unavoidable impacts. To ensure impacts would remain less than significant for several environmental factors, mitigation measures were included. The respective environmental factors with mitigation include the following:

- Aesthetics
- Biological Resources
- Cultural Resources
- Geology and Soils
- Hazards & Hazardous Materials
- Noise
- Tribal Cultural Resources

Attachment A of the Resolution includes the MMRP which describes the specific mitigation measures.

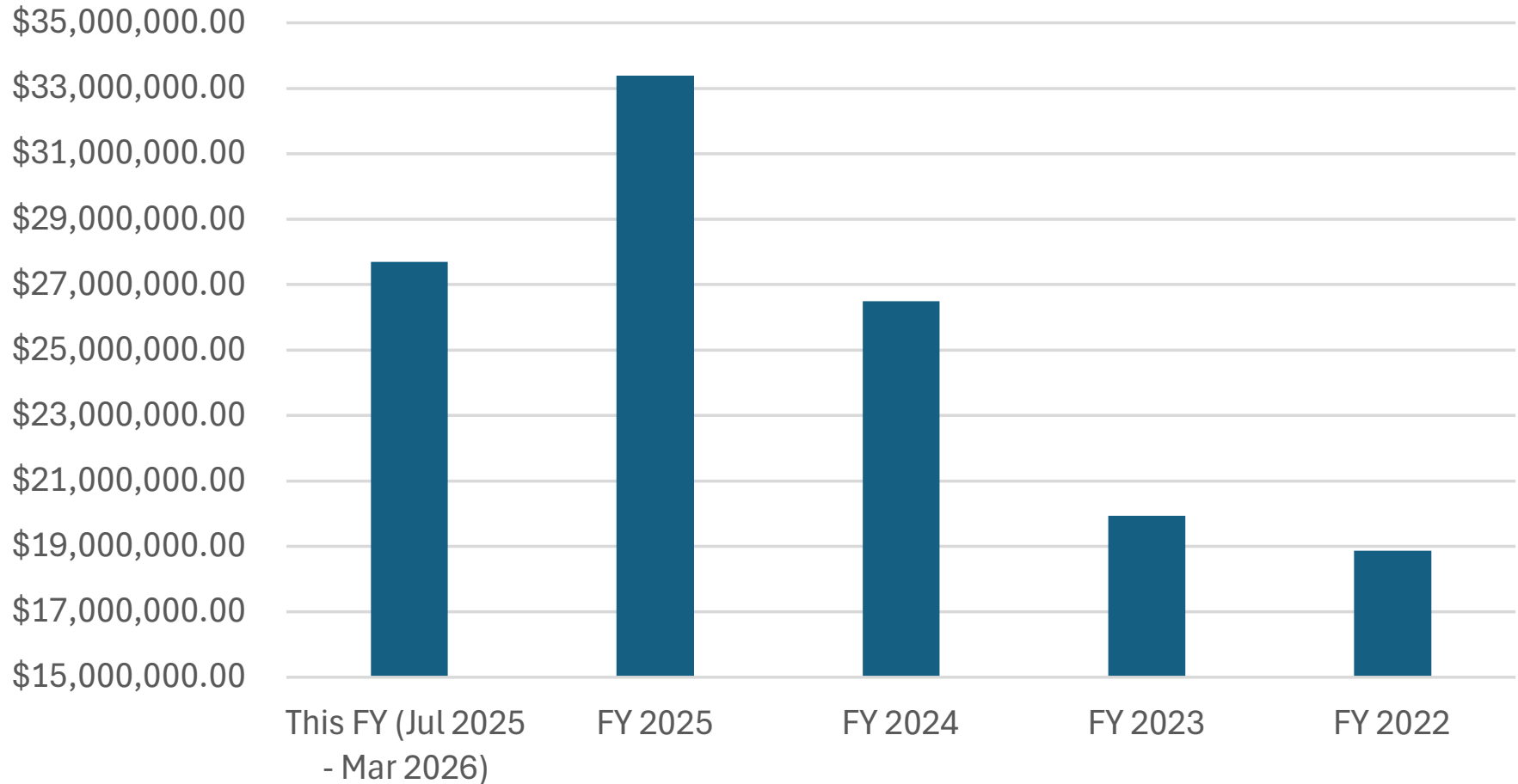
Finding #4: The IS/MND reflects the SHCHD Board of Director's independent judgement and analysis of the potential environmental effects of the Project.

All IS/MND documentation (including Draft IS/MND, Final IS/MND, and associated appendices) was provided to the Board for review prior to the hearing.

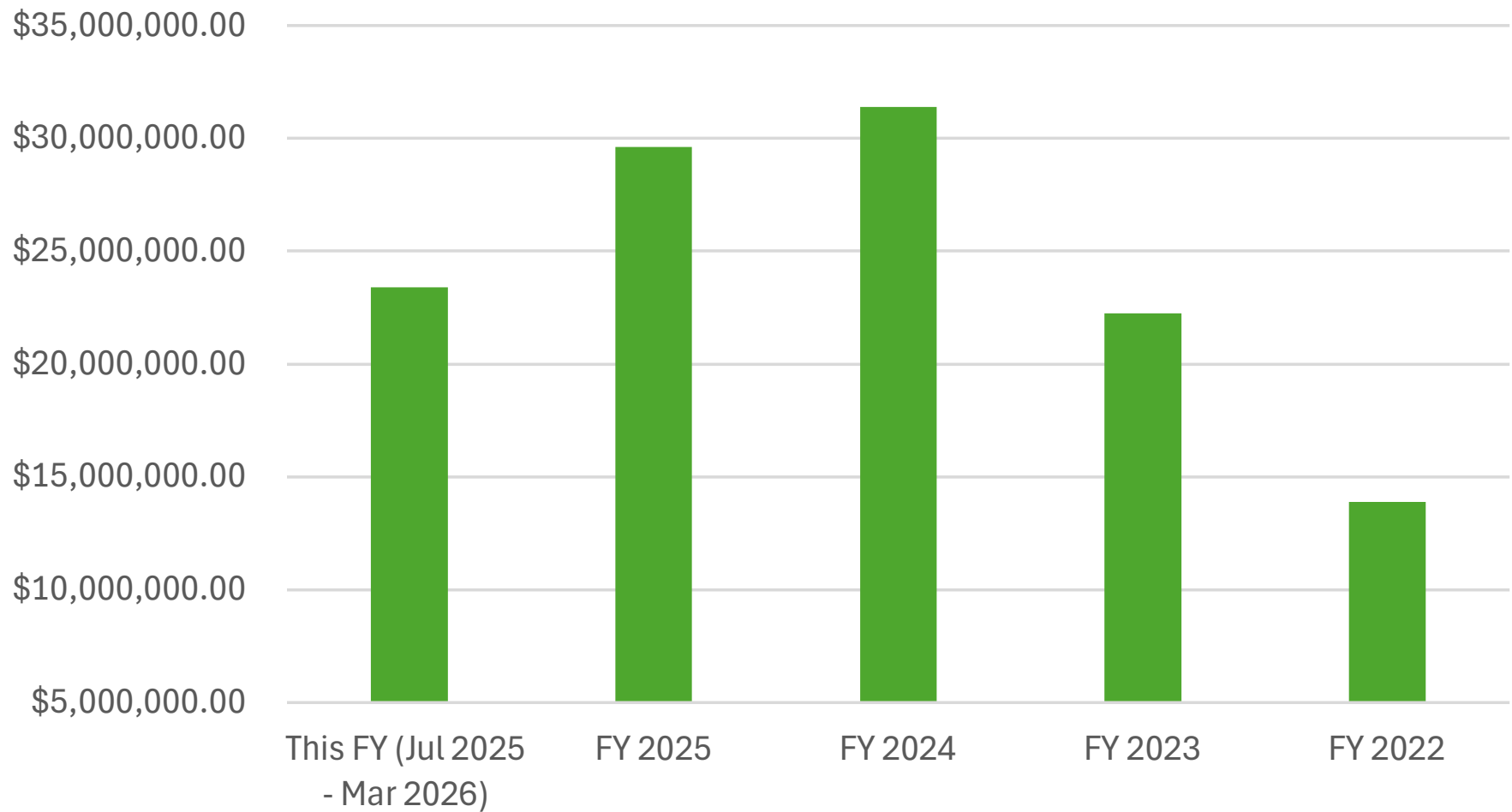
3.0 RECOMMENDATION

As the IS/MND has been prepared in accordance with the provisions of CEQA, LACO recommends the Board of Directors make the required findings and adopt the IS/MND and MMRP under Resolution #26.02 for the Garberville Hospital and Medical Office Building Project at the upcoming Board meeting on April 30, 2026.

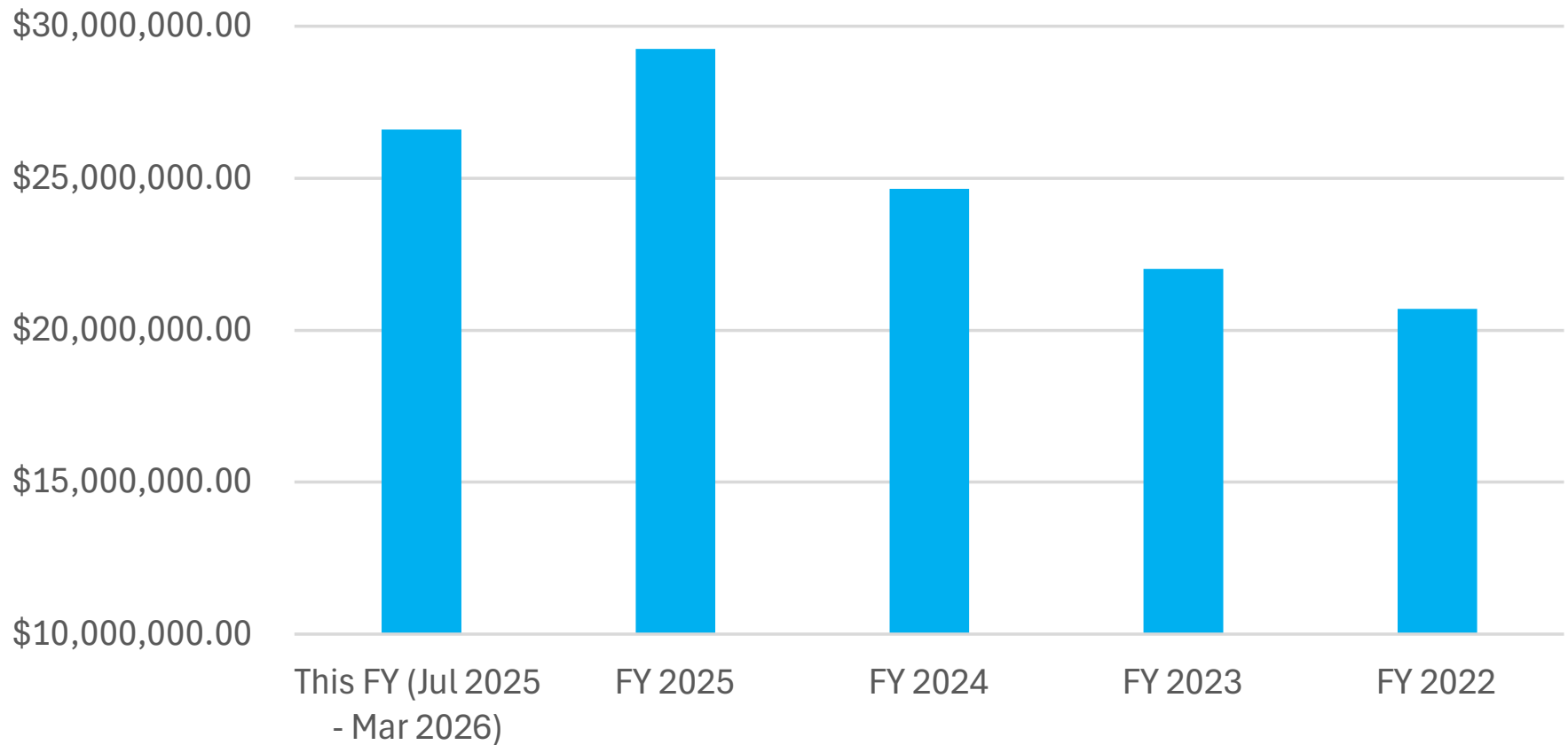
Total Gross Patient Revenue over 5 Yrs



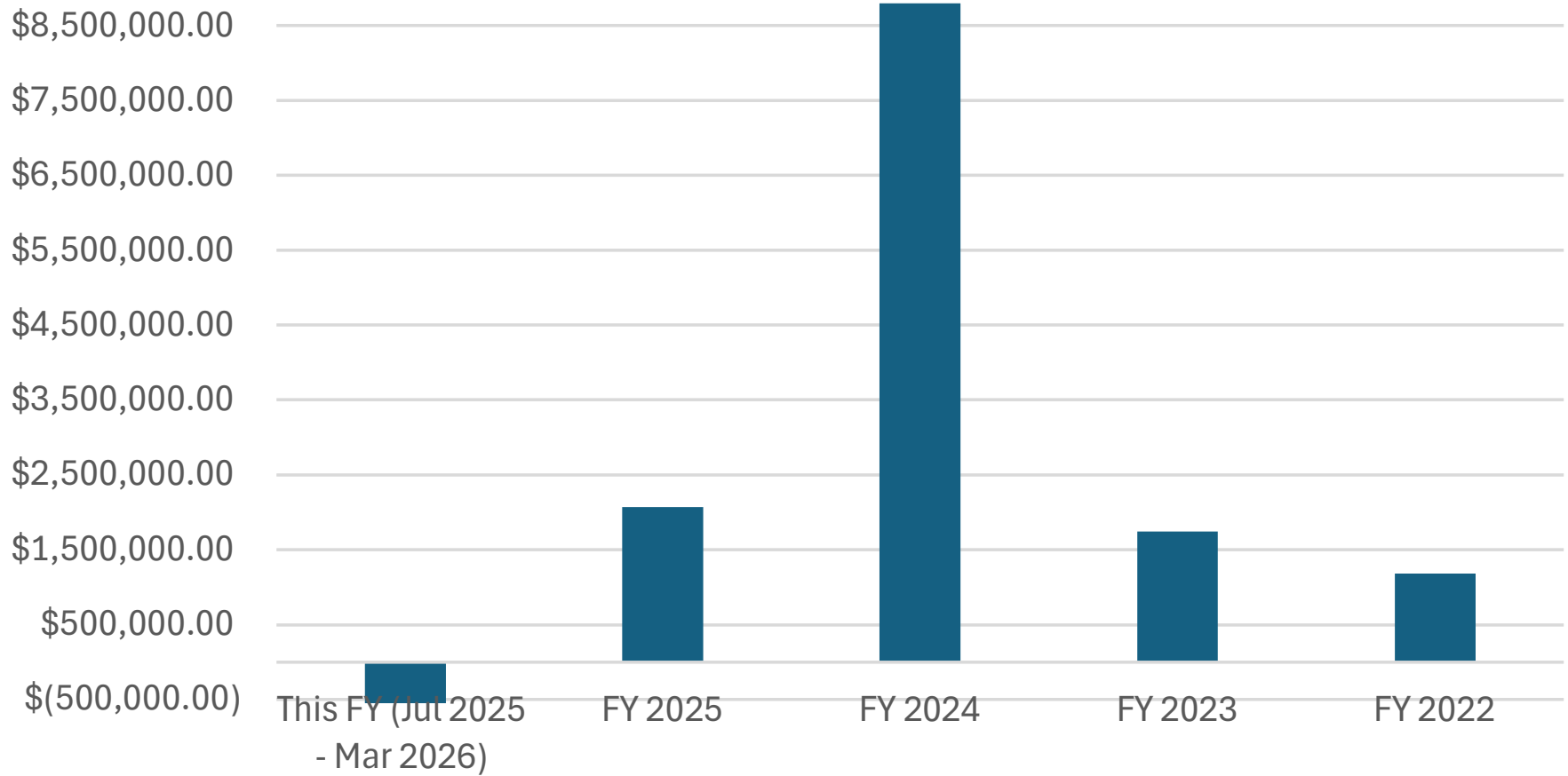
Total Gross Operating Rev (Before C/A) over 5 Yrs



Total Expenses over 5 Yrs



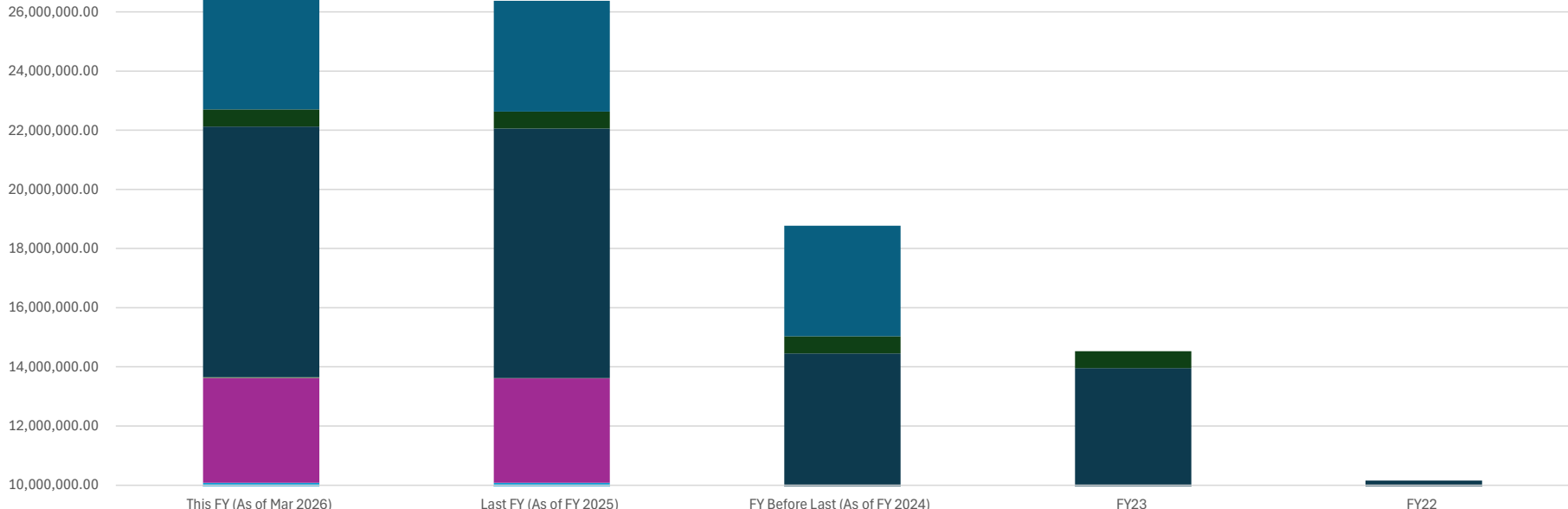
Net Income over 5 Yrs



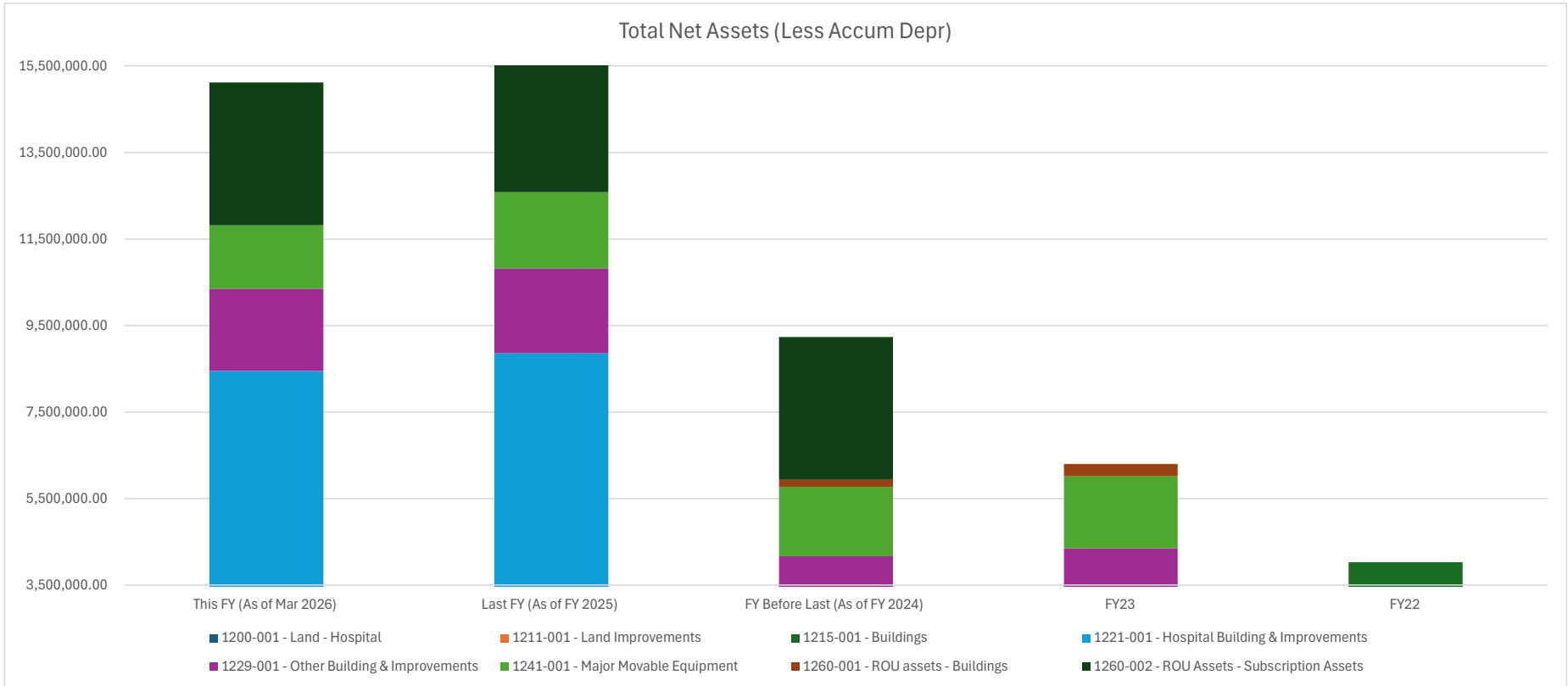
Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet
5 Year Look Back - FY22 through End of Mar 2026

	This FY (As of Mar 2026)	Last FY (As of FY 2025)	FY Before Last (As of FY 2024)	FY23	FY22
ASSETS					
Current Assets					
Total Bank	\$ 1,305,005	\$ 4,830,080	\$ 8,242,122	\$ 10,263,542	\$ 12,749,303
Total Accounts Receivable	\$ 7,525,022	\$ 6,402,504	\$ 7,312,024	\$ 2,326,716	\$ 1,696,446
Total Other Current Asset	\$ 10,620,931	\$ 11,395,578	\$ 3,094,801	\$ 628,810	\$ -
Total Current Assets	\$ 19,450,958	\$ 22,628,162	\$ 18,648,947	\$ 13,219,068	\$ 14,445,749
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	\$ 6,846,690	\$ 6,846,690	\$ 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
1250-001 - Construction In Progress	\$ 9,105,012	\$ 5,586,629	\$ 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	\$ -	
Less: Accumulated Depreciation	\$ (11,886,582)	\$ (11,055,632)	\$ (9,534,512)	\$ (8,234,901)	\$ (6,345,119)
Total Fixed Assets	\$ 23,658,516	\$ 20,902,395	\$ 16,916,567	\$ 11,329,520	\$ 7,704,081
Total ASSETS	\$ 43,109,475	\$ 43,530,555	\$ 35,565,514	\$ 24,548,588	\$ 24,523,000
Liabilities & Equity					
Current Liabilities					
Total Accounts Payable	\$ 788,504	\$ 1,687,869	\$ 959,621	\$ 346,403	\$ 197,742
Total Other Current Liability	\$ 4,350,677	\$ 1,762,548	\$ 1,406,791	\$ 927,074	\$ 4,989,519
Total Current Liabilities	\$ 5,139,181	\$ 3,450,417	\$ 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	\$ 168,001	\$ 195,197	\$ 227,867	\$ 262,814	
2250-030 - ELGA Lease Loan	\$ 1,480,680	\$ 1,723,278	\$ -	\$ -	
2260-001 - Help II Loan	\$ 1,764,993	\$ 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	\$ 4,143,797	\$ 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	\$ 32,770,684	\$ 30,699,107	\$ 18,654,947	\$ 16,913,017	\$ 14,808,778
Net Income	\$ (1,775,149)	\$ 2,071,577	\$ 8,794,160	\$ 1,741,925	\$ 1,185,000
Total Equity	\$ 33,826,497	\$ 35,601,646	\$ 30,280,069	\$ 21,485,903	\$ 18,824,739
Total Liabilities & Equity	\$ 43,109,474	\$ 43,530,555	\$ 35,565,514	\$ 24,548,588	\$ 24,523,000

Gross Fixed Asset Purchases (After Retirements)

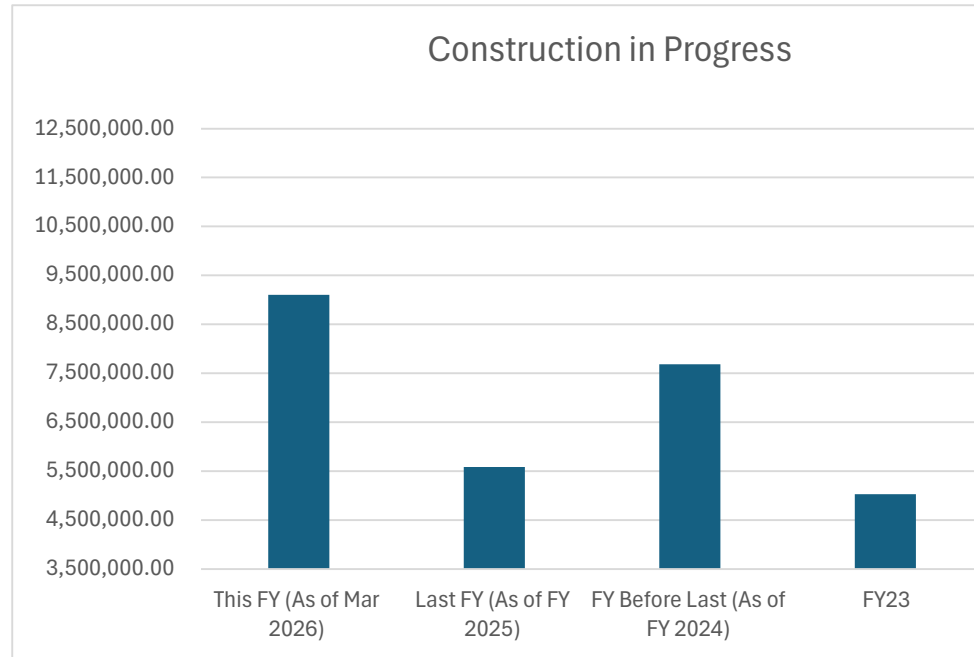


- 1200-001 - Land - Hospital
- 1211-001 - Land Improvements
- 1215-001 - Buildings
- 1221-001 - Hospital Building & Improvements
- 1229-001 - Other Building & Improvements
- 1230-001 - Leasehold Improvements
- 1241-001 - Major Movable Equipment
- 1260-001 - ROU assets - Buildings
- 1260-002 - ROU Assets - Subscription Assets

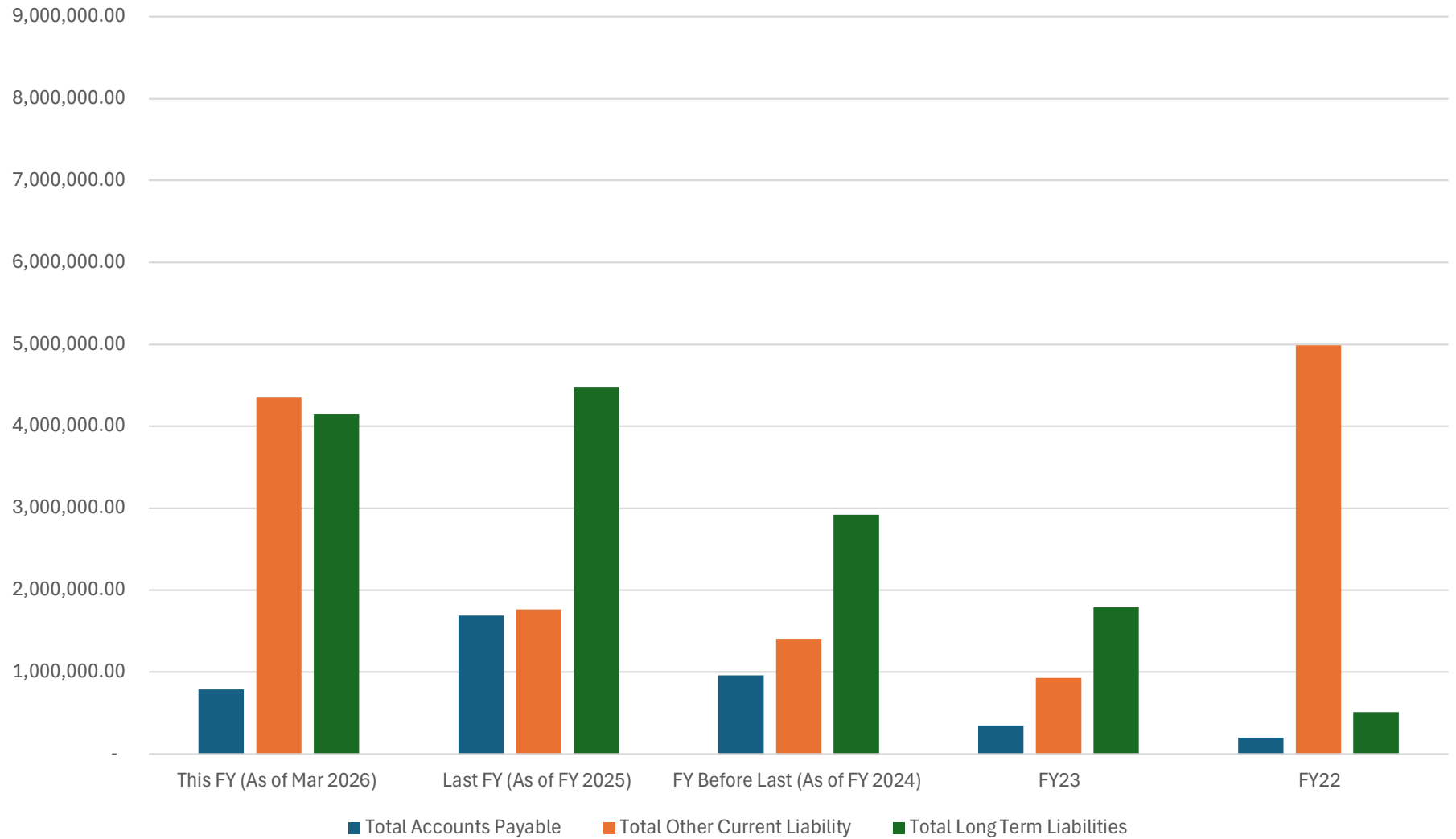


**Southern Humboldt Community Healthcare District
Construction in Progress Detail/Graph**

Construction In Progress Detail	Total @ 3/31/2026
NEW HOSPITAL	7,422,815.86
817 Redwood Drive	681,941.53
412 Maple Lane	213,124.36
823 Redwood Drive	151,218.35
819 REDWOOD DR	136,294.45
285 SPROWEL CREEK	105,727.80
Radiology Room Refresh	92,544.14
531 Elm Parking Lot Upgrade	87,335.54
JPCH-ED HVAC Upgrade	68,086.25
286 Sprowel Creek Parking Lot	22,594.60
286 SPROWEL-PARKING LOT	16,925.00
291 Sprowel Creek	4,700.00
819 Redwood Drive	1,829.66
887 SUNNYBANK	105.55
Total	<u>9,003,308</u>



Total Debt



Southern Humboldt Community Healthcare District
Comparative SoHum Income Statement
5 Year Look Back - FY22 through End of Mar 2026

	This FY (Jul 2025 - Mar 2026)	FY 2025	FY 2024	FY 2023	FY 2022
Revenue					
Gross Patient Revenue					
Total - Inpatient	2,980,510	3,228,838	2,750,183	2,946,481	2,176,244
Total - Inpatient Ancillary	543,986	552,279	359,641	515,457	290,138
Total - Outpatient	16,246,410	19,509,296	15,724,614	10,154,038	15,517,764
Total - Outpatient Ancillary	7,922,354	10,098,701	7,666,152	6,321,148	883,854
Total Patient Revenue	27,693,261	33,389,114	26,500,590	19,937,124	18,868,000
Deductions from Revenue					
Total Operating IGTs & Supplemental	(5,149,225)	(13,511,565)	(9,497,749)	(10,815,285)	(3,600,000)
Total - Contractual Allowances	10,467,346	16,764,253	6,726,785	7,458,971	5,690,484
Total - Provision for Bad Debts	159,325	930,313	436,735	48,578	404,249
Total - Other Allowances / Deductions	255,741	525,619	(869,207)	1,143,031	1,400,263
Total - Cost Of Sales	(31)	(107)	-	-	-
Total Deductions	5,733,155	4,708,513	(3,203,436)	(2,164,705)	3,894,996
Net Patient Revenue	21,960,106	28,680,601	29,704,026	22,101,829	13,857,000
Total Other Operating Revenue	1,444,327	942,876	1,690,390	151,855	-
Total Operating Revenue	23,404,432	29,623,477	31,394,416	22,253,684	13,896,000
Expenses					
Total - Salaries & Wages	12,590,031	12,325,544	9,809,582	10,305,733	7,665,000
Total - Employee Benefits	4,909,389	4,553,599	3,890,153	2,235,101	2,659,000
Total - Professional Fees	3,824,879	5,334,980	3,861,034	3,198,652	2,626,000
Total - Supplies	975,998	1,297,197	1,752,548	1,442,106	2,514,000
Total - Repairs & Maintenance	228,219	290,700	335,812	342,050	324,000
Total - Purchased Services	2,148,605	3,063,107	2,114,981	2,224,256	2,224,000
Total - Utilities	253,966	352,329	304,523	276,547	290,000
Total - Insurance	190,184	238,076	172,820	172,223	110,000
Total - Depreciation/ Amortization	830,950	1,521,120	1,299,612	1,057,818	887,000
Total - Other	656,512	267,941	1,111,431	761,844	1,413,000
Total Operating Expenses	26,608,733	29,244,598	24,652,496	22,016,330	20,712,000
Operating Profit (Loss)	(3,204,300)	378,879	6,741,920	237,354	(6,816,000)
Total - Tax Revenue	955,103	1,404,861	1,084,388	1,100,133	
Total - Other Non Operating Revenue (Expense)	472,222	233,966	773,828	344,097	8,001,000
Total - Interest Income	1,826	53,857	194,029	62,545	
Net Non Operating Revenue (Expense)	1,429,152	1,692,684	2,052,245	1,506,775	8,001,000
Net Income (Loss)	(1,775,149)	2,071,563	8,794,165	1,744,129	1,185,000

Southern Humboldt Community Healthcare District
Comparative SoHum Income Statement
% Comparison Year over Year

	FY2026 Annualized	FY 2025	FY 2024	FY 2023
Total Patient Revenue	11%	26%	33%	6%
Total Deductions	62%	-247%	48%	-156%
Net Patient Revenue	2%	-3%	34%	59%
Total Other Operating Revenue	104%	-44%	1013%	0%
Total Operating Revenue	5%	-6%	41%	60%
Total - Salaries & Wages	36%	26%	-5%	34%
Total - Employee Benefits	44%	17%	74%	-16%
Total - Professional Fees	-4%	38%	21%	22%
Total - Supplies	0%	-26%	22%	-43%
Total - Repairs & Maintenance	5%	-13%	-2%	6%
Total - Purchased Services	-6%	45%	-5%	0%
Total - Utilities	-4%	16%	10%	-5%
Total - Insurance	7%	38%	0%	57%
Total - Depreciation/ Amortization	-27%	17%	23%	19%
Total - Other	227%	-76%	46%	-46%
Total Operating Expenses	21%	19%	12%	6%
Net Non Operating Revenue (Expense)	13%	-18%	36%	-81%
Net Income (Loss)	-214%	-76%	404%	47%

CNO Board Report – April 2026

Infection Prevention Update

The organization is actively recruiting a new Infection Preventionist following the departure of the previous Infection Prevention nurse. In the interim, two nurses are providing coverage to ensure continuity of operations and full compliance with infection prevention standards and regulatory requirements.

This interim structure has been effective in maintaining adherence to infection control protocols, ensuring the ongoing safety of both patients and staff while recruitment efforts continue.

Clinic Update

March was a highly productive month, marked by meaningful progress in operational efficiency, workforce development, and community outreach.

On-site training led by Diane strengthened staff competencies, enhanced teamwork, and improved workflow efficiency. The clinic also welcomed two College of the Redwoods nursing students, supporting workforce development while increasing clinical support capacity.

Mobile Services Expansion

The Mobile Optometry Program continues to expand access to specialty care:

- Dr. Brosnan joined the program, increasing provider capacity
- March 25–26 (Rio Dell Resource Center): **13 patients served**, with a waitlist established
- Upcoming outreach:
 - April 15–17: Rio Dell
 - April 22–24: Fortuna (Sequoia Springs Senior Living)

The Mobile Medical Unit also completed a successful outreach:

- March 27 (The Cove): **9 patients served**

Operational Improvements

Ongoing collaboration between the Referral Department and Patient Financial Services (PFS) is improving efficiency and reducing delays in care coordination:

- Optimization of radiology work queues
 - Increased scheduling for mammograms, CT scans, and ultrasounds
 - Improved interdepartmental communication and referral processes
-

Emergency Department & Acute Care Update

The ED and Acute Care units continue to focus on strengthening staffing, onboarding new team members, and optimizing operations to meet patient care demands.

Staffing & Workforce Development

- 3 RNs currently in orientation:
 - 1 experienced RN cross-training in ED and Acute Care
 - 2 new graduate RNs with prior healthcare experience
- 3 experienced RNs hired as per diem staff to strengthen float pool coverage

Operational Status

- Ongoing work to finalize Elevate provider access for inpatient admissions
 - Active recruitment efforts, including participation in the College of the Redwoods Health Occupations Fair
-

Radiology Update

Radiology continues to meet community demand while advancing key service lines and addressing staffing challenges.

March Volumes

- **252 X-rays**
- **132 CT scans**
- **70 ultrasounds** (*corrected from draft for accuracy consistency*)

Program Development

- Mammography services scheduled to resume in April
 - Continued progress on MRI implementation
 - Ongoing recruitment efforts to support service expansion
-

Laboratory Update

The Laboratory department continues to demonstrate strong performance, quality compliance, and workforce stability while advancing operational priorities.

Operational Highlights

- Lab Week activities in progress, including blood culture presentation and NOVA analyzer demonstration
- Ongoing efforts to acquire a new analyzer to enhance diagnostic capabilities
- HR-developed employee pool supporting staffing coverage
- Phlebotomist job description under revision to align with current needs

Quality & Workforce Development

- Successfully accredited by the Accreditation Commission for Healthcare
 - Stable team of six staff members since 2022
 - Provided hands-on training for two students, supporting California phlebotomist certification
 - Trained individuals now contributing to Security and Transportation teams
-

Pharmacy Update

The Pharmacy department continues to strengthen compliance, workflow standardization, and interdisciplinary collaboration.

- Development of workflow aids to ensure policy compliance
 - Collaboration across departments to address refrigeration downtime and storage processes
 - Ongoing formulary enhancements in partnership with ED providers
 - Continued coordination with Garberville Pharmacy for order consistency
 - Strong collaboration with Long-Term Care partners to ensure accurate and timely medication management within EPIC
-

Physical & Occupational Therapy Update

Physical and Occupational Therapy services continue to expand capacity and enhance care delivery.

Service Volume & Improvements

- **94 outpatient visits**, in addition to acute, swing-bed, and SNF services
- Relocation to expanded therapy space has improved capacity and service delivery
- Enhanced environment supports a broader range of therapeutic interventions

Staffing & Growth

- Recruitment underway for a traveler Physical Therapist
 - Continued focus on meeting increasing patient demand while maintaining high-quality care
-

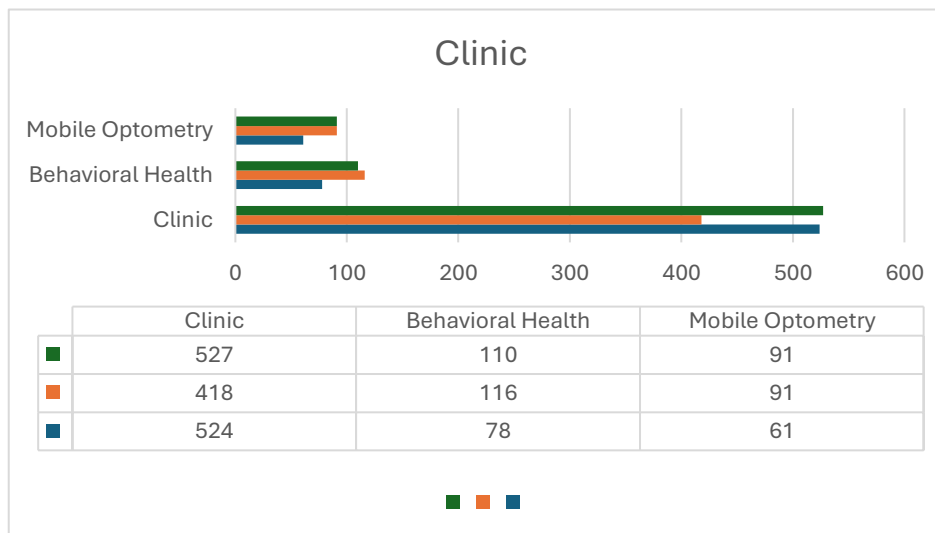
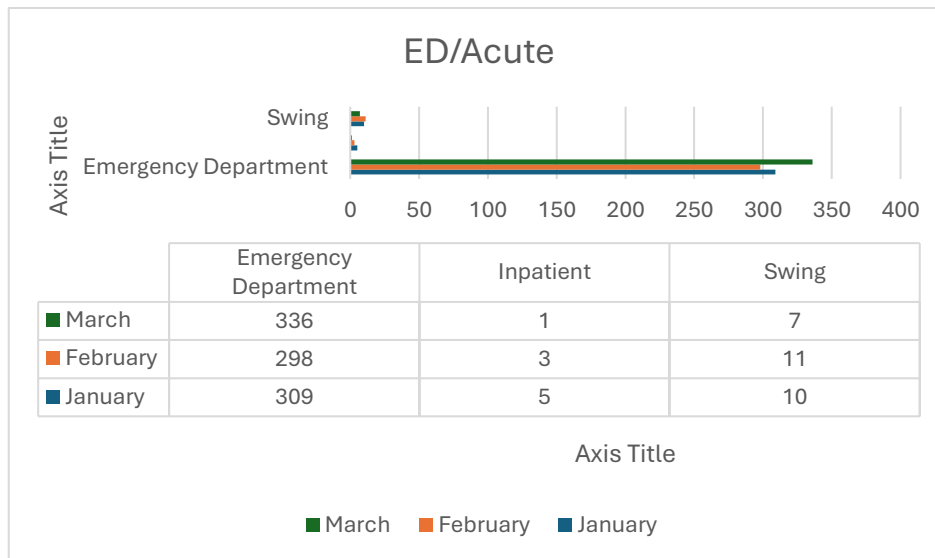
Senior Life Solutions (SLS) Update

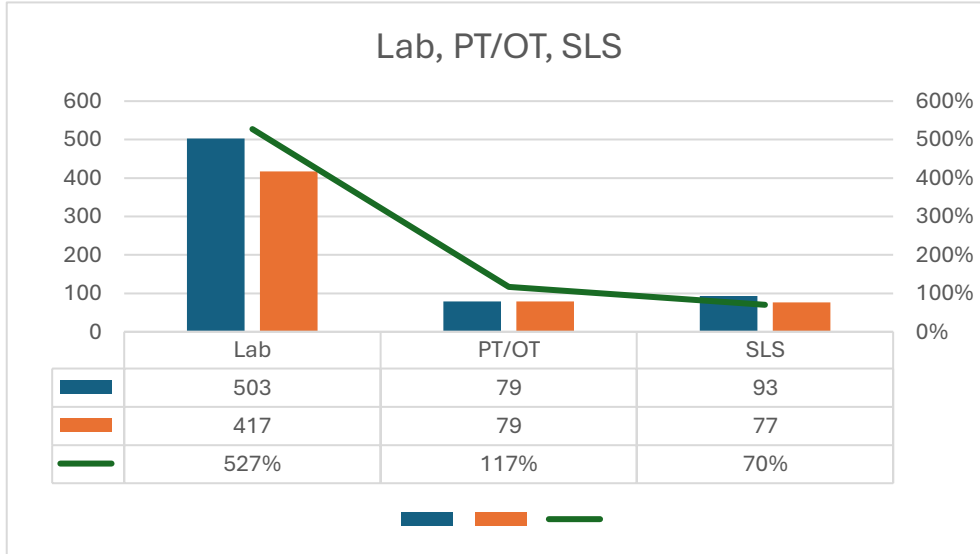
Senior Life Solutions continues to provide essential behavioral health services despite staffing challenges.

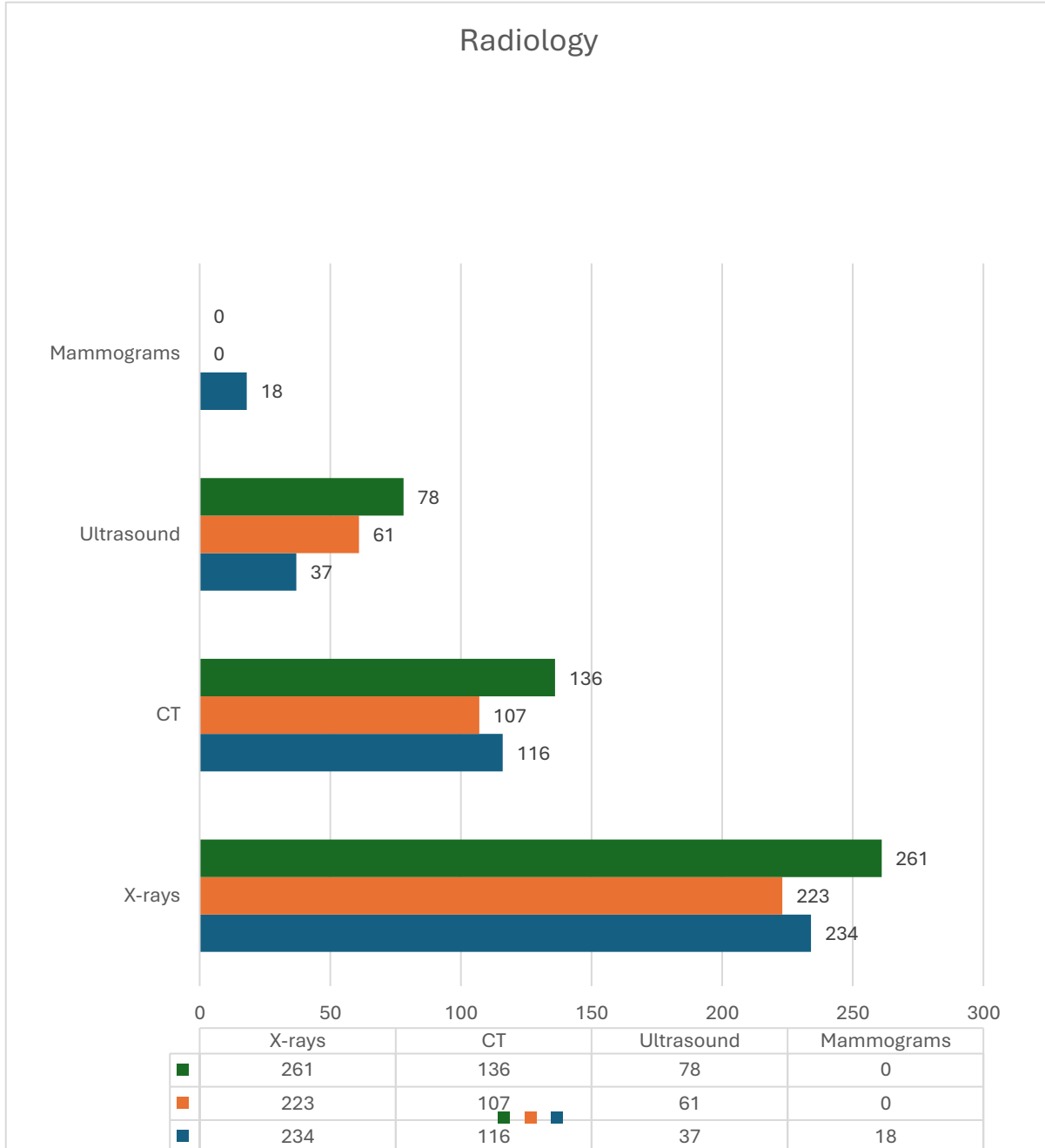
- **80 visits completed**
 - Open house planned to introduce new location and services
-

- Ongoing focus on expanding access to behavioral health support for the community

Department Volume Dashboard







Thank you for your ongoing leadership, collaboration, and commitment to delivering safe, high-quality care across our organization

Adela Yanez, RN, BSN, Chief Nursing Officer

