

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on May 28, 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 - 18 1. Approval of Previous Minutes
 a. Governing Board Meeting, April 30, 2026
- 19 - 44 2. SHCHD New and Updated Policies - See Supplemental Packet
 Dietary
 a. Cleaning Procedures
 b. Dishwashing Policy
 c. Safe Cooking Temperatures
 d. Safety Precautions
 e. Sanitation and Safety Standards
 f. Nutrition Orders Managed by the Registered Dietitian (RD)
 g. Nutrition Risk Screening and Assessment for Acute, Swing
 Bed and SNF Patients
 h. Patient Meal Service
 i. Potentially Hazardous Foods at Bedside
 j. Processing Diet Orders in Dietary
 k. Records, Maintenance, and Retention Time
- 45 - 46 **SNF**
 l. Activity Program
 m. Resident Elopement
- 47 - 50 **Nursing**
 n. Acuity Worksheet Guidelines
 o. Lippincott and Up to Date Reference
- 50 - 53 **Radiology**
 p. MRI Scope of Practice
 q. Quality Assurance (X-ray)
 r. Radiation Safety and Protection for Patients
- 54 - 55 **Pharmacy**
 s. Pyxis Discrepancies Procedure
 t. Pyxis
- 56 - 57 **HIM**
 u. Behavior Related EHR Alerts
 v. Chart Organization, Maintenance, and Scanning

- 58 - 65 3. Quarterly Reports - (Feb, May, Aug, Nov)
- 66 - 68 a. Human Resources – Season Bradley Koskinen, HR Manager
- 69 - 70 b. Foundation – Chelsea Brown, Outreach Manager
- c. Operations – Kent Scown, Chief Operations Officer

Approval of Consent Agenda

- H. Last Action Items for Discussion
- 71 - 82 1. Approval of the April Financials
- 2. Redwood Drive Cost Analysis
- 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: LVN Lily Strong, RN Regina Agas, and PFS Clerk Niki Genolio.
- 83 - 101 c. CNO Report – Adela Yanez – See Report
- d. Family Resource Center – Amy Terrones – Mar and Oct - None
- K. Old Business
- 1. Update on Medical Staff Bylaws
- L. New Business – None
- M. Parking Lot -None
- N. Meeting Evaluation
- O. New Action Items

P. Next Meetings

1. Medical Staff Committee – TBD
2. Policy Development Committee – TBD
3. QAPI Meeting – Wednesday, June 10, 2026, at 10:00 a.m.
4. Finance Committee – Friday, June 19, 2026, at 10:00 a.m.
5. Governing Board Meeting – Thursday, June 25, 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. – See Report
 - b. Patient Safety – Mar., June, Sept., Dec. – See Report
 - c. Medication Error – Feb., May, Aug., Dec. – See Report
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Scott Baymiller, MDDO - Reappointment as Active status in Mental Health Counselor/Therapist - Psychiatric Privileges from June 1, 2026 to May 31, 2028
 - b. Amy Frazier, MDDO -Reappointment as Active status in Mental Health Counselor/Therapist - Psychiatric Privileges from June 1, 2026 to May 31, 2028
 - c. Gurkiran Gill, MDDO - Reappointment as Active status in Mental Health Counselor/Therapist - Psychiatric Privileges from June 1, 2026 to May 31, 2028
 - d. Patrick McCarthy, MD - (OnRad) Appointment as Provisional status in Teleradiology - Diagnostic Radiology privileges from June 1, 2026 to May 31, 2027
 - e. Chris Whitney, OD, - Reappointment as Active status in Optometry privileges from June 1, 2026 to May 31, 2028
 - f. Linda Candiotti, PA, - Reappointment as Active status in Physician Assistant - General Privileges from June 1, 2026 to May 31, 2028
 - g. Christopher Wright, DO - Reappointment as Active status in Mental Health Counselor/Therapist - Psychiatric Privileges from June 1, 2026 to May 31, 2028
 - h. Tse Anyu, MD - (OnRad) Reappointment as Active status in

- Teleradiology - Diagnostic Radiology privileges from June 1, 2026 to May 31, 2028
- i. Keith McGuire, MD - (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges from June 1, 2026 to May 31, 2028
- j. Michael Benanti, DO - (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges July 1, 2026 to June 30, 2028
- k. Clarence Davis III, MD - (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges July 1, 2026 to June 30, 2028
- l. Arun Kumar, MD - (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges July 1, 2026 to June 30, 2028
- m. Pierre Lanthiez, MD - (OnRad) Reappointment as Active status in Teleradiology - Diagnostic Radiology privileges July 1, 2026 to June 30, 2028
- 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/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>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	<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 May 22, 2026

Governing Board

Date: April 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

The Governing Board consists of Kevin Church, Yvonne Hendrix, Chris Schille, and Galen Latsko (Arrived at 1:33 pm), and all in person

Not Present: Corinne Stromstad

Also in person: Administrative Assistant Darrin Guerra, CFO Paul Eves, CEO Matt Rees, CQCO Kristen Rees, PFS Manager Marie Brown, CNO Adela Yanez, HR Assistant Michelle Carlson Sira, and COO Kent Scown.

Also via Webex: Credentialing Specialist Aeryn Thompson, Chief of Staff Dr. Raisoni, 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 Manager Chelsea Brown

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

Galen Latsko arrived at 1:34 pm

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items

1. Two members of the public spoke about issues with our resources page, Financials, and the Redwood Drive project. Board discussion ensued with the public and Administration. It was recommended to the public that all questions be submitted in writing so that the appropriate manager or department can address any concerns that arise at that Board Meeting.

E. Board Member Comments - None

F. Announcements - None

G. Approval of Consent Agenda

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
2. SHCHD New and Updated Policies
 - 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)
- a. Human Resources – Season Bradley Koskinen, HR Manager
 - b. Foundation – Chelsea Brown, Outreach Manager
 - c. Operations – Kent Scown, Chief Operations Officer

Kevin Church Pulled the Previous Minutes (G.1.a-c), G.2.f Patient History, G.2.ii Generator, G.2.ff Storage 1, and G.2.kk Travel and Travel Reimbursement.

Motion: Christopher Schille motioned to approve G.2.f Patient History with the removal of “/or” from the second bullet point and “Attempt” from the third bullet point for clarity.
Second: Galen Latsko
Ayes: Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Corinne Stromstad
Motion Carried

The Security policies G.2.ii and G. 2. JJ were pulled as they are procedures and do not require approval from the Board.

Motion: Christopher Schille motioned to approve G. 2. kk Travel and travel reimbursement with the addition of “not” for clarity. The sentence now reads “Employees who use the company credit card for personal use or business and travel expenses that were **NOT** approved in advance, will be required to reimburse the Company.”
Second: Yvonne Hendrix
Ayes: Galen Latsko, Christopher Schille, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Corinne Stromstad
Motion Carried

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

H. Last Action Items for Discussion

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

Motion: Christopher Schille motioned to approve Resolution 26:02.
Second: Yvonne Hendrix
Ayes: Christopher Schille, Galen Latsko, Yvonne Hendrix, and Kevin Church
Noes: None
Not Present: Corinne Stromstad
Motion Carried

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

J. Administrator’s Report – Matt Rees, CEO

Matt reported that Congressman Jared Huffman will be visiting our District on May 17. MRI continues to move forward; we anticipate completing our survey for it at the end of May. Matt has been working with DHLF, as well as a few other hospitals in California, to launch a pilot program through a bill to secure cost reimbursement. The LTC rates increased at the beginning of the year, and we anticipate starting to receive back pay for services we provided from then.

1. Department Updates

- a. Milestones – None
- b. August 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 April Financials - Paul Eves
 - i. Paul presented the April financials and answered corresponding questions
- d. CNO Report – Adela Yanez – See Report
 - i. Adela presented her staff report.
- e. Family Resource Center – Amy Terrones – Mar and Oct – None

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

K. Old Business

1. Update on Medical Staff Bylaws

- a. Darrin shared that they currently have proposed changes that they will be discussing at the next Medical Staff Meeting. We anticipate the changes going to the Board at the end of June

2. Clinic Credentialing Update.
 - a. Dr. Raisoni is still waiting on 2 payers. The other providers should be fully credentialed.
3. Optometry Statistics Update.
 - a. Ryan Staples presented a report on the current projected costs and earnings of Optometry and answered corresponding questions.

L. New Business - None

M. Parking Lot - None

N. Meeting Evaluation – “long.” – Kevin

O. New Action Items

1. Redwood Drive Cost Analysis
2. Medical Staff Bylaws

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.
Governing Board Meeting – Thursday, May 29, 2025, at 1:30 p.m.

Q. Closed Session

1. Closed Session open 3:42
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**]
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 - 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
6. Conference with Labor Negotiators § 54957.6
 - a. Kristen Rees

- b. Matt Rees
- 7. Personnel Matter –Evaluation § 54957
 - a. CEO 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 Agenda items Q.5 Medical Staff Appointments Reappointments a-n.
 Second: Christopher Schille
 Ayes: Christopher Schille, Galen Latsko, Yvonne Hendrix, and Kevin Church
 Noes: None
 Not Present: Corine Stromstad
 Motion Carried

Motion: Christopher Schille motioned to approve Agenda items Q.6, authorizing a 3% salary increase to their salary in accordance with the annual merit increase all employees receive.
 Second: Yvonne Hendrix
 Ayes: Christopher Schille, Galen Latsko, Yvonne Hendrix, and Kevin Church
 Noes: None
 Not Present: Corine Stromstad
 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
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<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
<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

Governing Board Meeting Minutes

April 30, 2026

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<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
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<i>DO</i>	Doctor of Osteopathic Medicine		

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:

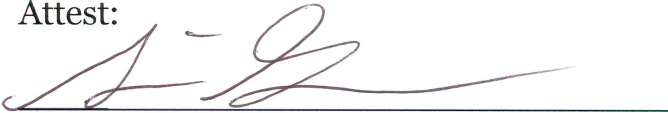


Kevin Church, Board of Directors, President

4/30/26

Date

Attest:



Darrin Guerra

4/30/26

Date

Subject: Cleaning Procedures	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD” or “District”) that all equipment will be cleaned according to approved procedures. To ensure a clean and safe environment in the Dietary Department. Proper cleaning and maintenance of equipment is an effective means of preventing employee accidents, preventing cross-contamination, and extending the life of the equipment.

DEFINITIONS:

PPM: Parts Per Million. For kitchen use, this indicates the concentration of chlorine in water that is adequate for sanitation.

PROCEDURE:

The **oven** should be cleaned at least once per month, but twice per month is optimal. Dietary staff will follow manufacturer cleaning instructions which may be accessed on-line and kept in file on dietary manager’s desk labeled “cleaning procedures for oven/stove”.

The **range** should be cleaned once per month, but twice per month is optimal. Dietary staff will follow manufacturer cleaning instructions which may be accessed on-line and kept in file on dietary manager’s desk labeled “cleaning procedures for oven/stove”.

The **grill** must be cleaned according to a strict schedule. Every day while the grill is hot (approximately 300°F) a grill brush or brick is used to scrub the grill. Remove and empty the grease container and clean the grease trough and exterior of the unit. Allow the grill to cool and if necessary apply a thin coating of cooking oil to prevent corrosion. Once a week this same procedure is to be followed, but do not apply oil to the grill. Allow the grill to cool completely, thoroughly clean the grill plate with a food-grade degreaser, and season the grill. To season the grill allow it to cool or heat to approximately 200°F and rub cooking oil or similar onto the grill with a clean cloth. Heat the griddle to 350-400°F and allow it to operate for approximately 30 minutes. Turn the temperature down to approximately 200°F and allow the surface to cool to the set temperature. Use a clean cloth to remove any excess oil and wipe the grill clean. Repeat the seasoning process. Sign the compliance monitoring report when completed.

Refrigerators must be cleaned weekly at the minimum. Food will be removed as practical. Walls and shelves will be cleaned with a bleach solution of 1 tablespoon of chlorine per 1 gallon of water to result in a final solution of 200 ppm. Food is put back into refrigerator and doors closed as quickly as possible. The unit is left to cool until it has returned to 41°F. The fastest method is to avoid opening the doors during this time if possible.

Every month **freezers** are to be cleaned. Wipe the inside with a sanitizer solution: 1 tablespoon of chlorine per 1 gallon of water (200 ppm). Mop any water that collects on the floor immediately to prevent falls. When the freezer is clean turn it back on, put the food back, and close the door. Avoid opening the door until the unit has returned to 0°F.

De-Liming the **dish machine** must be done every other week. Follow the prompts with automated dish machine for deliming process. Read the manufacture's instructions on the back label of the deliming product for use in dish machine. Use the amount stated on manufactures label in dish machine. Allow the dish machine to reach minimum temperatures prior to use.

Clean the **Blender** after every use. Disconnect the cord from the electrical outlet and disassemble carefully; handle blades with extreme caution. Wash the bowl, lid and blades in the dishwasher after every use. It is not necessary to wash and sanitize between pureeing products for the same meal. Rinse any remaining food from the bowl, and puree the next foods needed. Allow all parts to air dry thoroughly before re-assembling. After reassembling, sanitize the base with the chlorine and water solution, 1 tablespoon bleach to 1 gallon of water (200 ppm).

Can Opener should be cleaned in the dish machine daily, or after every meal used.

Once a month **Cabinets and Drawers** must be cleaned. Remove the dishes/pans from shelves, empty drawers, and check the condition of all dishes and utensils while unloading. Report to supervisor anything that seems of questionable quality. Clean with sanitizer solution of 1 tablespoon of chlorine to 1 gallon of water (200 ppm).

Clean **Stainless Steel Surfaces** daily. Wash surface with a warm detergent solution. To avoid scratching the surface, DO NOT use metal or abrasive scratch pads on the surface. Rinse with clean water using a clean cloth. Sanitize with a chlorine solution of 1 tablespoon chlorine per gallon of water (200 ppm) using sanitation buckets, which are located in the dish room and near the pot and pan sink. Allow all surfaces to air-dry. Stainless steel polish may be used to minimize finger marks and improve the appearance of the stainless-steel surface such as refrigerator doors, freezer doors, and sides of sinks. DO NOT use Stainless steel polish on food contact surfaces.

Cutting Boards must be washed and sanitized after every use. A cutting board is never used for cooked food after it is used for raw foods. This is to prevent cross-contamination of bacteria from raw to cooked foods. All cutting boards are washed in the dish machine.

Non-Slip Floor Mats are cleaned daily. Clean any significant spill immediately. When mopping the floor pick up mat and mop underneath, then mop the top of the mat.

Clean the **floors** daily. Sweep the floor, pushing all debris forward. Use a dustpan to remove the debris as it accumulates. All floor space in the kitchen, including the dish room and the storeroom, will be mopped daily. Prepare chlorine water solution in the mop bucket, per manufacturer recommendations, mix 3/4 cup chlorine to 1 gallon of water. The mop bucket should have a mop press. All mobile equipment should be removed from the area being mopped. Mop the floor with a back-and-forth motion until the area is clean. Mop under and around equipment, along walls and in corners. Wipe all splash and soil marks from the baseboard and walls. The wet floor should not be walked on until it is thoroughly dry. Wipe all spills as they occur.

Dirty Floor Cleaning Equipment must be maintained. Change and discard mop heads in trash at least two times per week and replace with a clean mop head. Mop bucket and press must be emptied, cleaned, and allowed to air dry daily. Once dry, store the floor care equipment in its designated place outside behind dietary department. Mops and buckets used in dietary must not be used in any other part of the facility.

Hoods must be cleaned once per month to prevent buildup of grease and dust. Clean inside and outside by washing the hood with detergent solution using a cloth. Remove the filters and wash the retainer bracket. Wash the hood grease trench with a detergent solution, using a cloth. Rinse the hood with hot water and absorb the excess water with a cloth. Polish the hood with stainless steel polish using a paper towel or cloth.

Because of potentially high fire hazard, it is important that **hood filters** be washed once a month. Remove the filters from the hood and clean with oven cleaner or degreaser, using a brush to remove the grease. Completely rinse the cleaner or degreaser from the hood filters in the dish room and allow the filters to air dry before returning to the hood.

Hood Shafts will be maintained by the engineering department to maintain the safety and meet the local fire code requirements.

Subject: Dishwashing	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to ensure all dishes, trays, utensils, pots, and pans are cleaned and sanitized according to established procedures. All utensils for eating, drinking, and in the preparation and service of food and drink shall be cleaned and sanitized or discarded after each use. Clean and sanitized dishes, utensils, pots, and pans are a part of the department’s safeguards against food-borne illness.

DEFINITIONS:

Nesting: when a spoon’s scoop area is fully in contact with another spoon’s scoop area, not allowing space for water or air to run over the surface of the spoon to allow for adequate cleaning.

PROCEDURE:

Procedures for washing, rinsing, and sanitizing shall follow the manufacturer’s directions and those established by the industry as safe.

The patient tray cart is returned to the hallway outside the dish room door. The cart with dirty dishes cannot come into the food preparation area. The soiled, dirty dishes are removed from the cart as soon as possible in dish room area on designated “dirty side.” Once the dishes and trays are removed, the cart must be sanitized with 1/2 oz. chlorine sanitizer to 1 gallon of water, following manufacturer’s instructions.

Gross food particles shall be removed by scraping and pre-rinsing in running water. All food scraps will be disposed of in the garbage disposal being careful not to put bones, paper products or food scraps determined not appropriate for the disposal unit.

Silverware is placed utensil side down in soapy water in utensil holder. Food particles are rinsed, soaked, or scrubbed off and silverware is placed utensil side up in the utensil holder on flat racks. **Do not overload utensil holder.** Be sure spoons are not “nesting” and that there is sufficient room for water circulation. Run through dish machine and let dry. Turn silverware into empty holder without touching utensils.

Use appropriate racks for plates, bowls, silverware, etc. Do not overload racks and be sure sufficient room exists for all items to be washed and rinsed thoroughly. Plates, bowls, and dessert dishes are not to be washed on flat racks, as this prevents adequate washing and drying.

The dish machine must operate at temperatures adequate to sanitize dishes. Wash temperature must be minimally 140°F, hot water must be a minimal of 180°F at the manifold on the final rinse, or 160°F at the plate. Temperatures of the final rinse will be checked two

times daily. Employee will read the wash gauge and rinse gauge, record temperatures in the dish-machine log, and enter the initials of the employee who obtained the readings.

Dishwasher test strips will be utilized during dish washing process. The dishwasher test strip is placed in dish rack and run through dish machine. The employee will check the strip to verify that appropriate temperature was reached and attached to dish-machine log.

If the temperature check of dish machine rinse cycle is below 180°F minimum it will be turned off. An out-of-order sign will be placed on the dish machine and the dietary manager will be notified. Dietary staff will then follow the three-compartment sink method using chlorine sanitizer. All disposable dishes and utensils will be used to serve food.

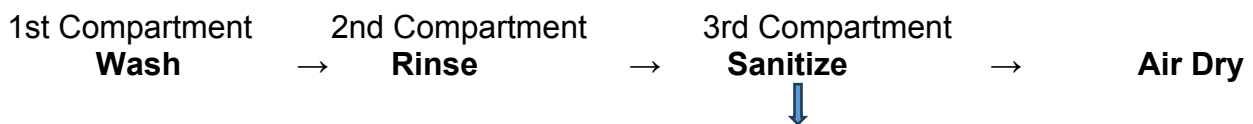
Employees are to be very attentive to the danger of cross contaminating the dishes from handling dirty dishes and then clean dishes. Dietary staff will wear disposable plastic aprons while washing and handling soiled patient meal trays and dishes. The aprons will be removed and disposed of in the trash can when switching from handling/washing dirty dishes to any other task within the kitchen. Hands must be thoroughly washed between handling clean and dirty dishes.

Dishes will be allowed to drain and air dry on non-absorbent surfaces. Drying towels will not be used on any dish, utensil, pot or pan.

Employees will not touch any eating or food contact surface with bare hands while handling clean dishes.

The tray cart will be cleaned after every meal with a solution of bleach sanitizer mixed to manufacturer's recommendations.

If the dish machine is not operational, the dishes will be washed using approved methods to ensure sanitation. The three-compartment sink method will be followed:



The manufacturer's recommendation will be followed:

- 1 ounce of bleach to 2 gallons of water; immersed for at least 2 minutes.

Chlorine test strips will be used to measure 220ppms and logged on the form above the three-compartment sink.

Directions and the log form for the three-compartment sink method will be posted above the three-compartment sink.

Plastic ware, china, and glassware that is unsightly, unsanitary, or hazardous because of chips, cracks, or loss of glaze will be discarded.

Cooking equipment or utensils that are rusted, cracked, or in any way have the surface scarred in a manner that makes sanitation difficult, will be discarded.

A contract for preventative maintenance on the dish machine will be maintained with Eco-Labs or a similar company to check the dishwasher monthly to ensure the proper operation and delivery of chemicals.

Subject: Safe Cooking Temperatures	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to ensure that all potentially hazardous foods ~~will be~~ prepared ~~according to the~~ in accordance with HACCP guidelines. ~~Final~~The final cooking temperature will be taken and recorded ~~on~~ for every food. Cooking destroys pathogens in food, ensuring the food ~~reached~~ reaches a safe temperature is necessary to prevent foodborne illness.

DEFINITIONS:

Potentially hazardous foods: food items that require time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation.

Hazard Analysis Critical Control Point (HACCP): a management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement and handling, to manufacturing, distribution and consumption of the finished product

PROCEDURE:

~~The~~ internal temperature of foods will be taken by inserting the thermometer probe into the center (thickest part) of the food. ~~Two readings will be taken in different locations of the food, and at least a 15-second gap is required between the last two readings~~~~Two readings will be taken in different locations of the food and at least a 15 second gap is required between last two readings~~. If the food item does not reach the minimum cooking temperature, it will be placed back on the stove, in the oven, or on the grill until each ~~it~~ reaches the minimum ~~cooked~~ cooking temperature, which is indicated in the recipe.

A clean, sanitized thermometer is used for monitoring temperatures. During temperature monitoring, thermometers should be sanitized between each ~~food use~~ using an alcohol swab. Between monitoring times, thermometers should be washed, rinsed, sanitized, and allowed to air dry.

~~The~~ final cooking temperature of all cooked items will be recorded ~~on~~ in the food temperature log.

~~All leftover foods or foods prepared the previous day will be reheated to an internal temperature of 165°F, for 15 seconds in a minimum of two places.~~ ~~All leftover foods or foods prepared the previous day will be reheated to an internal temperature of 165°F for a minimum of 15 seconds in at least two places.~~ -Foods can be reheated once; ~~and then~~ any leftovers will be discarded.

All foods will be retained above 135°F until ready to serve.

Temperature records for all foods served will be maintained for one year.

Subject: Safety Precautions – General & Dietary Specific	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to educate dietary employees in order to prevent injury.

PROCEDURE:

General Precautions:

The following safety precautions have been developed for dietary personnel to follow. We expect you to follow these precautions, as well as other precautions that may become necessary and appropriate.

- Remove, cut off, or hammer down all protruding nails and slivers when unpacking boxes, supplies, etc.
- When carrying items, approach corners with caution.
- When carrying items down stairwells, do not obstruct your vision. Make more trips. Do not overload yourself.
- Handle drums with caution. Use gloves or mittens to protect your fingers and hands.
- Use proper tools for the job.
- Do not use equipment that is not safe.
- Place heavy objects on the bottom of the load.
- Do not leave equipment or supplies in passageways or exits.
- Do not use benches, tables, chairs, boxes, etc., as stepladders.
- Keep floors dry of spills. Clean up spills immediately.
- Do not leave work areas unattended where supplies or equipment are being used.
- Do not place items where they will protrude into a room or hallway.
- Keep cords from crossing hallways or rooms.
- Use only equipment that you have been trained to use.
- When cleaning/washing floors, leave a dry area for persons to walk on safely.
- Use gloves when working with steel wool.
- Follow manufacturer’s directions when using chemicals, equipment, and other supplies.
- Report all unsafe acts or conditions to your supervisor or maintenance as soon as practical.
- Pick up debris from the floor. Wipe up spills as soon as practical.
- Report all injuries, no matter how minor they may be.
- Do not run in the building.
- Do not engage in horseplay or practical jokes.

- Learn the right way to do the job. If you are not sure about a task, ask your supervisor for instructions.

Food Service Specific Precautions:

The following safety precautions have been established for dietary personnel to follow in the preparation of food and serving of food.

- Handle pots, pans and equipment in or around cooking surfaces as though they are extremely hot. Handle these items with tongs, proper tools, or appropriate pads. Be sure a place has been made to put these items before you remove them.
- Use dry pads/holders for handling hot utensils.
- Be sure your hands are dry and free from grease when handling pots, pans, and knives.
- Place containers of hot food where they will not be tipped over or spilled.
- Do not move heavy containers of food alone. Get assistance on anything that puts a strain on one person.
- When removing pot lids, tilt them so that the steam will be directed from your face.
- Be sure that handles of cooking utensils do not stick out over the edge of the stove.
- Use long handle spoons and forks for stirring food in kettles or testing foods in the oven.
- Test hot water before putting your hands in it.
- When lighting a gas oven, open the oven door for a few moments before lighting. This allows for gas leakage to escape.
- Keeps guards on meat slicers, bread cutters, vegetable slicers, etc., in place at all times.
- Keep exhaust hoods, flues, and canopies clean to reduce the danger of fire.
- Know the location of the nearest fire extinguisher and how to use it.
- Mop up spills immediately. Pick up debris such as produce leaves, paper, peelings, etc.
- Do not store dishes, glassware, or other articles where food is being prepared.
- Do not attempt to catch a falling knife. Never try to catch anything that is sharp.
- When knives are used, place the handle at the edge of the table.
- Do not put your hands into the garbage disposal unit. Use only the equipment designed for these units.
- Before cleaning or adjusting power equipment, turn the switch **off** and **unplug the unit**.
- Make sure that power equipment is properly grounded.
- Cut away from your hands and body. Never hack or chop with a knife.
- Keep cutlery in good condition. When not in use, store in their proper place.
- When handling hot liquids or foods, move carefully to prevent collisions. Give a warning when passing behind someone.
- Set trays, dishes, pots pans, etc., away from the edge of the counter.
- Do not place serving spoons or handles of pots in a position where they will stick out into passageways.
- Do not leave drawers or cupboard doors open.
- Do not place glassware into pot sink.
- Should glassware break in a sink, drain the sink and remove the broken glass before continuing with washing procedures.

- Should glass fall on the floor, pick it up at once. Use the dustpan and brush. Do not use your fingers to pick up the glass.
- Do not open doors during evacuation until proper procedures are completed.
- Smoke only in designated areas.
- Do not put cigarettes in trash cans.
- Be sure fire extinguishers are in designated locations.
- Be sure proper fire extinguisher is available.
- Report all hazardous conditions and safety violations.

Electrical Precautions:

The following electrical safety precautions have been established for dietary personnel to follow. These precautions are not all-inclusive.

- Dry hands before using an electrical device.
- Do not use electrical devices while standing on a wet floor.
- Pull electrical cords out by the plug. Never yank the cord.
- Do not use any electrical device that has shocked anyone, no matter how mild the shock was.
- Report any plug that is broken, bent or loose.
- Report switches that are loose or do not snap into proper position.
- Report all worn, cut frayed, spliced, exposed, or burned power cords.
- Unplug any electrical device that appears to be overheating by smell or touch.
- Do not use any electrical device that has been dropped or abused, or if any liquid has spilled into it. Wait until it has been checked and declared safe for use.
- Report control knobs that are loose or do not turn smoothly.
- Report loose wall receptacles.
- Do not use electrical appliances where oxygen is being administered or stored.
- Use only receptacles that are properly grounded (three-wire type).
- Do not overload circuits. Use only **UL-approved** adapters.
- Do not remove the ground plug from electrical cords.
- Report any, and all, unsafe electrical hazards to your supervisor immediately.
- Tag all defective equipment, outlets, electrical cords, etc. so that others will not use it.
- Turn **off** and unplug machinery before cleaning, clearing jams, or making repairs.

Lifting Precautions (Dietary Only):

The following safety precautions have been established for dietary personnel to follow when lifting or handling heavy objects. These precautions are not all-inclusive. Others may be added or amended as necessary.

- Never lift a heavy object until you have obtained an idea of how heavy it is.
- Inspect materials for slivers, jagged edges, protruding nails, rough or slippery surfaces, etc., before lifting the object.
- Be sure your hands are free of greasy substances before lifting an object.
- Grip objects with the palm of your hands, not just with your fingers.
- Keep your fingers away from pinch points.

- Wear glasses as necessary.
- Be sure you have good footing. Spread your feet naturally and comfortably before lifting any object.
- Bend at your knees. Grasp the weight. Squat instead of stooping when lifting heavy objects.
- Keep the center of the object close to you. Get a firm hold. Move with smooth, steady motions, avoid sudden jerks.
- Keep your arms and back as straight as possible. **Never** try to lift from a position where your spine is twisted.
- Lift gradually by straightening your legs.
- If the weight is too heavy or bulky for one (1) person to lift, seek assistance. Do not try to lift it alone.
- When working in unison, lift on the count of “**1, 2, 3, go.**”
- Be sure you have room to move freely. Do not hurry the procedure.
- To set the load down, bend the knees using your legs and back muscles. When the load is securely positioned, release it.

DEFINITIONS:

None

Subject: Sanitation and Safety Standards for Dietary Employees Policy	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) that in addition to employee personnel policies, dietary employees will be required to comply with all sanitation requirements. Food borne illness can often be traced to human error.

PROCEDURE:

Employees are required to bath daily and keep their hair clean. Hair must be restrained and long hair must be up off the shoulders. Hairnets must be worn at all times while on duty in the dietary department. Fingernails must be short and clean. Dietary personnel are not permitted to wear artificial fingernails, nail polish, or costume jewelry while on duty.

Employees must wear closed in shoes as a safety precaution to protect their feet and provide support. Shirtsleeves must be short and close fitting to protect against dragging them through food as it is being prepared or being caught in equipment while in use. For employee comfort, they may wear a clean sweater if the sleeves are close fitting, and can be pushed up to keep them dry and away from the food. Shorts are not allowed.

Dietary personnel must avoid personal habits such as nose picking, nail biting, hair twisting, clearing throat and blowing their nose while on duty. Gum chewing, dipping snuff, smoking, and tobacco chewing will not be permitted in the food preparation areas. Combing or arranging of hair or applying make-up will not be permitted in the food preparation area.

Dietary employees are permitted to eat one meal while on duty. This meal should be consumed at the supervisor’s desk, outside, or in the Dimmick Room. Food or beverage cannot be consumed while standing at the cook’s table or in close proximity to food preparation.

All vendors and/or contract workers entering the dietary area to complete a delivery or perform a service must first don a hairnet that will be available by the backdoor. The dietary manager or supervisor for the day will be responsible for monitoring all employees, vendors and contract workers for compliance of donning a hairnet before entry into the department.

Hands must be washed frequently while preparing food and working in the kitchen. Hand sanitizer is not a substitute for handwashing in the dietary department. The following represents various situations when washing is necessary:

- Before beginning work
- After every trip to the restroom
- After leaving storage rooms
- After touching your hair, skin, mouth, and nose and after touching other people

- After touching dirty dishes
- Before touching clean equipment and dishes
- After visiting patient or touching anything outside the Dietary Department
- Before touching any food, even if it is to be cooked
- After touching menus, manuals, or any surface that is not sanitized for food contact
- Before and after removing gloves
- After any contact with food that has been in patients' room, and
- Before and after eating.

Hands must be washed using the following procedure:

1. Hands must be washed in a handwashing sink.
2. Do not wash your hands in a food preparation sink.
3. Apply soap to your hands and lather your hands and upper arms.
4. Pay particular attention to the areas around your nails and between your fingers.
5. You need to lather and vigorously rub your hands for 20 seconds, or the amount of time it takes to sing "Row, Row, Row Your Boat," two times.
6. Rinse thoroughly in warm water.
7. Dry your hands with paper towels.
8. Throw the paper towel away.

DEFINITIONS:

None

Subject: Nutrition Orders Managed by the Registered Dietitian (RD)	Manual: Dietary
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD”, “District”, or “SoHum Health”) to provide guidelines for timely and effective nutrition therapy during a patient’s hospital stay. It is our policy to establish a means to delegate authority to the qualified Registered Dietitian (RD) for ordering or modifying a patient’s prescribed diet order or other medical nutrition therapy interventions in order to provide patients with optimal nutrition care in a timely fashion. The qualified RD may initiate specific nutrition interventions consistent with the dietitian’s scope of practice for the State and which do not contradict medical patient care orders. The medical staff, with approval by the hospital governing body, will grant specific nutrition care order writing privileges to the RD through approved guidelines to facilitate implementation of patients’ medical nutrition care plan.

DEFINITIONS:

Qualified Registered Dietitian (RD): an RD who has maintained current Commission on Dietetic Registration indicating ongoing education and has competency evaluations per facility policy.

PROCEDURE:

Competency/privileges regarding specific nutrition care order writing are validated during initial orientation and documented in the personnel file.

Diet orders are initiated by the physician. The physician may order the RD to manage specific dietary treatments by ordering: “Tube feeding per Dietitian,” “Diet per Dietitian” or other specific function.

The RD may initiate, with appropriate documentation in the medical record, approved interventions utilizing evidence-based patient care guidelines. RD order entry will not take the place of communication with the interdisciplinary care team. The RD will communicate face to face, via telephone or electronically, with the medical team regarding proposed order changes.

The RD may initiate nutrition related orders and/or via telephone or in person discussion from the physician or licensed independent practitioner. Orders must be signed in a timely manner according to hospital policy.

Orders include but are not limited to:

- Therapeutic Diet Orders
- A measured height and weight of patient
- Add free water when no fluid restriction is present
- Order nutrition-related laboratory values

- Initiate or modify enteral nutrition orders
- Discontinue a tube feeding when there is no enteral access available
- Initiate a calorie count
- Modify a diet texture
- Liberalize diet restrictions within the diet category (i.e. 2 gram Sodium to No added salt)
- Eliminate diet restrictions
- Add high calorie/high protein foods to meals and snacks
- Alter the meal schedule
- Add supplemental foods and snacks
- Add supplements, such as protein modular or medical nutritional supplements
- Speech Therapy consultation/treatment
- Occupational Therapy consultation/treatment
- The RD may NOT initiate orders for medications or parenteral nutrition support (IVF, PPN, TPN).

Nutrition-related laboratory values: Note that whenever possible the RD is to contact the medical provider prior to ordering laboratory values. The RD may order the following nutrition related laboratory values:

- Basic Metabolic Panel (BMP)
- Comprehensive Metabolic Panel (CMP)
- Complete Blood Count (CBC)
- Phosphorus
- Magnesium
- Triglycerides
- Prealbumin

Subject: Nutrition Risk Screening and Assessment for Acute, Swing Bed and SNF Patients	Manual: Dietary
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to ensure Acute, Swing Bed and Skilled Nursing Facility patients, coming from outside this facility, will have their nutritional status screened upon admission to determine nutritional risk and the need for nutritional care and monitoring. The assessment will be repeated as needed based on any change in condition. Patients are to receive adequate nutrition support while hospitalized to attain or maintain the patient’s highest feasible nutrition status.

DEFINITIONS:

SOAP: Subjective, objective, assessment, plan

ADIME: Assessment, diagnosis, intervention, monitoring, evaluation

Nutrition risk: A health problem, medical condition, diet deficiency, or other issue that can affect the health of a patient.

PROCEDURE:

Initial Assessment:

1. All admitted patients will be referred to a Registered Dietitian (RD) either by a licensed nurse or the dietary manager.
2. A nutrition assessment will be completed by a RD within one week from admission.
3. The Nutrition Assessment will be documented in the electronic medical record by using a note format of SOAP or ADIME, focusing on nutrition related components for documentations of the comprehensive nutrition assessment of an individual. Nutrition assessment will minimally include objective data, nutritional assessment, and nutrition interventions or recommendations. RD or nursing will communicate the dietary recommendations to physician.
4. Dietary Staff can visit patients for food preferences and honor requests that comply with the physician diet order.

Reassessment

1. Nutritional screening reassessment will occur at least every 3 months for stable patients.
2. The RD will reassess patient within 1 week of consultation or change of patient’s status. Consultation could be triggered by any of the following:
 - The priority level has changed
 - If the patient is consuming less than 50% of food offered for 5 or more days
 - If the patient is consuming less than 75% of food offered for 7 days or less than 75% of food offered for 1 or more months

- If there is significant weight loss defined as loss of 1-2% body weight in 7 days, 5% body weight in 1 month, 7.5% body weight in 3 months, or 10% body weight in 6 months
- If there is severe weight loss defined as loss of more than 2% body weight in 7 days, more than 5% body weight in 1 month, more than 7.5% body weight in 3 months, or more than 10% body weight in 6 months
- If patient has been changed to liquids or NPO from a solid diet
- If patient has a new NG tube
- If patient develops a pressure ulcer.

Physicians, licensed nurses, and dietary staff are encouraged to contact the RD with any nutritional concern about a patient.

Subject: Patient Meal Service	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD” or “District”) that all patients and residents will be served nutritionally adequate meals and optional nourishments daily as part of the nutritional care. As possible, their preference and cultural considerations will be incorporated into the menu. Meal timing follows regulation guidelines.

DEFINITIONS:

Dietary reference intakes (DRIs): a set of scientifically developed reference values for nutrients.

PROCEDURE:

The approved diet manual for the Southern Humboldt Community Healthcare District (SHCHD) is the Nutricopia Food and Nutrition Services Diet Manual. This manual is reviewed annually and revised at least every 5 years. It is to be used as a guide for physicians/mid-level providers to order diets, and the dietary department will use it as a guide to serve therapeutic diets.

Non-Specific Diet Orders:

Diet orders must be specific and complete.

The following orders are not specific, and will be interpreted as follows:

- “Liquid” will be interpreted as “Full Liquid”.
- “Low Sodium” or “Low Salt” will be interpreted as “NAS (no added salt)”.
- “Puree” will be interpreted as IDDSI Level 4 Pureed a-Dysphagia Level 1, without the thickened products/liquids.
- “As Tolerated” will be interpreted as “regular”, patient will receive communication from dietary staff/nursing staff to determine preferences.
- “Renal Diet” will be interpreted as “80 grams protein, 2 grams potassium, 2 grams sodium”. This is appropriate for mild renal failure. For severe renal disease or a long-term care resident, physician must contact nephrology for a tailored diet.

Orders for Enteral Feedings:

A commercial product for tube feeding is used for all patients/residents. All orders for enteral feeding must include the total calories, concentration, product to be used, delivery method, and a feeding schedule. The Registered Dietitian (RD) is to be immediately notified of any new tube feeding.

Meal/Nourishment Times and Ordered/Offered Nourishments between meals:

Meals will be planned with no more than 14 hours between a substantial evening meal and breakfast.

Meals will be served at:

- Breakfast 0730
- Lunch 1200
- Dinner 1730
- Nourishments: 1000, 1500, and 2000

Patients without specific nourishment orders will be offered a variety of choices for between meal snacks/nourishments upon request from patient/resident. Food choices of patient/resident will be honored unless counter ordered by physician.

Physician orders for between meal snacks/nourishments will be handled as a diet order. Licensed nursing staff, the RD and Certified Dietary Manager (CDM) can order specific snacks/nourishments for patients/residents provided it is allowable within physician diet order. This includes products such as Health Shakes (a high calorie, vitamin/mineral enriched beverage).

The order/requested nourishments/snacks will be posted in kitchen on Nourishment List Form. Food items will be maintained/stocked in resident kitchen/refrigerator available for patients/residents upon request.

Resident refrigerator will be checked daily by dietary staff to remove leftover snacks, check for compliance of labeling and dating of patient food items by nursing staff and daily temperature check. Any food items left in refrigerator not dated or labeled correctly or outdated will be discarded immediately.

Menu Development:

Our menus are provided by Nutricopia/Nutrition Ink and consist of four menu cycles with each cycle consisting of four weeks, changing with the seasons of Spring, Summer, Fall and Winter. The non-selective menus are written by Nutricopia/Nutrition Ink to meet the Daily Reference Intakes (DRIs) for an adult male and follow the Dietary Guidelines for Americans and Food Guide Pyramid. The menu for the regular diet meets the DRIs for all nutrients except iron for females age 11-50 and calcium for adults over the age of 50. Facility consultant RD will review Nutricopia/Nutrition Ink Nutritional Analysis of menus at the beginning of each seasonal menu cycle and sign menu approval form.

The current week's menu is dated and posted in the kitchen, as well as on the Skilled Nursing Facility (SNF) Bulletin Board. All menus are retained for one year after service.

Residents/patients are allowed to call dietary department's extension to request food substitutions and snacks. Patient/resident preferences will be honored unless counter ordered by the physician.

Coffee will be served to residents/patients upon request only.

Menu Changes:

Menu changes are made only due to unavoidable circumstances such as food delivery failure. The RD or CDM will approve all menu changes and document the change and initials on the current dated menu. The RD will be contacted if there are questions as to how to modify the change for the therapeutic diets. The RD will review the changes at the regular visits. The RD will review the menu substitution log at each visit and sign/approve substitutions requested by patients/residents.

The CDM is responsible for developing the holiday and special event menus. If a patient receiving medical nutrition therapy does not have a physician order allowing him/her to eat foods not included in their diet prescription, and there are questions about the appropriate modification, the RD will be contacted. The RD will review the menu of such events periodically.

The CDM is responsible for obtaining all of the food to meet the menu requirements.

Standardized recipes are used to prepare all menu items. Recipes are provided by Nutricopia/Nutrition Ink.

Recipes:

The RD will assure that standardized recipes to prepare the menus are available. The cooks will know where to locate the needed recipes and will follow the recipe exactly. Any needed changes to the written recipe will be discussed with the CDM and/or the RD prior to making the change.

Food Preparation:

Food will be prepared to conserve the nutritive value of the food.

Cooks will taste all foods before they leave the department, using the approved method for taste testing: a clean spoon will be used to dish a small amount of the food into a clean dish. The cook will step away from the cooking area and taste the food. The dish and the spoon will be taken to the dish room immediately.

Employees will follow all sanitation guidelines when preparing and handling foods. All sanitation policies and procedures will be followed during the preparation and service of food.

Preparation of hot foods will be timed so the cooking process is completed within 15 minutes of service.

All patients/residents are served on trays using the heat maintenance system. Cold beverages will be the last items placed on the tray, as the temperature is not maintained by insulated ware. Tray appearance should always be carefully arranged, neatly and artistically. Patients are more apt to consume the meal if it has an appealing appearance and aroma.

Resident/Patient food preferences will be honored as much as is reasonable within the diet order, financial restraints, time restraints, and availability. It is the general guideline of this facility that residents/patients are better nourished if allowed to have favorite foods.

Dietary employees are provided one meal for themselves while on duty.

Adaptive Equipment:

Residents and patients will be provided with adaptive equipment to help retain their ability to feed themselves, and to ensure that the resident's independence is maintained for as long as possible. Dietary will maintain a variety of adaptive silverware, plate guards, and cups. If a resident/patient is having difficulty consuming the meal with the usual tableware, nursing will evaluate the need and request the adaptive equipment. All adaptive equipment will be washed and sanitized by the dietary staff after every use.

Infant and Tube Feeding Formulas:

Infant and tube feeding formulas are the responsibility of the nursing staff. The nursing staff will provide the infant and tube feeding formulas by ordering via Materials Management.

Subject: Potentially Hazardous Foods at Bedside	Manual: Dietary
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to ~~assure~~ ensure that all potentially hazardous foods will be removed from patient rooms and discarded after being held at room temperature for two hours or less, depending on the source of the food. This will provide a prevention of food-borne illness in a highly susceptible population.

DEFINITIONS:

Potentially hazardous food: food items that require time and/or temperature control for safety to limit pathogenic microorganism growth or toxin formation.

Hazard Analysis Critical Control Point (HACCP): is a management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement, and handling, to manufacturing, distribution, and consumption of the finished product.

PROCEDURE:

Foods Prepared and Served by the Dietary Department

Potentially hazardous food prepared/served by the dietary department will meet HACCP guidelines for temperature control. Hot foods will be plated at 140°F or above, and cold foods at 41°F or below. At the bedside/dining room, hot foods will be delivered to the patient at 120°F or above, and cold foods at 50°F or less.

~~All foods that are potentially haz~~All potentially hazardous foods must be removed and discarded after 2 hours at the bedside. This includes patient/resident food meal tray items. Once a food item has been brought into a patient/resident room it must be consumed, and if not, it must be discarded.

All fresh fruits and vegetables that are cut must be discarded after two hours.

All open juices must be discarded after two hours at the bedside.

Common non-potentially hazardous foods that may remain at the bedside for 24 hours include wrapped bread, crackers, and cookies.

Foods Brought to Patients from Family and Outside Sources

All potentially hazardous foods prepared by the family must be discarded after two hours at the bedside. All food provided by the patient and stored in the patients refrigerator must be covered tightly, labeled with the patient’s name, the date the food was received, and what the food is if not labeled by the manufacturer. Dietary Staff will discard potentially hazardous foods from the resident refrigerator after 24 hours of storage.

Foods reheated in a microwave must be covered, stirred halfway through reheating, and stand for two minutes before serving to obtain equilibrium. ~~The t~~Temperature must be a minimum ~~of~~ 165°F. ~~T~~Temperature must be checked ~~in~~ at the thickest part, in ~~a minimum of~~ at least two places. The temperature must be logged on the provided chart. A thermometer will be stored in the nourishment kitchen ~~to be used~~ for this purpose. During temperature monitoring, thermometers should be sanitized between each ~~food~~ use using an alcohol swab. Between monitoring times, thermometers should be washed, rinsed, sanitized, and allowed to air dry.

All whole fresh fruits and vegetables that have been provided by ~~the~~ a patient's family must be washed under cold running water before serving to the patient.

Subject: Processing Diet Orders in Dietary	Manual: Dietary
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to assure that all patients receive the diet as ordered by the practitioner. The provision of nutritious meals and/or Medical Nutrition Therapy is recognized as an integral part of ~~the~~-medical treatment.

DEFINITIONS:

Medical Nutrition Therapy (MNT): an evidence-based medical approach to treating certain chronic conditions through the use of an individually tailored nutrition plan. This nutrition plan is ordered and approved by a primary care physician and implemented by a Registered Dietitian.

ED: emergency department.

PROCEDURE:

Nursing will deliver the diet order to Dietary as part of the admission via electronic record and a written dietary communication form signed by a licensed nurse.

The Dietary manager or cook on duty will prepare a tray card for each patient, including the patient’s name, room number, diet order, allergies, and any adaptive equipment needed. The completed tray identification card will be placed on the tray.

Dietary staff are responsible for picking up diet order print outs at nurses station at 6am, 11am, and 4pm daily. Current diet orders are kept in dietary and used by dietary staff to determine most current diet orders on each patient.

If the diet order is not clearly understood by the department manager or cook on duty, he/she will ask the nurse for clarification and/or contact the consultant Registered Dietitian.

Orders to Hold Tray:

If the patient/resident is scheduled for fasting laboratory tests at 0800 or later, the tray should not be prepared until dietary receives notice from nursing that the patient is ready to eat. The breakfast should be prepared according to ~~the menu for that day~~that day’s menu until 1000. After 1000, a light breakfast of cold cereal, milk, juice, and fruit may be offered. The Dietary manager is responsible for assuring that all substituted foods are appropriate.

ED Observation and ED Patients:

Patients may be held under ED observation. Patients will be provided food as part of the emergency room treatment. Diet order will be communicated electronically and through a written dietary communication form, which will be completed by a licensed nurse and given to the Dietary department.

Subject: Records, Maintenance, and Retention Time	Manual: Dietary
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POLICY:

Basic records are maintained and used to prepare monthly/quarterly, and annual reports ~~to be used~~ to meet all state and Federal regulatory requirements and to support efficient management and evaluation of the department. To define the needed records and retention periods.

DEFINITIONS:

CNO: Chief Nursing Officer.

DON of SNF: Director of Nursing of Skilled Nursing Facility at Southern Humboldt Community Healthcare District.

COO: Chief Operations Officer.

I.P.: Infection Preventionist.

PROCEDURE:

To define the needed records and retention time periods.

Report	Responsible Person	Due Date	Send To	Retention Period
Daily Patient Census Report	Dietary Department Manager	Recorded daily	Accounting at fiscal year end	TBD by Accounting Department
Purchasing Records	Dietary Department Manager		Accounts payable	1 year
Menus as served	Dietary Department Manager		Stored in Dietary	1 year
Quality Reports and Spreadsheets	Dietary Department Manager	Monthly and quarterly	Compliance Officer	TBD by Compliance Department
Food Temperature Records	Dietary Department Manager	Daily	On File in Dietary	1 year
Temperature Records for Freezers and Refrigerators	Dietary Department Manager	Daily	On File in Dietary	1 year
Dishwasher Temperature Records	Dietary Department Manager	2X/day	Stored in Dietary	1 year
Registered Dietitian (RD) Reports	Consultant Dietitian (emailed)	Monthly	CNO, DON of SNF, COO, I.P.	6 years

Dishwasher Maintenance Reports	Dietary Department Manager	Monthly	On file in Dietary	1 year
In-Service Records for employees	Dietary Department Manager		On file in Dietary	Until employee separates from employment
Employee Schedules	Dietary Department Manager		Current schedule posted in dietary department	
Patient/Resident diet orders Stored electronically	Ordering physician	On admission		
Equipment maintenance Records	Maintenance		Stored in Maintenance	TBD by engineering department

Other items stored in Dietary shall include:

- Equipment Manufactures Operating Instructions on equipment
- Recipes/Menus

Subject:
Activity Program

Manual:
Skilled Nursing Facility

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD,” “District,” “SoHum Health”) to provide all residents with an on-going activity program in accordance with the comprehensive assessment, interests, and physical, mental, and psychosocial well-being.

PURPOSE:

The purpose of this policy and procedure is to delineate our activities program.

PROCEDURE:

The nurse and/or the activities staff member will complete an activities assessment upon admission. After an interview with the resident and the nursing assessment, the nursing and activities staff will make the resident’s individualized care plan.

The care plan will be updated quarterly as needed and reviewed every month.

The activities staff will take all residents’ interests into consideration and make a monthly calendar of activities as well as arrange special one-on-one time and outings.

The activities staff will be responsible for the following:

- Conducting group and individual activities
- Documenting both group and individual activities in the medical record at least quarterly
- Developing the monthly activity calendar
- Arranging for special group and individual activities
- Setting up activities for CNA staff to conduct when activity staff is not present.

DEFINITIONS:

None

Subject: Resident Elopement	Manual: Skilled Nursing Facility
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide guidance for potential resident elopement. All residents will be screened for elopement risk upon admission and will be updated when there are changes in resident mental or cognitive status. For residents at risk for elopement, the facility will develop and implement individualized elopement prevention plans and will include strategies to redirect elopement behavior and ensure the safety of the resident.

DEFINITIONS:

Elopement: Elopement occurs when a resident leaves the facility or a safe area without authorization or supervision.

PROCEDURE:

When it is first noticed that a resident has left without notifying any staff, a search of the resident care unit shall be immediately conducted by the facility staff. The Charge Nurse/Designee shall notify Security.

1. If the resident is not found in his/her unit, a facility-wide search shall be conducted, including the facility grounds and surrounding side streets (as appropriate).
2. The Charge Nurse/designee shall notify the Administrator, the Director of Nursing, and the Chief Nursing Officer.
3. The Charge Nurse or designee shall contact the resident’s power of attorney or emergency contact to determine if the resident was removed from the facility without notifying staff.
4. If the resident is not found within the facility or with family or friends, immediately but not later than two hours of the elopement, law enforcement shall be contacted and notified that a potentially at-risk adult is missing.
5. An incident report documenting the facts of the elopement and subsequent staff actions shall be completed by nursing and security staff.
6. Notification to CDPH and the LTC Ombudsman office must be done within 2 hours if the event involves abuse or results in serious bodily injury. If there is no allegation of abuse or no serious bodily injury, notification must be done within 24 hours of the elopement occurring and a complete investigation shall be submitted within 5 days to CDPH.

If a resident chooses not to return to the facility, the resident’s physician shall be notified. The physician shall evaluate the resident and determine if the resident is competent to make his/her own decisions. If the resident is deemed competent, the resident may be discharged against medical advice.

Subject: Acuity Worksheet Guidelines Policy	Manual: Nursing
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PURPOSE:

The purpose of this policy and procedure is to delineate the method for staffing using both acuity and staffing ratios.

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide care to inpatient acute and swing bed patients according to the staffing guidelines established by California state law.

PROCEDURE:

The Acuity Worksheet is used by both day and night shift for each 24-hour period, beginning at midnight. The night shift determines acuity levels for day shift and vice versa at approximate times, i.e., 0400 and 1600.

The charge nurse on each shift will determine staff required for the next shift by completing the Acuity Worksheet as follows:

1. Document acuity level for each patient on Acuity Worksheet, using Acuity System criteria.
2. Document number of hours required for each acuity level according to Acuity System productivity standards for each shift:
 - Day Shift (0700-1900) distribution is 66% (3.2 hours)
 - Night shift (1900-0700) distribution is 33% (1.6 hours)
3. Document three (3) hours for each admission.
4. Calculate total number of hours by adding hours for each level plus hours for admissions.
5. Calculate staff required based on productivity standards by dividing total hours by twelve (12).
6. Document staff used from staff assignment sheet: Do not include ER nurse or the on-call nurse.
7. On reverse side of Acuity Worksheet, document staff assignments for each area, i.e., charge nurse, DP/SNF, ER, on-call, and CNA assignments.

DEFINITIONS:

None

Acuity Levels

Level One

Pulse Ox/Telemetry
PICC/Central line
Up with 1x Assist/Standby
Saline Lock
Routine Assessment
Finger Stick

Level Two (at least 4)

>4O2 Nasal Cannula
BIPAP/CPAP PRN/nightly
Feeding Tube
Isolation
Bed Alarm/Safety Issues
Ostomy
Hourly output
Drains
Up with 2x assist
IV Fluids
IVPB Q shift
Wound >1

Level Three (at least 4)

>7 High Flow O2
Trach Care>3QShift
Frequent Suctioning
Vitals Q2H
CIWA
Wounds >2
Cardiac Monitor

Level Four (at least 3)

Restraints
Total Feed
Confused/Combative
Wound Vac(Day of Dressing Change)
Q15 Min Rounding
Suicide precautions
DTs of frequent seizures



ACUTE/SWING NURSING DEPARTMENT ACUITY SYSTEM

The Nursing Department uses the State of California Nurse:Patient ratios of 1:5.

- Night Shift: 1900-0700 Productivity Standards: 2.4 hours per patient per night shift
- Day Shift: 0700-1900 Productivity Standard: 2.4 hours per patient day shift

Due to the department's average daily census, utilizing these ratios provides an adequate number of staff per patient.

In the event that patient acuity is high, the tables below can be used to determine staffing levels based on acuity rather than census. In most cases, swing bed patients are Level I.

Night Shift:

Census	Level I	Level II	Level III	Level IV
1	1.3	1.6	1.9	2.2
2	2.6	3.2	3.8	4.4
3	3.9	4.8	5.7	6.6
4	5.2	6.4	7.6	8.8
5	6.5	8	9.5	11
6	7.8	9.6	11.4	13.2
7	9.1	11.2	13.3	15.4
8	10.4	12.8	15.2	17.6

Day Shift:

Census	Level I	Level II	Level III	Level IV
1	2.4	3	3.6	4.2
2	4.8	6	7.2	8.4
3	7.2	9	10.8	12.6
4	9.6	12	14.4	16.8
5	12	15	18	21
6	14.4	18	21.6	25.2
7	16.8	21	25.2	29.4
8	19.2	24	28.8	33.6

Subject: Lippincott and Up-to-Date References	Manual: Nursing
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POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to use the Lippincott Manual of Nursing Practice or Up to Date as a general guide to basic procedures (guidelines), medication reference, and nursing process (nursing process overview) as indicated.

KEY POINTS:

1. Any reference to diagnostic testing, including laboratory and other invasive and non-invasive diagnostic and imaging procedures, as well as medications, will only be initiated based on an order from a physician, physician’s assistant, or nurse practitioner for a specific patient.
2. Relevant clinical content and guidelines are offered in a logical and readily accessible format online or in the reference manual.
3. Use of the nursing process provides a nursing frame of reference and continuity.
4. Included is the essential knowledge and understanding for monitoring the changing status of patients so that complications can be prevented, or their effects minimized
5. EBSCO is also available for further verification.

PROCEDURE:

NONE

DEFINITIONS:

None

Subject: (MRI Scope of Practice	Manual: Radiology
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PURPOSE:

The purpose of this policy is to outline the hours of operation and patient type and age allowable for Magnetic Resonance Imaging.

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to delineate the hours and days of operation, patient type, and age range of patients for MRI services(your policy here).

DEFINITIONS:

MRI: Magnetic Resonance ~~Resonnace~~ Imaging

PROCEDURE:

MRI will be open most Saturdays (will follow mobile schedule) from 8:15a.m.until 5:30p.m. (last check in by 5:00pm). MRI exams may be offered on Sundays (same hours) if needed to accomodate patient volume.

MRI exams will be performed on pre-screened, scheduled **outpatients only**. No add-on or walk-in exams will be performed.

Patients of all ages are accepted (0 years-110 years). **All** patients are required to complete and sign an MRI pre-screening questionnaire (minor’s form to be filled out by legal guardian/parent).

No exams requiring sedation will be performed at this site.

In the event of any medical emergency, the patient will be immediately transported to the Emergency Department.(Your Procedure(s) Here) If your procedure includes steps, please use the following format:

1. ~~First step~~
 - a. ~~Substep one~~
 - b. ~~Substep two~~
 - i. ~~Second substep one~~
 - ii. ~~Second substep two~~

2.1. _____

Subject: Quality Assurance (X-ray)	Manual: Radiology
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to establish and maintain quality standards for radiographic imaging.

PROCEDURE:

- A technique chart will be established for the main x-ray room and the portable machine. This chart will delineate factors for the most commonly performed views. These factors include:
 - Patient size
 - Source-to-Image Distance (SID)
 - Grid data

- All imaging equipment shall be maintained in accordance with manufactures’ recommendations.

DEFINITIONS:

None

Subject: Radiation Safety and Protection for Patients	Manual: Radiology
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PURPOSE:

The primary purpose of a patient radiation protection policy is to minimize the risk of stochastic (cancer) and deterministic (tissue damage) effects from ionizing radiation while ensuring diagnostic imaging or therapeutic procedures remain effective. It ensures radiation doses are justified, optimized, and kept As Low As Reasonably Achievable (ALARA).

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide limited radiation exposure to patients consistent with high quality radiographic imaging.

PROCEDURE:

1. Gonadal Shielding.
 - ~~a. As of April 2019, the American College of Radiology (our accrediting body) no longer recommends patient/fetal shielding. This decision was based on a position statement from the American Association of Physicists in Medicine. Adequate gonadal shields shall be used on all patients within reproductive age unless such devices interfere with the objectives of the examination.~~
~~Gonadal shielding shall be provided for children unless such shielding interferes with the area of interest.~~
~~a. Any patient requesting gonadal shielding shall be provided with shielding provided it does not interfere with the objectives of the examination.~~
2. Collimation and Technical Factors
 - a. The beam shall be collimated to the size of the anatomic area of interest
 - b. Photo timing, or automatic exposure, shall be used whenever possible.
 - c. Technique charts shall be maintained and used.
 - d. Maximum source to image distance shall be used when applicable.
 - e. Higher kilovolt peak (kVp) and lower milliamp seconds (mAs) techniques shall be used within acceptable limits.
 - f. Retakes shall be minimized through proper positioning, adequate patient instructions and use of appropriate factors.

DEFINITIONS:

NONE.

Subject: Pyxis Discrepancies	Manual: Hospital Pharmacy
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POLICY:

N/A

DEFINITIONS:

- **Discrepancy:** A discrepancy is created when the actual count is different from the Pyxis listed amount. An icon then appears at the top of the MedStation screen before user log-on. The Pyxis system is set to create a discrepancy for all Controlled Substance medications. Pyxis will automatically resolve all other discrepancies.

PROCEDURE:

- **Discrepancy resolution:**
 - All discrepancies must be resolved with a witness.
 - It is the responsibility of the nurse discovering the discrepancy and the nurse with "prior access" to resolve the discrepancy, if possible. The discrepancy must be resolved by the end of their shift.
 - A discrepancy is resolved by stating the reason for the discrepancy, either by selecting one of the pre-built explanations on the screen or by selecting the other button and entering a free text explanation.
 - Resolving a discrepancy requires two staff with Pyxis privileges, usually the person who discovered the discrepancy and the person with "prior access". At the MedStation: one user will log on to resolve the discrepancy and the second user will log on as the witness.
 - If a controlled substance discrepancy cannot be resolved even after diligent investigation, our loss procedures will be initiated according to our Loss and Diversion Policy & Procedure.
 - Any unresolved discrepancy created by a nurse should be reported immediately to the Chief Nursing Officer and the Pharmacy Director.
 - Reports are generated automatically from the Pyxis ES Server to verify resolved discrepancies.
 - Pharmacy will follow up on unresolved discrepancies.

Subject: Pyxis	Manual: Hospital Pharmacy
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POLICY:

This policy of SHCHD is to strictly manage access and privileges to the automated medication management system (Pyxis), ensure adequate security for medications that includes controlled substances, provide proper documentation of medication use, and maintain confidentiality of patient data.

PROCEDURE:

- See Pyxis Discrepancies Procedure
- See Pyxis Downtime Procedure
- See Pyxis Education Procedure
- See Pyxis Medication Maintenance and Access Procedure
- See Pyxis Reports and Data Procedure
- See Pyxis Technology Access Procedure
- See Pyxis User Maintenance Procedure

DEFINITIONS:

None

Subject: Behavior Related EHR Alerts	Manual: Health Information
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PURPOSE:

The purpose of this policy is to have a clear and effective method for communicating patient-related behavior risks, or pertinent behavior history, to our staff.

POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to place an alert in our Electronic Health Record (“EHR”) system that notifies staff of potential risks or concerns related to patient behavior or history. Alerts will be added to the patient’s chart in a designated area as governed by the EHR system’s capability and in line with EHR vendor practices. This notice will not impact the quality of care a patient receives at SoHum Health and is intended to provide staff with the means of making informed decisions in line with existing safety and security policies.

DEFINITIONS:

Epic: SoHum Health’s current EHR system.

Storyboard: The designated area of the EHR where behavior related alerts will be viewable.

Patient FYIs: The name of the tool where alerts are entered.

FYI Flag: The icon that appears on the Storyboard when there is an alert entered.

PROCEDURE:

1. Behavior Related EHR Alerts will be entered to a patient’s chart after review and determination by at least two of the following:
 - a. Chief Quality and Compliance Officer (“CQCO”) or Compliance or Quality Lead
 - b. HR Director
 - c. Chief Nursing Officer (“CNO”) or Director of Nursing (“DON”)
 - d. Clinic Manager or Emergency Department / Acute Manager
 - e. Another designee assigned by the CQCO, CNO, or HR Director
2. Determination of approval to add a Behavior Related Alert to the EHR will be communicated to the Health Information department via email to him@shchd.org.
3. Health Information staff will add the Patient FYI alert to the patient chart using the following perimeters:
 - a. Epic FYI = ***Patient Safety Alert***
 - b. Flag expiration date = none
 - c. Body of alert = “Patient behavior or history indicates a possible staff safety concern, please take appropriate measures in line with existing District safety and security policies.”
4. Staff will review Patient FYIs on the Storyboard when the FYI Flag is present.
5. Removal of Behavior Related EHR Alerts will be handled at the discretion of the CNO or CQCO.

Subject: Chart Organization, Maintenance, and Scanning	Manual: Health Information Management
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POLICY:

It is the policy of Southern Humboldt Community Healthcare District (“SHCHD”, “District”, “SoHum Health”) to provide a complete medical record on all patients who receive services from SoHum Health. All encounters will be recorded in the electronic health record (EHR).

PROCEDURE:

- During every patient encounter SoHum Health staff will maintain a record in the EHR in accordance with all applicable laws and regulations. The record should be legible and made timely.
- Any paper portions of the patient’s record, such as consent forms or other forms not captured electronically, shall be integrated into the permanent EHR by Health Information Management (HIM) staff or other department’s staff as needed.
- All departments that generate paper patient records will submit them to HIM for processing in a timely manner or follow established guidelines for scanning independently. Paper records will be scanned into the patient’s EHR on an as needed basis.
- Any documents received from outside sources (e.g. other hospitals or clinics) related to a patient’s care will be scanned into the EHR and forwarded to applicable medical staff as needed.
- For each inpatient medical record SoHum Health will ensure the content of the patient health record is maintained in accordance with California Administrative Code, Title XXII22 § 70749.

DEFINITIONS:

None



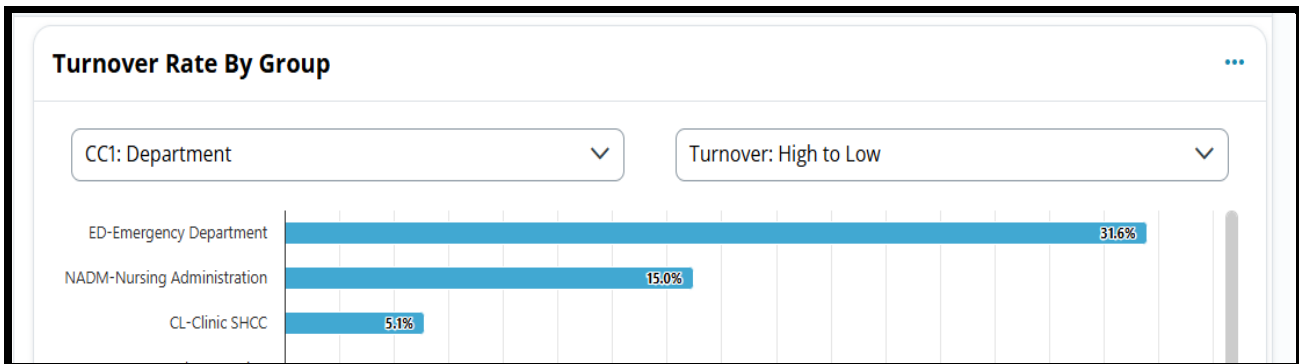
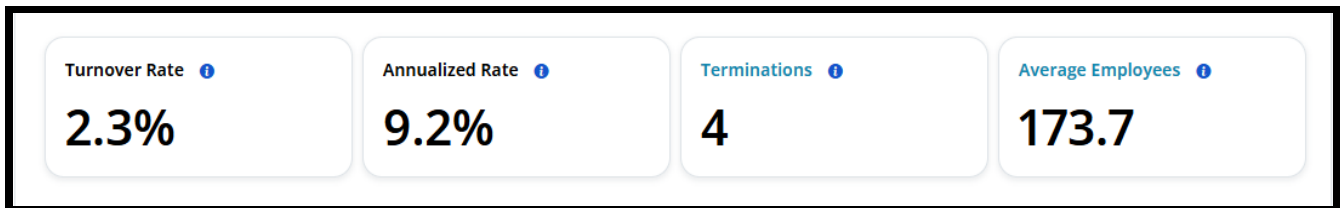
SoHum Health

HUMAN RESOURCES QUARTERLY REPORT Q1 Statistics

	January	February	March	Q1 Totals
New Hires	1	0	4	5
Separations from Employment	1	1	2	4
Injuries/Illness	2	0	0	2

Quarter 1 Separation Reasons
Moved – 0; Retired – 0; Other -- 4

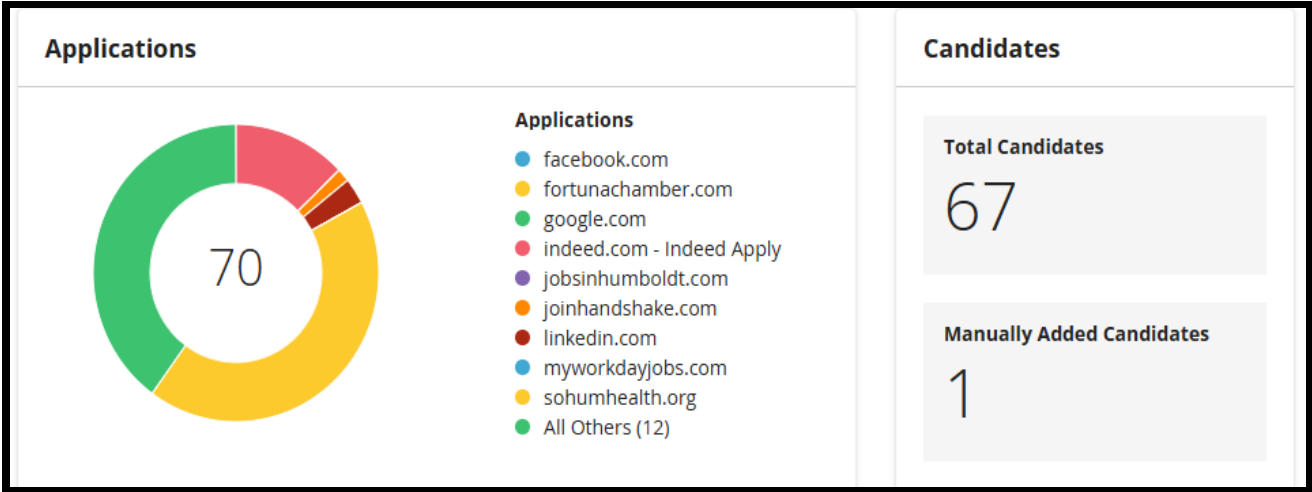
Turnover Rates



Separations	District Turnover Rate Q1	12-month look back, May 2026 -May 2025	2025 90 th percentile National Turnover rate (2026 NSI National HealthCare Retention & Staffing Report).	Paylocity Sector Benchmark for Health Care and Social Assistance
4	2.3%	15.1%	13.8%	16.50%

Recruiting

We had up to 13 published jobs during Quarter One. We received applications from the following sources:



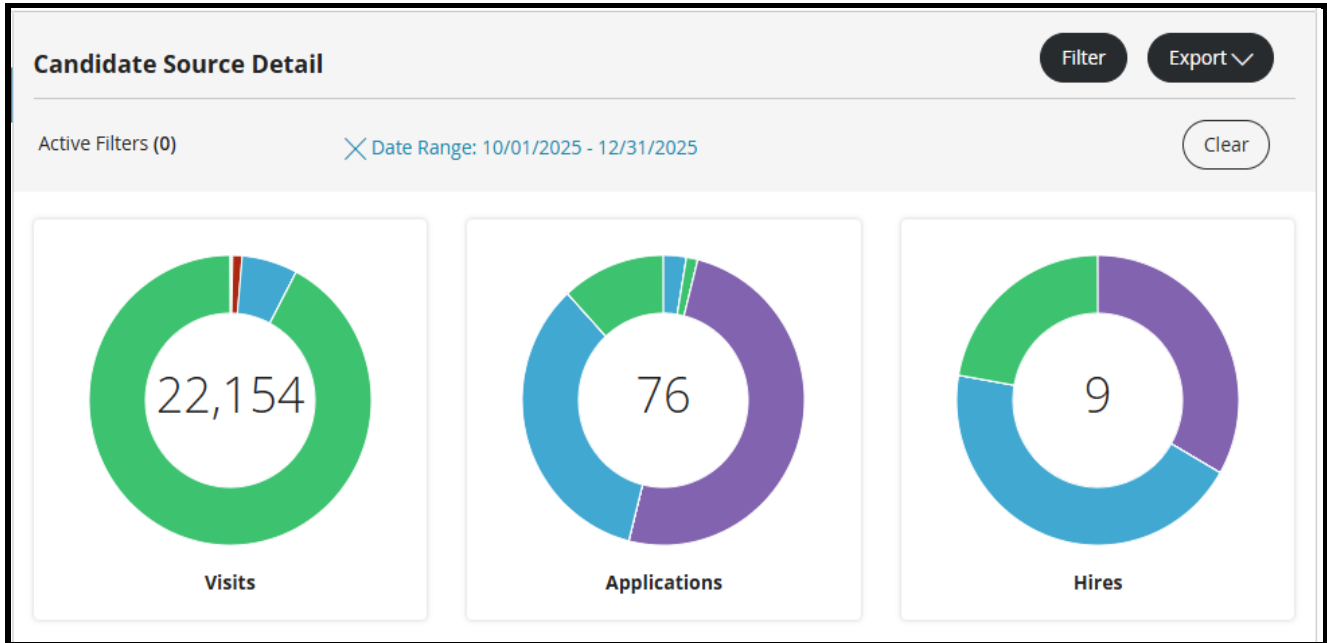
Candidate Source Detail

To broaden our reach, we are exploring the number of visits each source is receiving and which sources our applicants are coming from. We will focus on changing how we post positions to increase visits.



SoHum Health

We continue to struggle to fill key roles, but we are happy to note that we have filled our Optometrist position.



Source*	Visits	Applications	Hired
facebook.com	5	0	0
fortunachamber.com	11	0	0
google.com	27	0	0
indeed.com - Indeed Apply	9	9	1
jobsinhumboldt.com	5	0	0
joinhandshake.com	5	1	0
linkedin.com	5	2	0
myworkdayjobs.com	267	0	0
sohumhealth.org	1,451	30	3
All Others (12)	15,111	28	2

May 13, 2026

EMPLOYEE WELLNESS

Employee wellness is a key component of our culture in the District. We take care of the people who are taking care of people.

Investing in the wellness of our greatest asset, our people, delivers a strong return on investment (ROI). It supports staff retention and helps recruit new staff. It can also lower medical claims, leaves of absence, and missed work due to preventable health issues. Now that we are self-insured for our Medical Plan, the potential ROI is even greater. The shift to self-insurance aligns the District's financial health with the health of our staff, turning an investment in wellness into a direct reduction in claims and expenses and an increased ROI. According to Gallup (<https://www.gallup.com/workplace/215924/well-being.aspx>), 75% of medical costs are due to preventable conditions, and 15-20% of involuntary payroll turnover is due to burnout.

It is in the District's best interests to support our employees' health. We have a great EAP that provides services to address employee health needs, including health coaching, mental health support, and financial counseling. We have been adding initiatives to our Wellness Program to enhance the services our employees have access to, offer rewards that motivate engagement and address burnout simultaneously, and provide both in-house and online support for their health journey.



SoHum Health

NEW WELLNESS COMMITTEE

HR, Employee Health, and the Medical Director will meet quarterly to review upcoming Wellness initiatives for the next quarter and trends in Employee Wellness Issues that the District may be able to address. Employee Health will serve as an ambassador to staff, ensuring they are aware of their EAP/ District/ Medical coverage resources and referring them to HR for support as needed.

HR WELLNESS INITIATIVES

HR will promote Wellness Initiatives throughout the year.

Our **Rethink Your Drink** challenge was a huge success! 34 people reached the daily goal of 64 ounces.

2026 WELLNESS REWARDS PROGRAM

All permanent full or part-time employees are eligible to earn up to 12 hours in PTO

for participating in wellness activities.

Reward points:

- 100 Points = 4 Hours PTO
- 200 Points = 4 Additional Hours of PTO
- 300 Points = 4 Additional Hours of PTO
-

PTO will be distributed quarterly in May, August, and December 2026.

PTO can be carried over from year to year, but it does not qualify for the cash-out distribution option.

MY WELL PORTAL APP

We can now sync both Apple and Samsung devices with the MyWellPortal App, allowing direct access from your mobile device. The App can track your steps and/or minutes of activity.



SoHum Health

EAP by Allied

Our new EAP offers free services to **ALL** permanent and temporary employees regardless of insurance coverage. Supporting emotional well-being and work-life balance.

- They offer in-the-moment support with a licensed clinician by phone 24/7/365.
- Access to short-term, no-cost in-person or virtual counseling sessions to resolve stress, anxiety, depression, burnout, substance use, or other mental health concerns.
- Consultations for financial and legal issues.
- And more...

Other Projects

- **Toni and I attended the Annual Members Meeting for CHIC (Community Hospital Insurance Coalition). CHIC is our Self-Insured CO-OP. At the annual meeting, they reviewed the 2025 finances and 2026 predictions. As well as cost-containment strategies, members may want to consider.**
- **We are updating the Illness and Injury Prevention Plan**
- **We are updating the Workplace Violence Prevention Plan**
- **We continue putting together training plans for all departments to comply with law SB513.**

Governing Board Report

Submitted by Chelsea Brown

Foundation Director & Outreach Manager

May 2026



SoHum Health
FOUNDATION

2026 Income & Expense Statement

1st Quarter (Jan-Feb-Mar)	Beginning Balance	Income	Expense	Quarterly Ending Balance
HAF Mid-Term	\$ 43,377.41	\$ 1,615.46	\$ (2,027.56)	\$ 42,965.31
Morgan Stanley CDs	\$ 492,348.26	\$ 1,605,217.76	\$ -	\$ 2,097,566.02
CFCU Savings	\$ 81.69	\$ 0.03	\$ -	\$ 81.72
CFCU Checking	\$ 8,278.09	\$ 1,618,418.61	\$ (1,618,369.69)	\$ 8,327.01
CFCU Money Market	\$ 239,663.72	\$ 1,452,341.42	\$ (1,596,907.00)	\$ 95,098.14
CFCU CD (<i>matures 7/28/26</i>)	\$ 266,183.91	\$ 2,529.55	\$ -	\$ 268,713.46
Coast Central Savings	\$ 43.70	\$ 0.12	\$ -	\$ 43.82
Totals	\$ 1,049,976.78	\$ 4,680,122.95	\$ (3,217,304.25)	\$ 2,512,795.48

Foundation Report:

- SoHum Health Foundation will be participating in Access Humboldt’s Bold Day of Giving on May 29th – a county-wide non-profit giving day which includes TV and radio promotions, and outside corporate matching gifts. We will be asking our supporters to share the link to donate on social media and email.
- The Foundation sent out a fundraising letter this month with updated information about Naming Opportunities at the new hospital. Naming opportunity info is available at: <https://sohumhealthfoundation.org/naming-opportunities>
- Legislative Earmarks, also known as Congressionally Directed Spending (CDS) requests for funding to support the construction of the new hospital were submitted to all of our state and federal representatives. We received notice that our project was selected to move forward to the appropriations committee by both Congressman Jared Huffman and Senator Alex Padilla. Both requests were for \$1.5M each. It is unknown what cuts may occur through the appropriations process, but we are very encouraged that our project was deemed critical enough to remain in the running. We should find out sometime in the Fall whether any earmarks will be granted.
- Grants: We continue to analyze funding opportunities and submit inquiries at the local, state, and federal levels. We are closely watching the rollout of the Rural Health Transformation Program, which is how the \$50B “rural hospital relief fund” that was part of last year’s HR1 Bill is being distributed by the States. We are also preparing applications for two Federal grants, through USDA.

Southern Humboldt Community Healthcare Foundation

2026 Anticipated Capital Development Operating Budget

2025 RESERVES

Name	Description	Amount
HAF	Mid-term pool	\$ 43,377.41
Community First	Money Market	\$ 239,663.72
Community First	Checking	\$ 8,278.09
Community First	CD	\$ 266,183.91
Community First	Savings	\$ 81.72
Coast Central	Savings	\$ 43.70
Morgan Stanley	6 Mo. 4.7% maturity date 1/26/25	\$ 492,348.26
Loan	Repayment - Capital Develop. Loan	\$ 1,300,000.00
RESERVES		\$ 2,349,976.81

2026 ANTICIPATED INCOME

Type	Description	Amount
Investment	HAF Returns	\$6,000.00
Investment	Money Market Dividends	\$3,000.00
Investment	CD Dividends	\$40,000.00
Investment	Loan interest - Capital Development Loan	\$22,000.00
Fundraising	Employee Donations	\$23,000.00
Fundraising	General Donations	\$60,000.00
Fundraising	Pledge Payments	\$50,000.00
Fundraising	Events	\$150,000.00
Grants	HAF/Orvamae Emmerson grant	\$50,000.00
Grants	Grantwriting	\$250,000.00
		\$654,000.00

2026 ANTICIPATED EXPENSES

Type	Description	Amount
Fees	Account Management Fees	\$1,150.00
Fees	Donor Software & Website Domain	\$1,150.00
Fees	Tax Filing and Accounting Fees	\$1,220.00
Fees	Credit card processing fees	\$2,500.00
Development	Memberships & Staff Development	\$150.00
Development	Annual Board Retreat	\$850.00
Development	Donor & Board outings/stewardship	\$100.00
Fundraising	Event expenses	\$9,500.00
Fundraising	Office Supplies & Postage	\$750.00
Fundraising	Mailers and marketing materials	\$3,200.00
Grants	Grants - General Staff requests	\$1,000.00
Grants	Grace Us Foundation	\$100,000.00
Grants	Hospital/Clinic Build - Benchmark 1	\$1,000,000.00
Grants	Hospital/Clinic Build - Benchmark 2	\$300,000.00
		\$1,421,570.00

**2026 Anticipated Reserve
Balance**

\$1,582,406.81

Outreach Report:

- The outreach team tabled at community events including College of Redwoods Careers Fair, Fortuna HS Health Fair, and Leggett Valley School's Health Fair/Touch a Truck event. We also participated in our FRC's Touch a Truck event at Redway School on April 25th.
- SoHum Health is designating an employee to serve as a liaison for South Fork High School's new Health Occupations elective course. This is a grant funded class being organized through the high school's Career Technical Education (CTE) program to allow students to learn about different careers in the healthcare field.
- Outreach has been focusing on promoting Optometry services as the mobile optometry gets off the ground and Fortuna Optometry seeks new patients. SoHum Health is in the process of scheduling two school-based vision screening events at Eureka City Schools and Southern Humboldt School District. Both of these events will occur next school year.
- Making marketing preparations for MRI services coming this summer.

Operations Report as of 05/21/2026

Project status

New hospital process: CEQA hearing was put to bed and filed with the required agencies. LACO and Ratcliff attended for presentation and discussion of the Final Initial Study and appendices. An additional survey of the property was conducted for scoping and mapping of the required off-site GSD work. The plans submitted to HCAI and Humboldt County have received an additional round of comments from both agencies, and responses are being reviewed. Currently, the project timeline remains on track as follows, with some minor changes from my last report:

UPDATE TO PROJECT SCHEDULE:

AGENCY REVIEW/BIDDING – 11 months Agency review + 3 months Bidding, with a 4-5 month gap in between

- **August 27, 2025 – July 31, 2026 – HCAI Review (11 months – approximate)**
- **~~May 1, 2026 – July 31, 2026 – Bidding (overlaps the last 3 months of HCAI review)~~ Due to the need to secure funding, Bidding Moved to Late December 2026 – February 2027 = 7 months later; no longer overlaps with HCAI review.**
- **We assume Agency Review/Bidding for the Clinic Building and for the small Playhouse package would occur within this time, too**

CONSTRUCTION ADMINISTRATION – 20 months, estimated (determined by GC) No change to duration (20 months)

- **~~August 1, 2026 – March 31, 2028~~ March 1, 2027 – October 31, 2028 – CA for both the Hospital and Clinic Building – assuming 1 GC for both**

CLOSEOUT – 2 months – ~~April 1, 2028 – May 31, 2028~~ November 1, 2028 – December 31, 2028

OWNER MOVE-IN – 5-7 months.

- **START: ~~June 1, 2028 – January 1, 2029~~ January 1, 2029 – July 31, 2029**
- **FINISH (EARLY) - 5 months: ~~October 31, 2028~~ May 31, 2028**
- **FINISH (LATE) - 7 months: ~~January 1, 2029~~ July 31, 2029**

Legal counsel advises that an exception allowing the negotiated bid process would require an initial failure of the full bidding process.

I am currently attempting to speak with CalTrans regarding pole placement at the incoming service location. There would be a new pole near our offices at 291 Sprowel, and extensive trimming would be needed on a tree that stands on CalTrans property.

Maple Lane: Work is progressing well on the Maple Lane/Connie's Corner Optometry facility. Interior work on plumbing, electrical, and data systems is nearly complete, making insulation and wall finishes possible, likely within a few weeks. The exterior siding is complete, save for a small portion pending switchgear placement. Undergrounding of PG&E service to the Maple Lane and Redwood Drive properties is well on its way to completion. We are working with Comcast to establish their needs for bringing fiber to the structures. Maple sewer connection is ready for GSD connection; under-slab piping for Redwood is slated for this week and next.

Redwood Drive: Concrete and soil excavation work is ongoing. The exterior façade has framing underway. Foundation forms for the replacement portion (NE) of the building is nearly complete.

NOTE: On both projects, all inspections have been positive, with no issues or citations.

MRI

Met with company reps to discuss the proposed location and access for unit delivery. The planned placement of the mobile unit – blocking the entry to the CT parking lot on Cedar Street while on-site - was approved by Humboldt County Public Works.

ER HVAC

A new HVAC unit for the Emergency Department has been installed and is functional.

As always, please feel free to stop by if you have questions or comments.

-Kent

Southern Humboldt Community Healthcare District
April 2026

EPIC AR Overview

Total A/R	Mar-26	Apr-26
Commercial	904,874.77	920,974.42
Medicaid	2,452,340.21	2,451,979.94
Medicare	2,972,386.87	2,995,712.68
Self-Pay	892,873.49	879,466.59
Government	282,608.91	293,506.12
Unbilled/	(176,219.18)	(142,797.13)
Grand Total	7,328,865.07	7,398,842.62

Total Days in A/R	Mar-26	Apr-26
Unbilled A/R Days	12.6	12.6
Insurance A/R	43.2	38.5
Self-Pay A/R Days	7.6	7
Grand Total	63.4	58.1

Days in A/R decreased by 5.3 days
GOAL: 55 Days

APRIL HIGHLIGHTS

- TruBridge Overtime Focus to reduce A/R was successful: Insurance A/R decreased by 4.7 days.
- Medicare PECOS reassignment was resolved in April and will reflect in May 2026 A/R days.

Roadblocks

- **Aetna Medicare Advantage:** Claims were appealed and sent back to Aetna for processing. Allow 60 days for ap-peal process to be completed.
- **Partnership reprocessing SNF payments:** Claims were paid at an incorrect rate for 2023 - 2025, so Partnership had to reprocess claims. The resolution to this Partnership action has artificially increased A/R balances because old claims have to be re-opened in EPIC. A/R will decrease again as the appropriate adjustments are posted to EPIC. Expected completion date is June 2026.

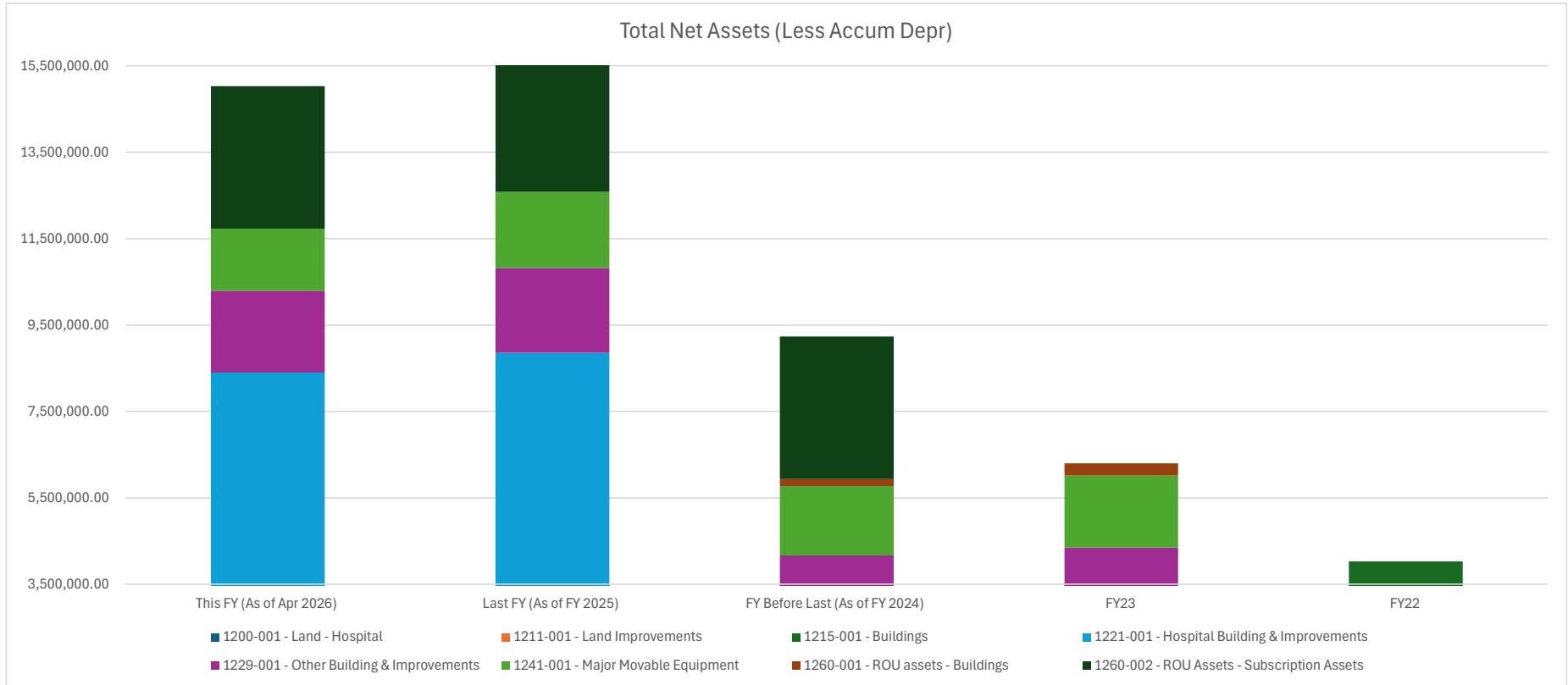


Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet
5 Year Look Back - FY22 through End of Apr 2026

	This FY (As of Apr 2026)	Last FY (As of FY 2025)	FY Before Last (As of FY 2024)	FY23	FY22
ASSETS					
Current Assets					
Total Bank	\$ 3,570,669	\$ 4,830,080	\$ 8,242,122	\$ 10,263,542	\$ 12,749,303
Total Accounts Receivable	\$ 7,704,435	\$ 6,402,504	\$ 7,312,024	\$ 2,326,716	\$ 1,696,446
Total Other Current Asset	\$ 10,596,943	\$ 11,395,578	\$ 3,094,801	\$ 628,810	\$ -
Total Current Assets	\$ 21,872,047	\$ 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	\$ 9,207,347	\$ 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	\$ -	\$ (11,055,632)	\$ (9,534,512)	\$ (8,234,901)	\$ (6,345,119)
Total Fixed Assets	\$ 23,670,080	\$ 20,902,395	\$ 16,916,567	\$ 11,329,520	\$ 7,704,081
Total ASSETS	\$ 45,542,127	\$ 43,530,555	\$ 35,565,514	\$ 24,548,588	\$ 24,523,000
Liabilities & Equity					
Current Liabilities					
Accounts Payable					
2001-015 - Patient Trust Due to Patients	\$ 150	\$ 150	\$ -	\$ -	
2011-001 - State Sales Tax Payable	\$ 2,265	\$ 2,037	\$ 1,646	\$ -	
2021-001 - Trade Payables	\$ 1,141,448	\$ 1,685,683	\$ 957,975	\$ 346,403	
Total Accounts Payable	\$ 1,143,863	\$ 1,687,869	\$ 959,621	\$ 346,403	\$ 197,742
Total Other Current Liability	\$ 2,281,566	\$ 1,762,548	\$ 1,406,791	\$ 927,074	\$ 4,989,519
Total Current Liabilities	\$ 3,425,429	\$ 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	\$ 164,959	\$ 195,197	\$ 227,867	\$ 262,814	
2250-030 - ELGA Lease Loan	\$ 1,452,606	\$ 1,723,278	\$ -	\$ -	
2260-001 - Help II Loan	\$ 1,757,721	\$ 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	\$ 4,105,410	\$ 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	\$ 2,409,642	\$ 2,071,577	\$ 8,794,160	\$ 1,741,925	\$ 1,185,000
Total Equity	\$ 38,011,288	\$ 35,601,646	\$ 30,280,069	\$ 21,485,903	\$ 18,824,739
Total Liabilities & Equity	\$ 45,542,127	\$ 43,530,555	\$ 35,565,514	\$ 24,548,588	\$ 24,523,000

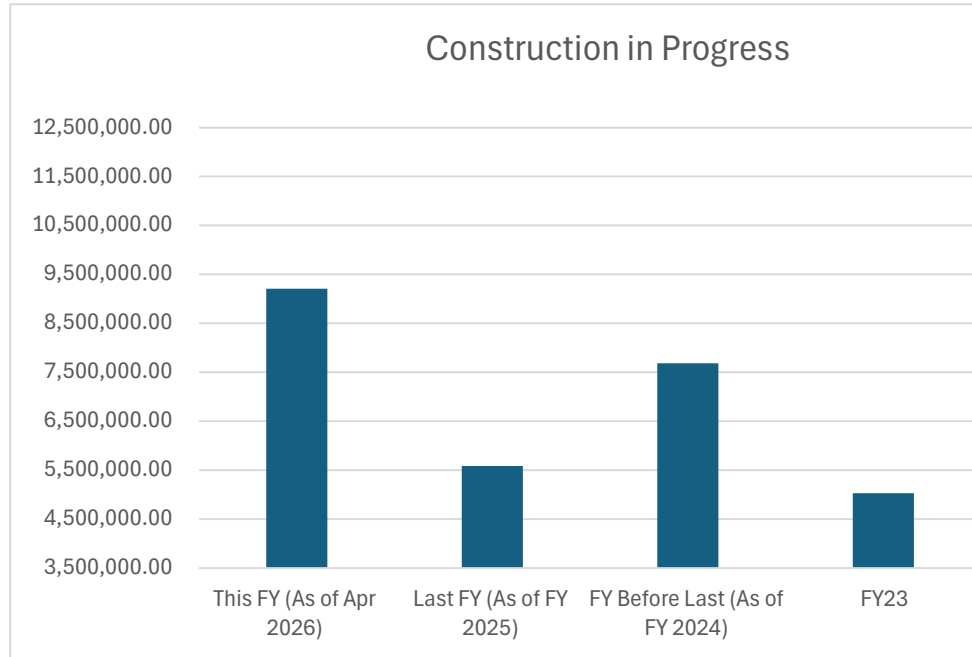
**Southern Humboldt Community Healthcare District
Comparative SoHum Balance Sheet Graphs**





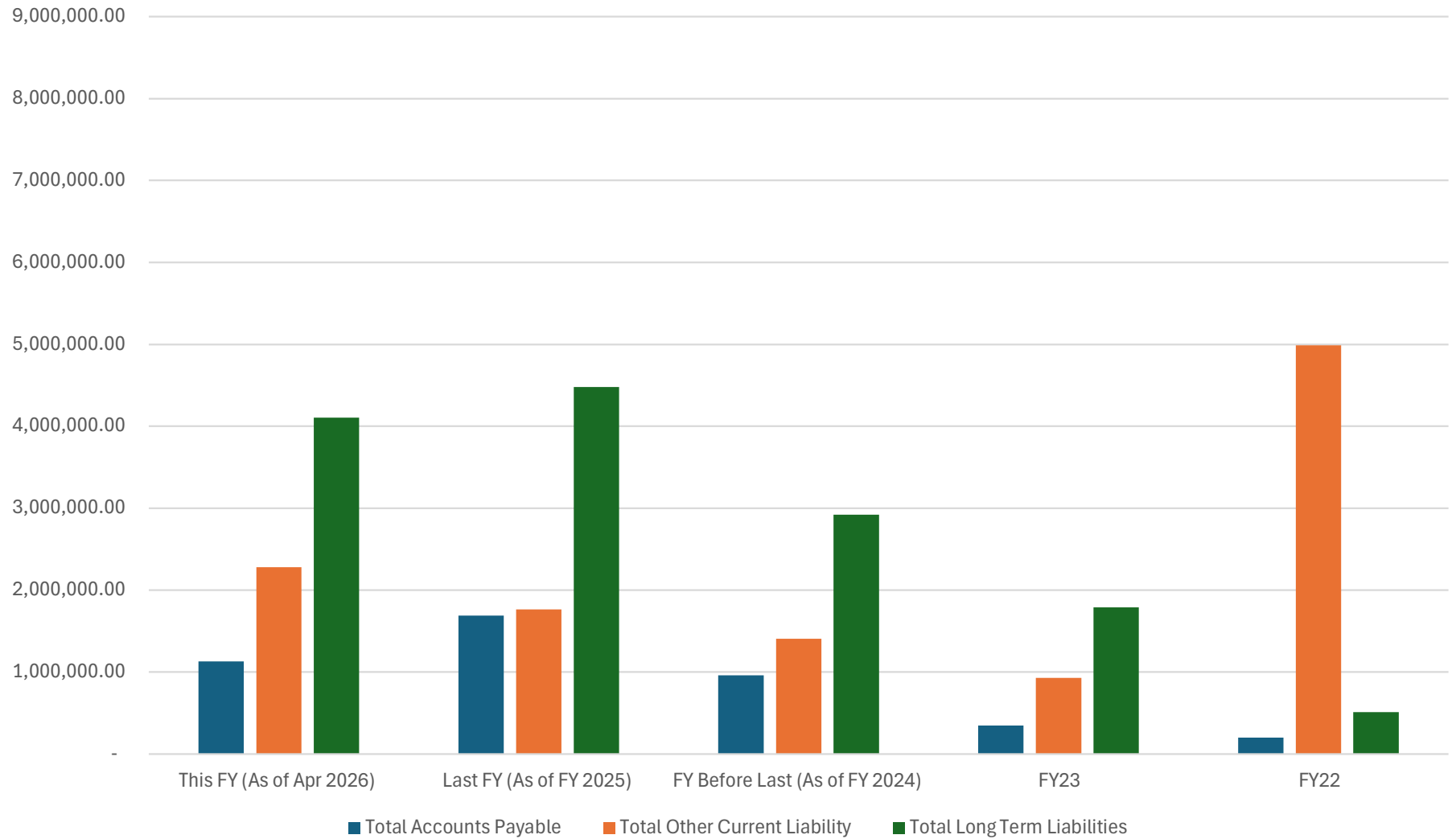
**Southern Humboldt Community Healthcare District
Construction in Progress Detail/Graph**

Construction In Progress Detail	Total @ 4/30/2026
NEW HOSPITAL	7,503,477.53
817 Redwood Drive	705,447.52
412 Maple Lane	228,974.13
823 Redwood Drive	174,853.18
819 REDWOOD DR	159,800.44
285 SPROWEL CREEK	105,727.80
JPCH-ED HVAC Upgrade	103,031.92
Radiology Room Refresh	92,544.14
531 Elm Parking Lot Upgrade	87,335.54
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>9,207,347</u>





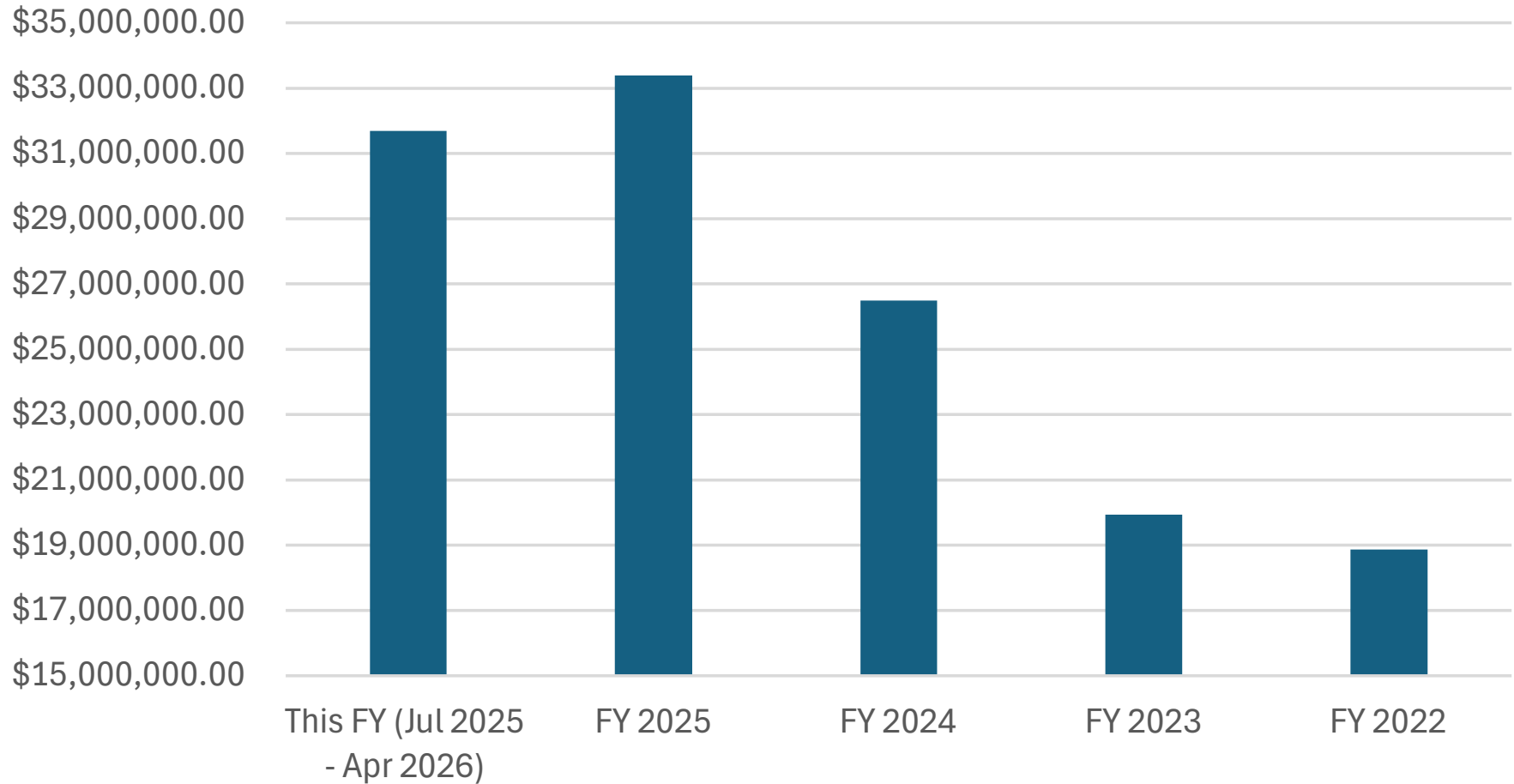
Total Debt



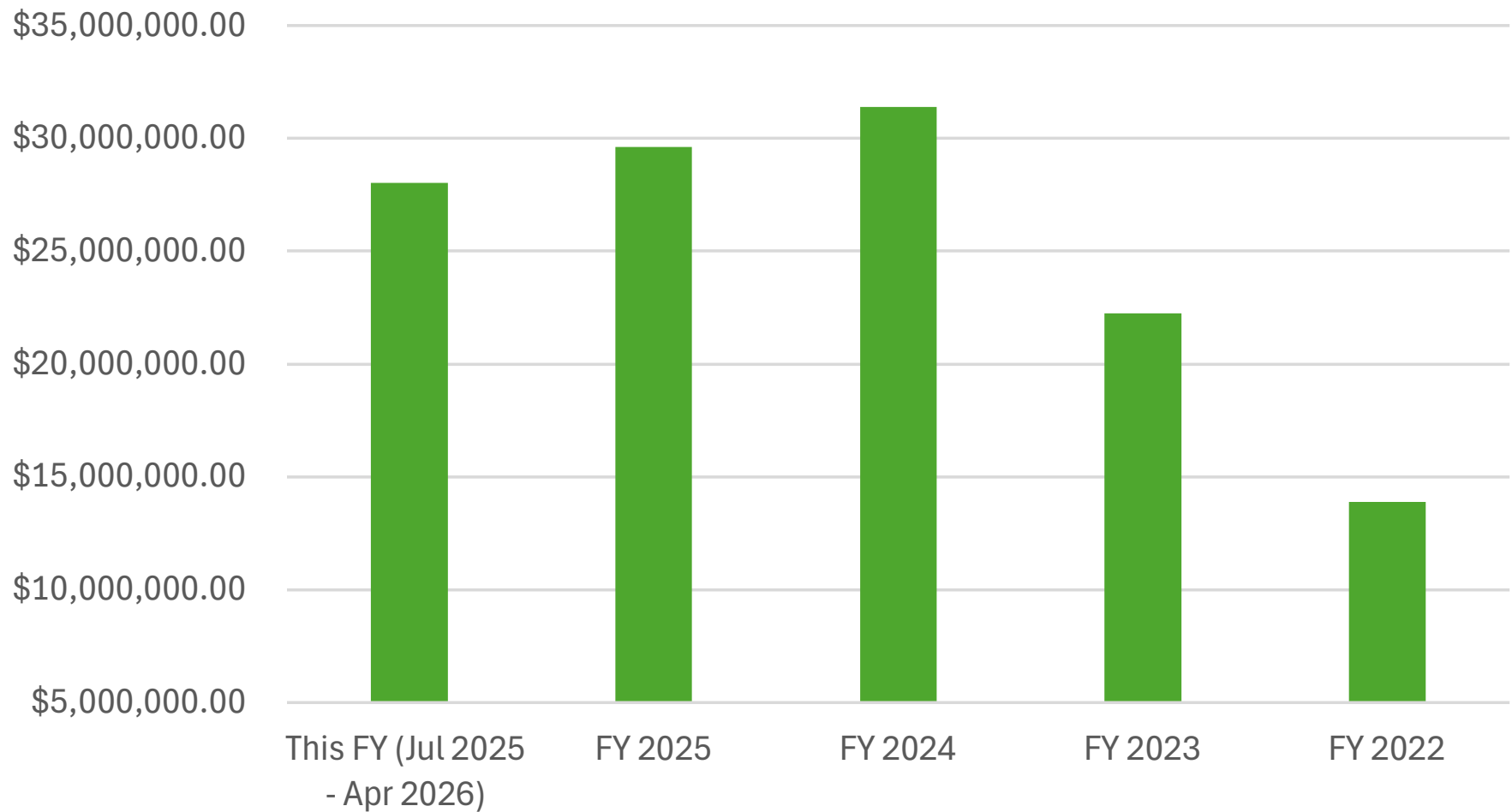
**Southern Humboldt Community Healthcare District
Comparative SoHum Income Statement
5 Year Look Back - FY22 through End of Apr 2026**

	This FY (Jul 2025 - Apr 2026)	FY 2025	FY 2024	FY 2023	FY 2022
Revenue					
Gross Patient Revenue					
Total - Inpatient	3,441,363	3,228,838	2,750,183	2,946,481	2,176,244
Total - Inpatient Ancillary	658,381	552,279	359,641	515,457	290,138
Total - Outpatient	18,630,190	19,509,296	15,724,614	10,154,038	15,517,764
Total - Outpatient Ancillary	8,960,142	10,098,701	7,666,152	6,321,148	883,854
Total Patient Revenue	31,690,078	33,389,114	26,500,590	19,937,124	18,868,000
Deductions from Revenue					
Total Operating IGTs & Supplemental	(6,678,651)	(13,511,565)	(9,497,749)	(10,815,285)	(3,600,000)
Total - Contractual Allowances	11,533,006	16,764,253	6,726,785	7,458,971	5,690,484
Total - Provision for Bad Debts	158,394	930,313	436,735	48,578	404,249
Total - Other Allowances / Deductions	267,613	525,619	(869,207)	1,143,031	1,400,263
Total - Cost Of Sales	(31)	(107)	-	-	-
Total Deductions	5,280,332	4,708,513	(3,203,436)	(2,164,705)	3,894,996
Net Patient Revenue	26,409,746	28,680,601	29,704,026	22,101,829	13,857,000
Total Other Operating Revenue	1,611,314	942,876	1,690,390	151,855	-
Total Operating Revenue	28,021,060	29,623,477	31,394,416	22,253,684	13,896,000
Expenses					
Total - Salaries & Wages	11,936,497	12,325,544	9,809,582	10,305,733	7,665,000
Total - Employee Benefits	5,201,126	4,553,599	3,890,153	2,235,101	2,659,000
Total - Professional Fees	4,334,714	5,334,980	3,861,034	3,198,652	2,626,000
Total - Supplies	1,048,806	1,297,197	1,752,548	1,442,106	2,514,000
Total - Repairs & Maintenance	257,364	290,700	335,812	342,050	324,000
Total - Purchased Services	2,287,273	3,063,107	2,114,981	2,224,256	2,224,000
Total - Utilities	277,973	352,329	304,523	276,547	290,000
Total - Insurance	213,050	238,076	172,820	172,223	110,000
Total - Depreciation/ Amortization	921,721	1,521,120	1,299,612	1,057,818	887,000
Total - Other	716,367	267,941	1,111,431	761,844	1,413,000
Total Operating Expenses	27,194,890	29,244,598	24,652,496	22,016,330	20,712,000
Operating Profit (Loss)	826,170	378,879	6,741,920	237,354	(6,816,000)
Total - Tax Revenue	1,064,621	1,404,861	1,084,388	1,100,133	
Total - Other Non Operating Revenue (Expense)	515,041	233,966	773,828	344,097	8,001,000
Total - Interest Income	3,811	53,857	194,029	62,545	
Net Non Operating Revenue (Expense)	1,583,472	1,692,684	2,052,245	1,506,775	8,001,000
Net Income (Loss)	2,409,642	2,071,563	8,794,165	1,744,129	1,185,000

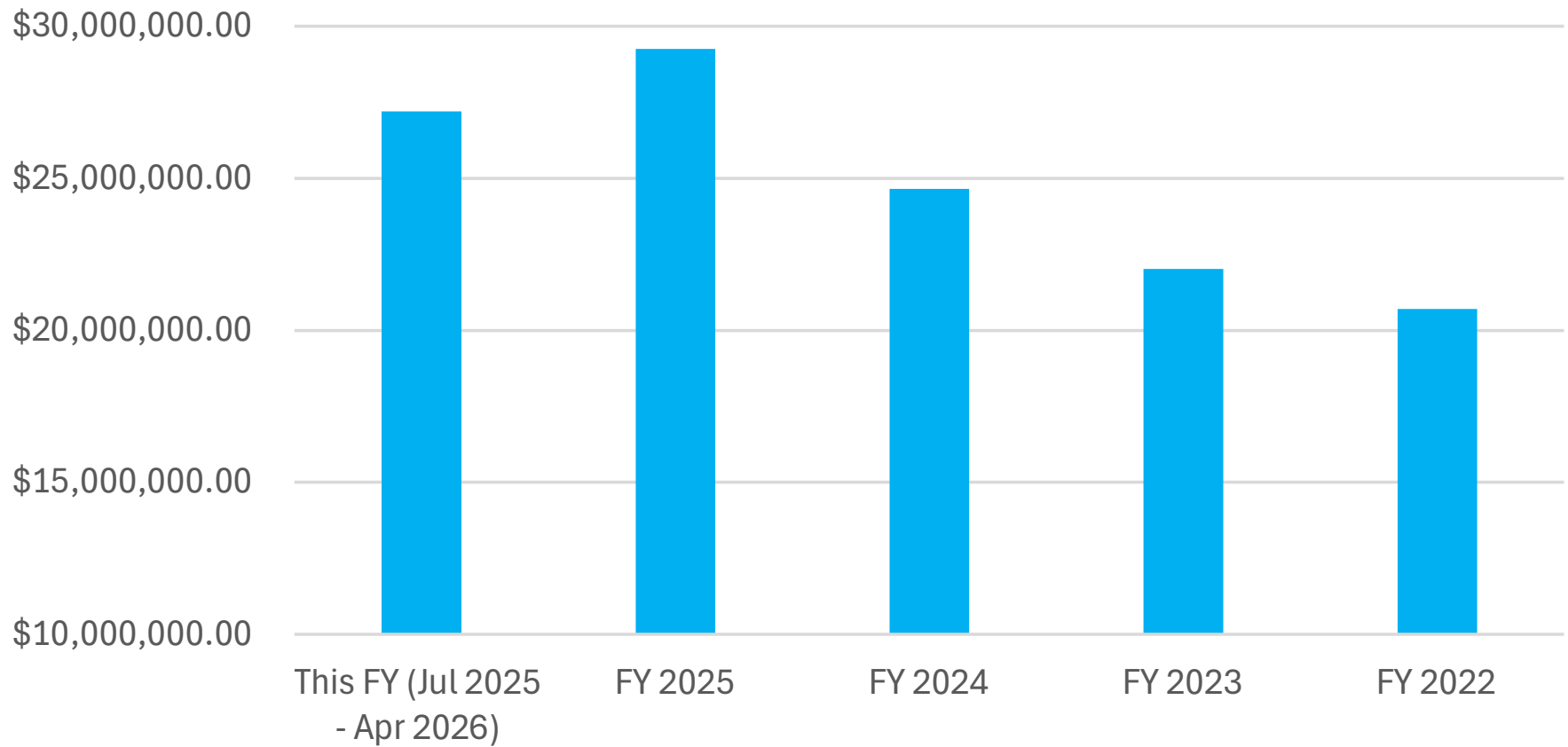
Total Gross Patient Revenue over 5 Yrs



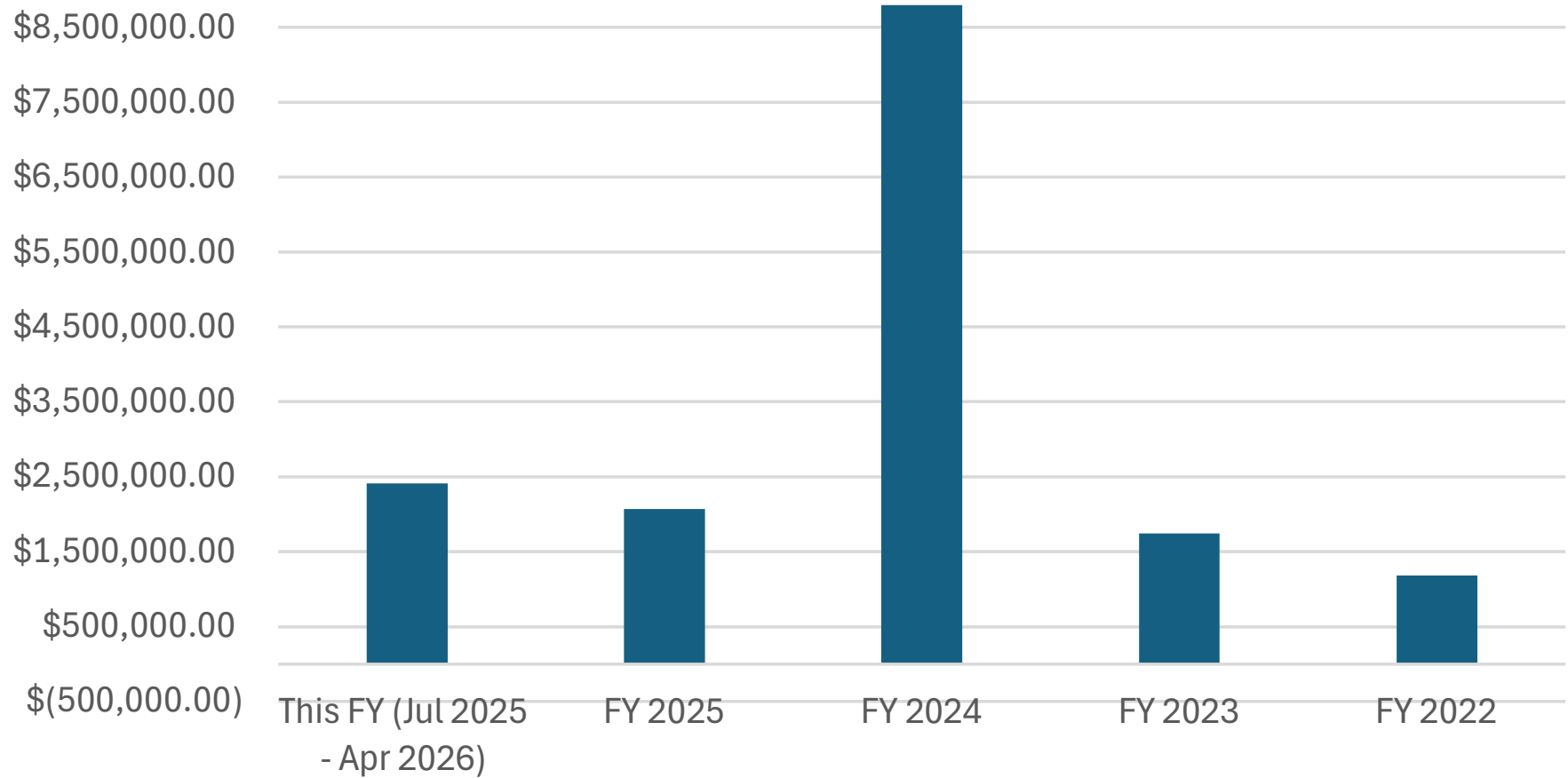
Total Gross Operating Rev (Before C/A) over 5 Yrs



Total Expenses over 5 Yrs



Net Income over 5 Yrs



CNO Board Report – May 2026

Infection Prevention Update

The organization continues to actively recruit 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 continues to be effective in maintaining adherence to infection control protocols, ensuring the ongoing safety of both patients and staff while recruitment efforts continue.

Clinic Update

Dr. Murphy and Dr. Rasoni have been maintaining clinic operations while also covering hospital responsibilities during Dr. Ordonez's absence. They have collaboratively developed an agreement regarding on-call compensation.

The Visiting Nurse (VN) census is currently low. Plans are underway to explore strategies for program expansion upon Shane's return from leave.

Mobile optometry services remained active this month, with visits to the Resource Center in Rio Dell and Sequoia Springs in Fortuna. For next month, services have been contracted with Silvercrest in Eureka.

The Referral Department and Patient Financial Services (PFS) have combined efforts to better manage the referral work queue and address outstanding mammogram orders. They have implemented an improved workflow that enhances visibility and supports patient continuity of care.

In the absence of a patient navigator, Medical Assistants (MAs) have continued conducting clinical outreach to support Quality Incentive Program (QIP) measures.

Four partnership measures have been selected for this year:

- Diabetic retinal exams
- Diabetic A1C monitoring
- Blood pressure control
- Colorectal cancer screening

Mobile Optometry

- April Volume of **patients served** 150

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 is going through a restructuring change to ensure regulation compliance. The ED will no longer have day shift ED techs, and will be adopting a two licensed nurse approach to ensure ED is in compliance with two licensed nurses on shift.

The SWING bed program continues to do well, we have been able to keep five to seven patients. We continue to staff the unit to be able to have all the beds full if possible. Also, since the Elevate team has been in charge of the Inpatients(IP) admission the censuses have increased. Please see chart attached for more information.

We continue to work on survey readiness and we have meetings set up this week and next to finish the remaining sections on the GACHRLS Smartsheet and to discuss workflow for movement of pts between units to avoid further billing issues.

We have implemented a new workflow to ensure patients presenting with complications related to behavioral health diagnoses have a follow up appointment scheduled on discharge from ED.

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. Routine preventative maintenance was performed on the CT scanner. Preventative maintenance for the mammography machine and the annual physicist review on both CT and mammography are both scheduled for May.

We continue to work on the pending MRI project, ABN issues and changes to CT codes and charges.

April Volumes

- **210 X-rays**

- **132 CT scans**
- **84 ultrasounds** (*corrected from draft for accuracy consistency*)
- **40 Mammograms**

Program Development

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

Laboratory Update

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

- **136 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

- Sierra PT manager is out on leave. Ramji, a traveler PT is covering for her.
 - 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.

- **82 visits completed**
 - Open house planned to introduce new location and services
 - Ongoing focus on expanding access to behavioral health support for the community
-

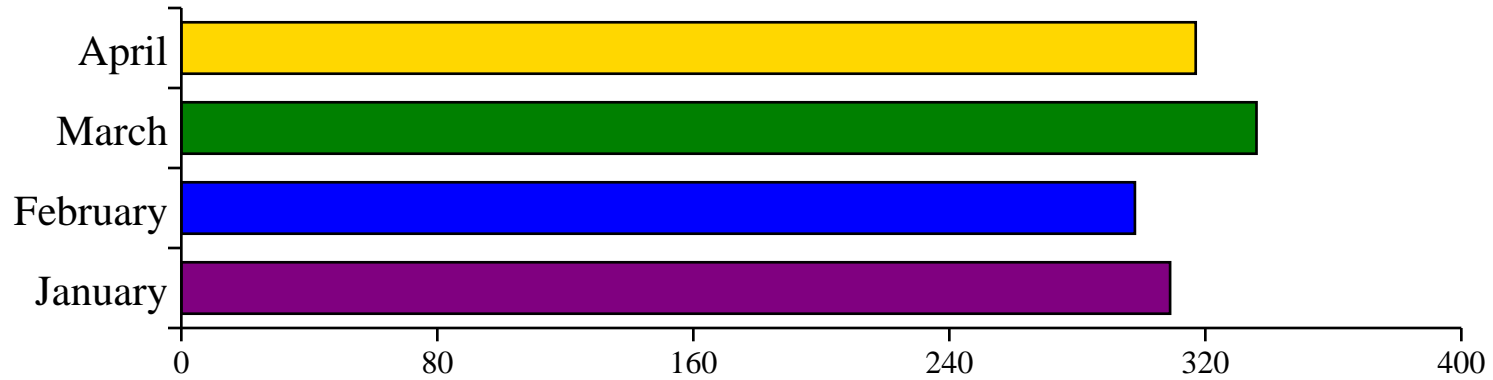


Thank you for your ongoing leadership, collaboration, and commitment to delivering safe, high-quality care across our organization

Adela Yanez, RN, BSN, Chief Nursing Officer

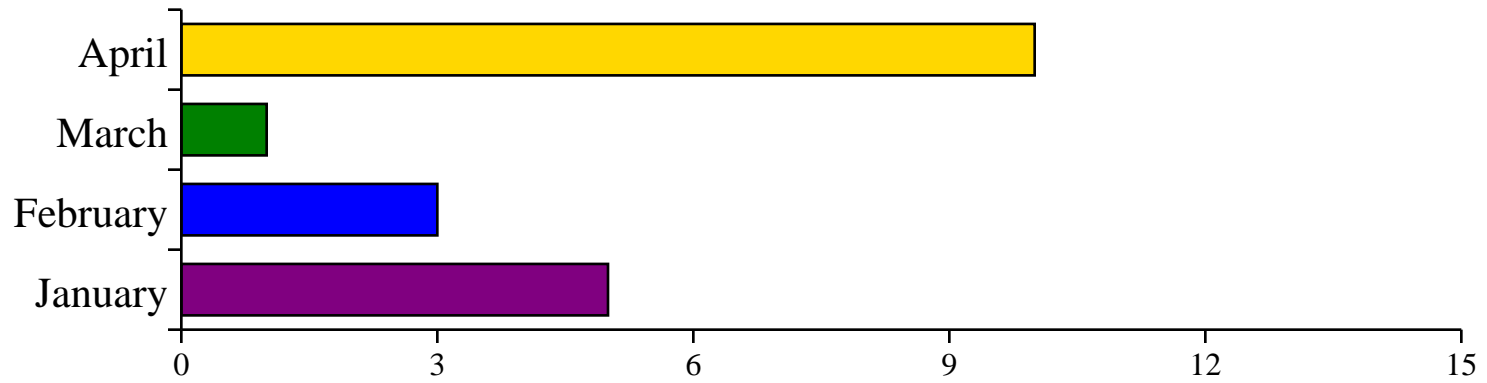
Department Patient Visits Report

Emergency Department



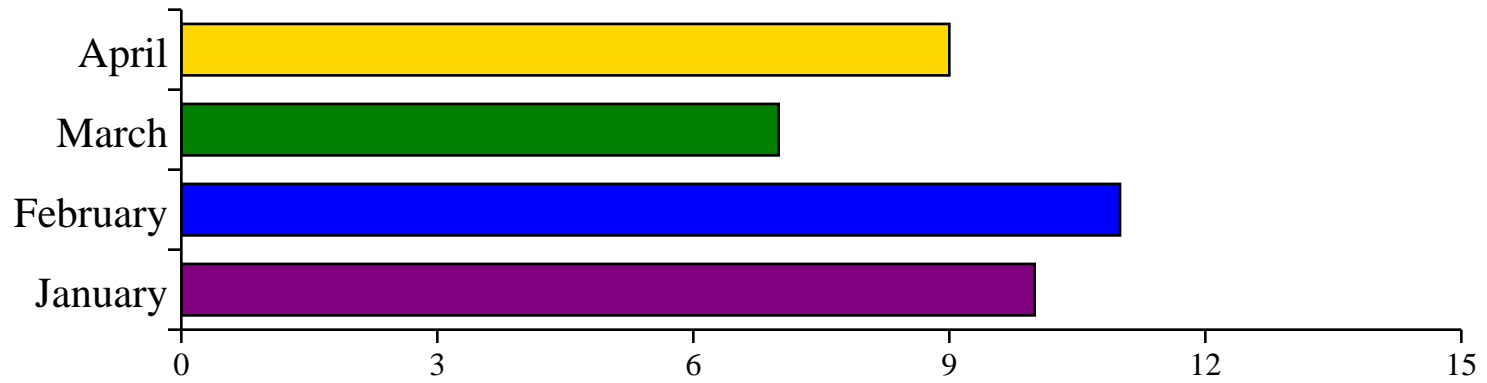
Month	Color	Visits
January	Purple	309
February	Blue	298
March	Green	336
April	Gold	317

Inpatient



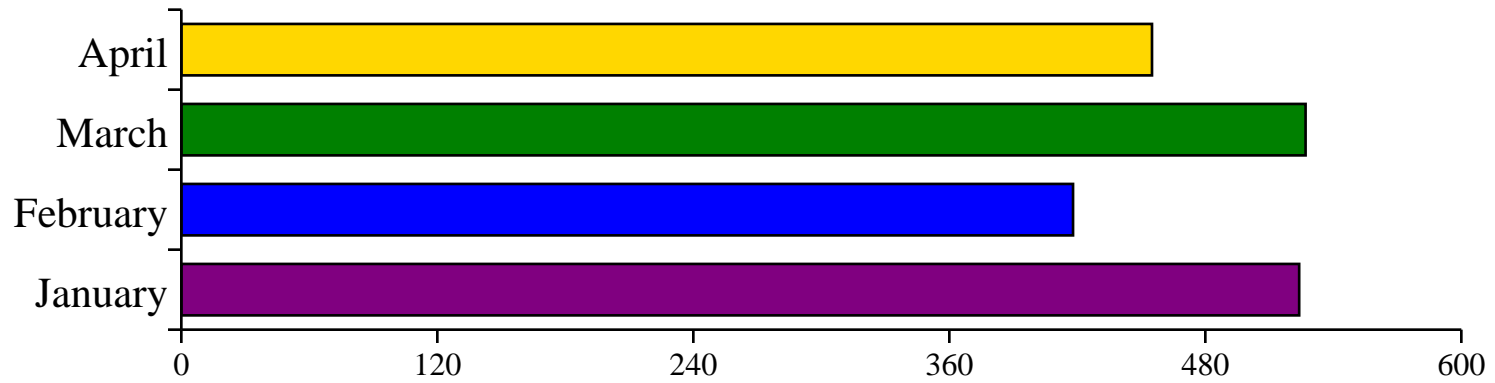
Month	Color	Visits
January	Purple	5
February	Blue	3
March	Green	1
April	Gold	10

SWING Bed



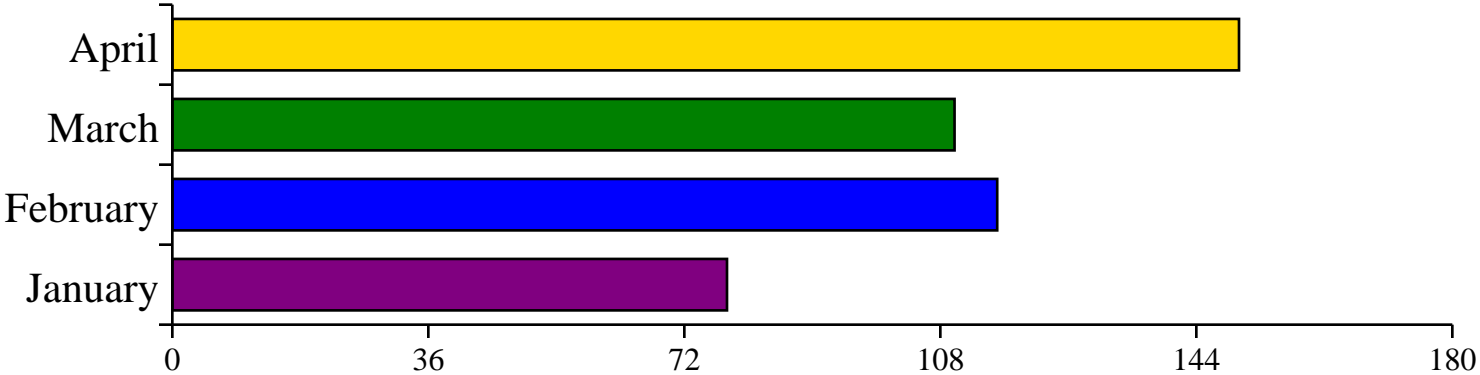
Month	Color	Visits
January	Purple	10
February	Blue	11
March	Green	7
April	Gold	9

Clinic



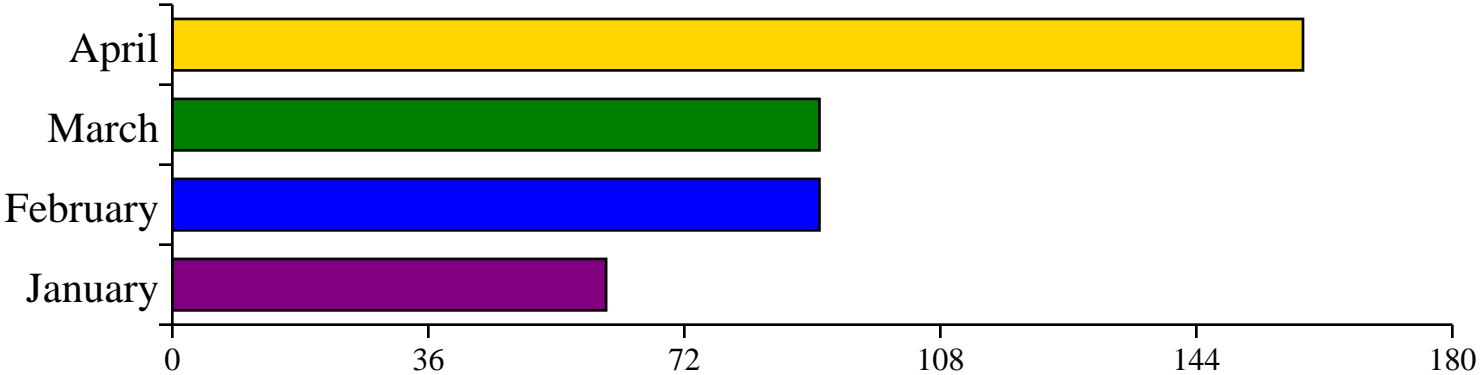
Month	Color	Visits
January	Purple	524
February	Blue	418
March	Green	527
April	Gold	455

Behavioral Health



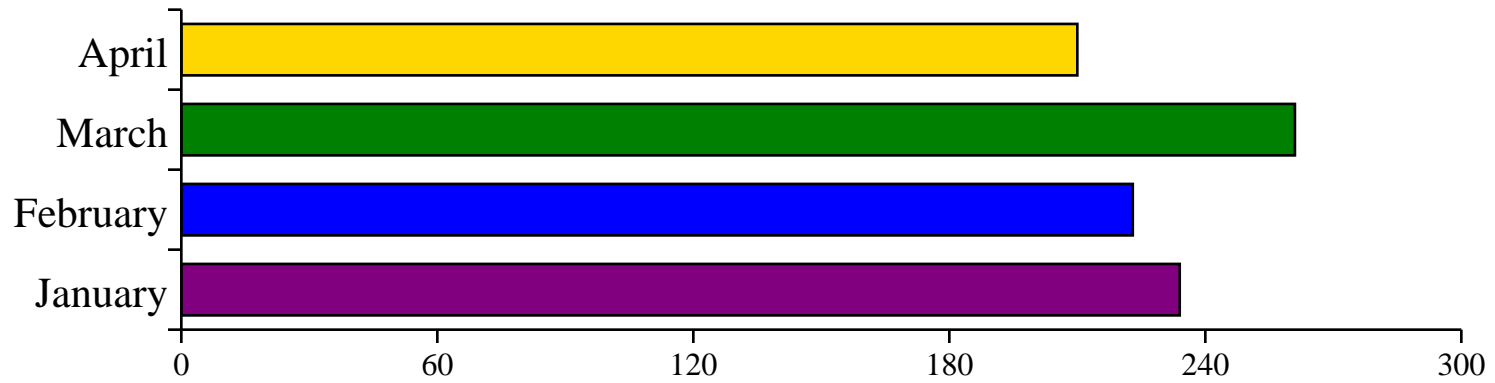
Month	Color	Visits
January	Purple	78
February	Blue	116
March	Green	110
April	Gold	150

Mobile Optometry



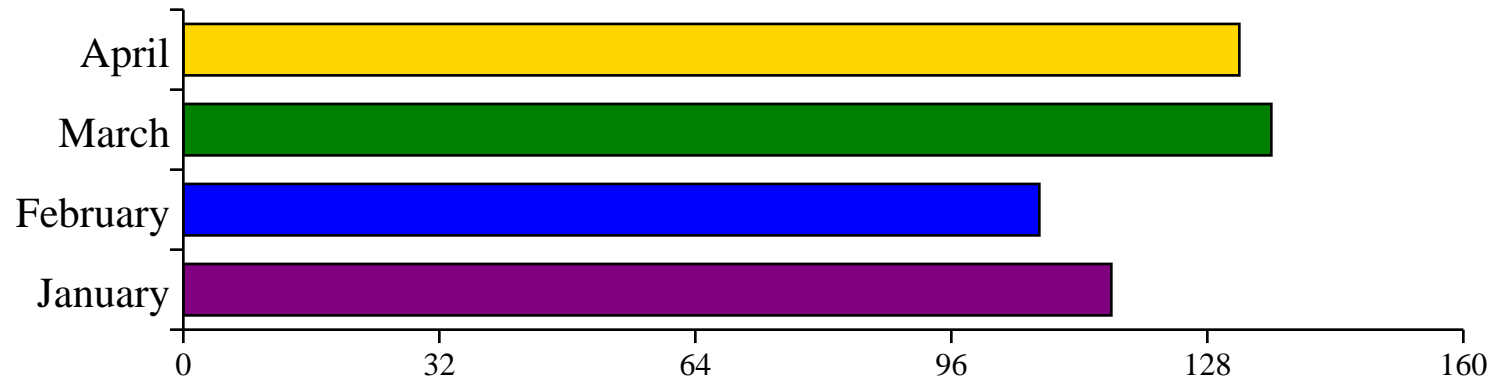
Month	Color	Visits
January	Purple	61
February	Blue	91
March	Green	91
April	Gold	159

Radiology X-Rays



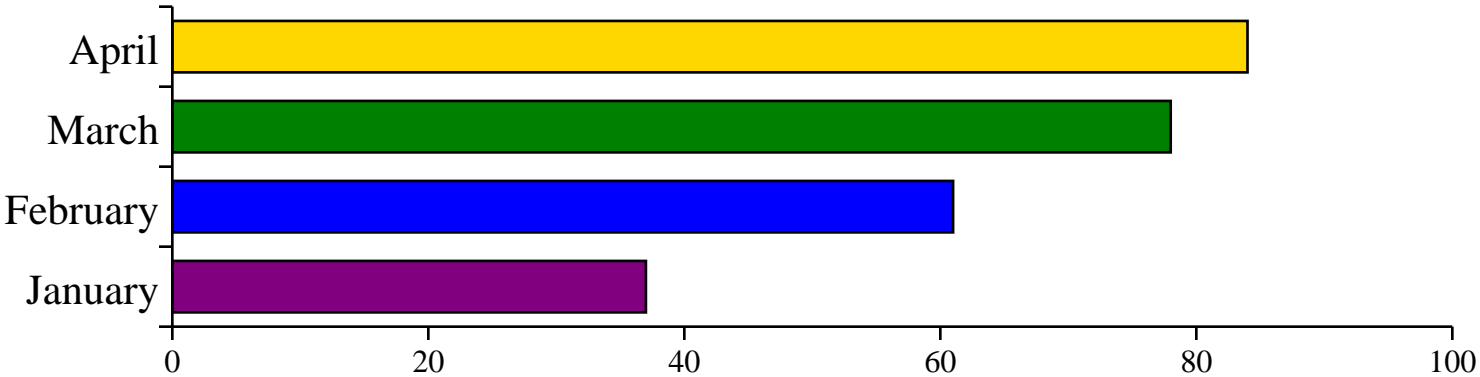
Month	Color	Visits
January	Purple	234
February	Blue	223
March	Green	261
April	Gold	210

CT Scans



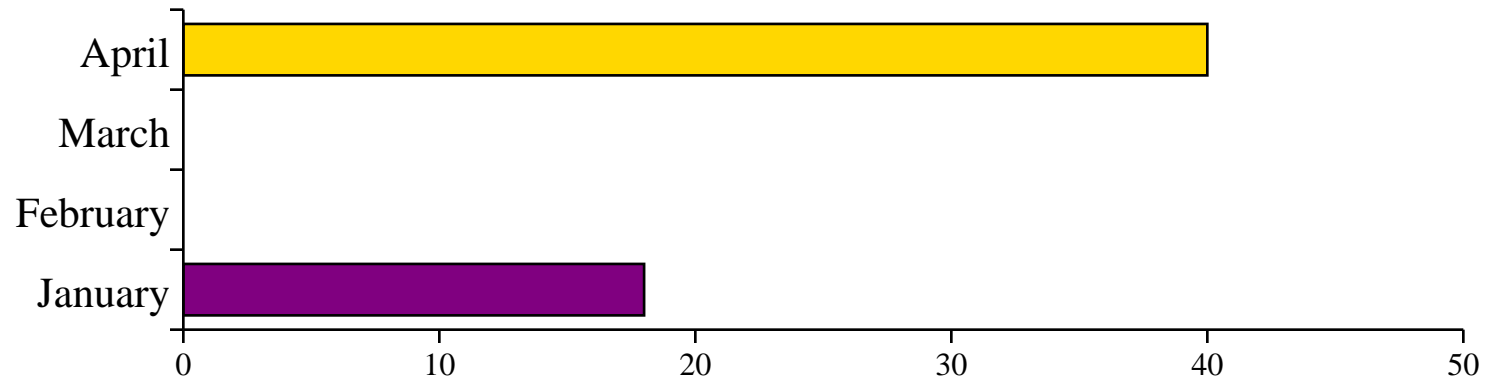
Month	Color	Visits
January	Purple	116
February	Blue	107
March	Green	136
April	Gold	132

Ultrasounds



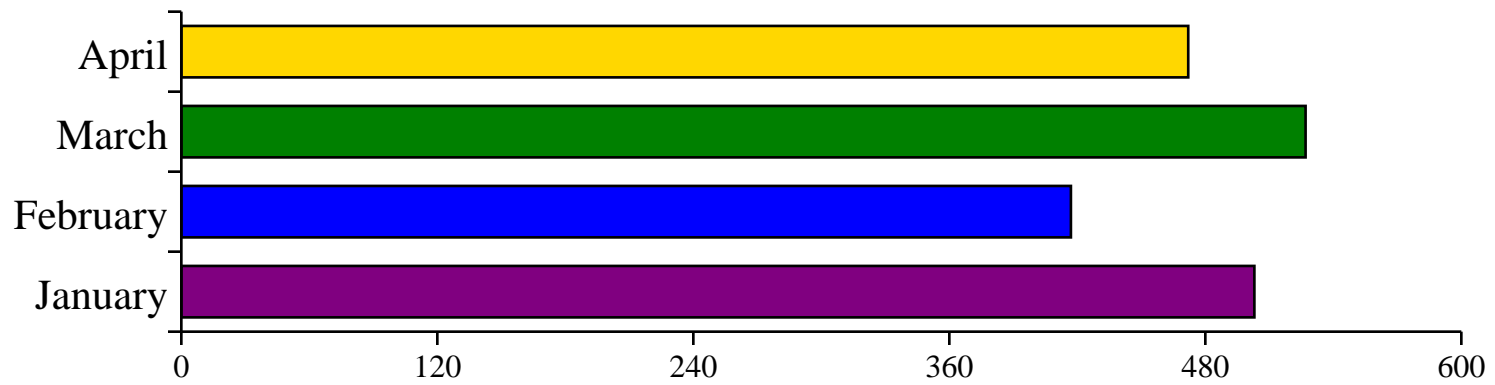
Month	Color	Visits
January	Purple	37
February	Blue	61
March	Green	78
April	Gold	84

Mammograms



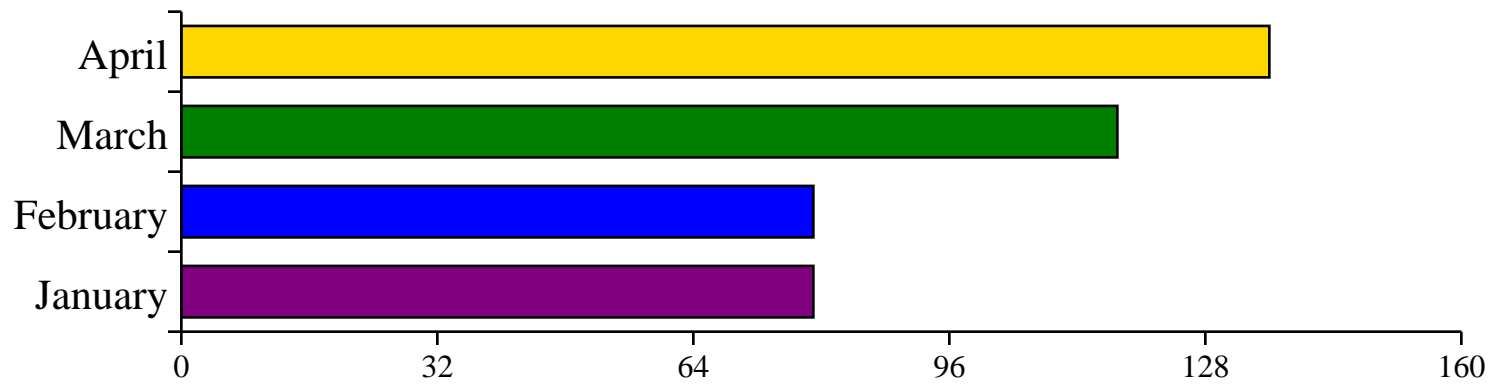
Month	Color	Visits
January	Purple	18
February	Blue	0
March	Green	0
April	Gold	40

Lab



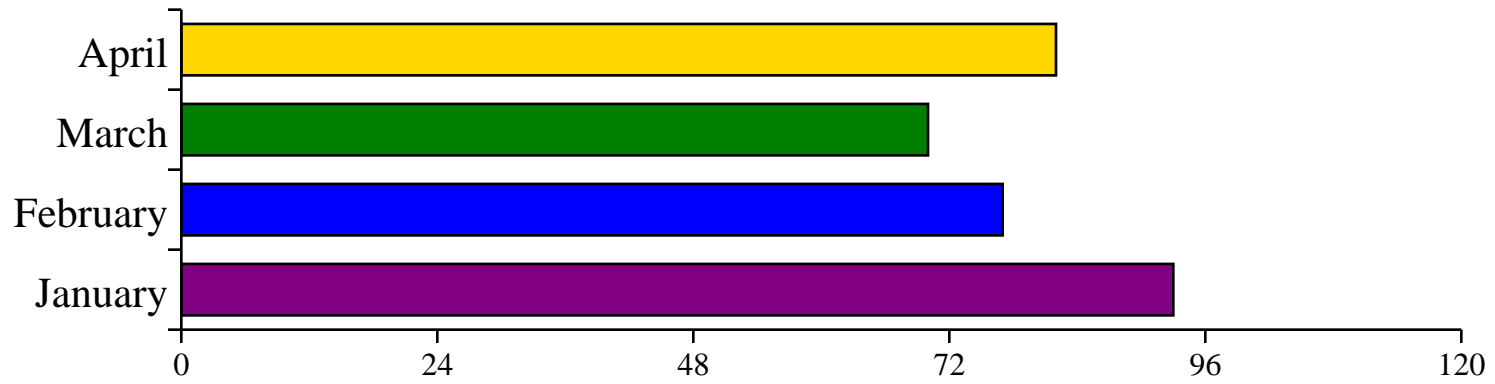
Month	Color	Visits
January	Purple	503
February	Blue	417
March	Green	527
April	Gold	472

Physical & Occupational Therapy



Month	Color	Visits
January	Purple	79
February	Blue	79
March	Green	117
April	Gold	136

Senior Life Solutions (SLS)



Month	Color	Visits
January	Purple	93
February	Blue	77
March	Green	70
April	Gold	82