SoHum Health

Southern Humboldt Community Healthcare District

MEETING NOTICE
Governing Board

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

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

Webex Link:

https://shchd.webex.com/shchd/j.php?MTID=m65c1024281b4ef67076bbe032ec5f0d9
Written comments may also be sent to boardcomments@shchd.org. Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real time during the meeting by attending in person or via Webex or phone.

Agenda

Page	Item
	A. Call to Order
	B. Approval of the Teleconferencing of a Board Member
	C. Approval of the Agenda
	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 –

1. Approval of Previous Minutes
   a. Governing Board Meeting, June 25, 2026 — 6 - 13
   b. Special Governing Board Meeting, July 10, 2026 — 14 - 18

2. SHCHD New and Updated Policies - See Supplemental Packet — 19 - 38

SNF

   a. Room to Room Transfers – Revised
   b. Transfer of a Resident to Higher Level of Care – Revised
   c. Evaluations of Residents by Practitioners – Revised
   d. Consent for Use of Psychoactive Medications – Revised
   e. Provider Visits to Skilled Nursing Facility Residents and Swing Bed Patients – Annual Review
   f. Interdisciplinary Care Plan Committees – Annual Review
   g. Monthly Drug Regimen Review – Annual Review
   h. Caring for a Resident with Dementia – Annual Review
   i. Facility Assessment – Annual Review

Retail Pharmacy — 39

   j. Retail Pharmacy - New

3. Quarterly Reports - (Feb, May, Aug, Nov) - None
   a. Human Resources – Season Bradley Koskinen, HR Manager
   b. Foundation – Chelsea Brown, Outreach Manager
   c. Operations – Kent Scown, Chief Operations Officer

Approval of Consent Agenda

H. Last Action Items for Discussion

1. Approval of Medical Staff Bylaw Revisions — 40
2. Resolution 26:06 Approval to Authorize the Issuance of General Obligations Bond — 41 - 51

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

J. Administrator's Report – Matt Rees, CEO

1. Department Updates
   a. Milestones

b. July Employee Anniversaries
1 Year: CNA Oden Burton, RN Karen Leavens, LVN Patricia Gallagher, PT Assistant Sophia Formosa, Nurse Manager Melissa Hamilton, and CAN Andrew DeVilbiss
5 Years: Pharmacist Fred Baron
10 Years: Ed Tech Chris Hyden and CNO Adela Yanez

52 - 57

c. CNO Report – Adela Yanez – See Report
d. Approval of June Financials – See Supplemental
e. Family Resource Center – Amy Terrones – Mar and Oct - None

K. Old Business

1. None

L. New Business

58 - 59

1. Resolution 26:07 Loan and Security Agreement of $1.5 Million from the Southern Humboldt Community Healthcare Foundation

M. Parking Lot -None

N. Meeting Evaluation

O. New Action Items

P. Next Meetings

1. Medical Staff Committee – Thursday, August 13, 2026, at 12:30 p.m.
2. Policy Development Committee – Tuesday, August 18, 2026, at 10 a.m.
3. QAPI Meeting – Wednesday, August 11, 2026, at 1:00 p.m.
4. Finance Committee – Friday, August 21, 2026, at 10:00 a.m.
5. Governing Board Meeting – Thursday, August 28, 2026, 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. – None
   b. Patient Safety – Mar., June, Sept., Dec. – None
   c. Medication Error – Feb., May, Aug., Dec. - None
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
   a. Katheryn Marie Stollmeyer, PA. Initial Appointment as Provisional Status Clinic/Ambulatory, August 1, 2026 - August 27, 2027.
   b. Dennis McDonald, MD, Reappointment as Telemedicine, Diagnostic Radiology, and Mammography Privileges, August 1, 2026 – July 31, 2028.
6. Personnel Matter –Evaluation § 54957
   a. Matt Rees

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

S. Resume Open Session

T. Adjourn

Abbreviations

ACHD	Association of California Healthcare Districts	*ACLS*	Advanced Cardiac Life Support Certification
AR	Accounts Receivable	*BLS*	Basic Life Support Certification
CAIR	California Immunization Registry	*CEO*	Chief Executive Officer
CFO	Chief Financial Officer	*CMS*	Centers for Medicare and Medicaid Services
CNO	Chief Nursing Officer	*COO*	Chief Operating Officer
CPHQ	Certified Professional in Healthcare Quality	*CQO*	Chief Quality and Compliance Officer
EMR/EHR	Electronic Medical Record/Electronic Health Record	*ER*	Emergency Room
FTE	Full Time Equivalent/Full Time Employee	*HIM*	Health Information Management
HRG	Healthcare Resource Group	*HVAC*	Heating, Ventilation and Air Conditioning system
IGT	Intergovernmental transfer	*IT*	Information Technology
JPCH	Jerold Phelps Community Hospital	*LCSW*	Licensed Clinical Social Worker
LVN	Licensed Vocational Nurse	*MPH*	Master of Public Health
OBS	Observation	*PALS*	Pediatric Advanced Life Support Certification
PFS	Patient Financial Services	*QAPI*	Quality Assurance Performance Improvement
QIP	Quality Improvement Project/Program	*RN*	Registered Nurse
SHCC	Southern Humboldt Community Clinic	*SHCHD*	Southern Humboldt Community Healthcare District
SNF	Skilled Nursing Facility	*SWG*	Swing beds
DO	Doctor of Osteopathic Medicine	*Resident*	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 July 27, 2026

Governing Board

Date: June 25, 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, Corinne Stromstad, and Galen Latsko.

Not Present: Galen Latsko

Also in person: Administrative Assistant Darrin Guerra, CEO Matt Rees, and Outreach Manager Chelsea Brown

Also via Webex: Chief of Staff Dr. Raisoni, HR Manager Season Bradley-Koskinen, Quality Lead Joshua Andrews, HIM Manager Remy Quinn, Clinic Manager Shawna Kloiber, COO Kent Scown, Jaquelene McClure, Christina English, Adam Baur, PFS Manager Marie Brown, Nick Vogel, Clinic Nurse April Barnhart, CNO Adela Yanez, Larry Tramatola, CQCO Kristen Rees, and Outreach Coordinator Heidi Holterman

A. Call to Order – Board President Kevin Church called the meeting to order at 1:30 pm.

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

C. Approval of the Agenda

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

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements

1. "We will be starting MRI services this Saturday (June 27)" – Matt Rees

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
   d. Governing Board Meeting, May 28, 2026

2. SHCHD New and Updated Policies - See Supplemental Packet

SNF

a. Admission Documentation Requirements
b. Cohabitation in Skilled Nursing Facility
c. Providers' Medication Orders
d. Monthly Medication Orders
e. Staffing and Coverage
f. Insulin Utilization

Radiology

g. Infection Prevention
h. Mandatory Reporting.
i. Exams with IV Contrast
j. MRI Safety
k. Contrast Administration and Supervision

ER

l. Assessment and Measurement of a Pediatric Patient with a Temperature Greater than 38 °C
m. Assessment and Management of a Pediatric Patient with Vomiting

Medical Staff

n. TeleMedicine Credentialing

Nursing

o. Swing Bed and SNF Weights

HR

p. Flex Fill-In Pool

q. Multi-Department Work

3. Quarterly Reports - (Feb, May, Aug, Nov) - None
   a. Human Resources – Season Bradley Koskinen, HR Manager
   b. Foundation – Chelsea Brown, Outreach Manager
   c. Operations – Kent Scown, Chief Operations Officer

Kevin Church Pulled Items G.2.e., G.2.g, G.2.i, and G.2.m. from the Consent Agenda

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

Motion:	Christopher Schille motioned to approve item G.2.e with the correction of a spelling error of the word "of", G.2.g's addition of two words to the first bullet point "…patient and equipment surfaces…" and G.2.i and G.2.m. with no changes.
Second:	Corinne Stromstad
Ayes:	Christopher Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion Carried	

H. Last Action Items for Discussion

1. Southern Humboldt Poll Results – Larry Trametola
   a. Larry and his team reported on their findings from our recent Bond Measure Poll. The public's approval seems to be at 70%. A resolution to authorize the issuance of general measure bonds will be presented to the July Governing Board meeting.
2. Approval of Medical Staff Bylaw Revisions
   a. Tabled

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

J. Administrator's Report – Matt Rees, CEO
Matt presented his staff report and briefly touched on Hospital funding discussions that he had with other hospital leaders at the annual FLEX conference, HR1 cuts, as well as the possibility of receiving a grant to purchase an MRI machine in partnership with other hospitals in the state. The Hospital and the Chamber of Commerce met with Wells Fargo and may be able to receive a grant for a town beautification project.

1. Department Updates
   a. Milestones – None
   b. June Employee Anniversaries
      Year: Retail Pharmacist Christie Babowski, Credentialing Specialist Aeryn Thompsan, and Nurse Robin Rose
      Years: Security Guard Ray Rigby and Materials Clerk Neicha McConnell
      10 Years: Judy Hollifield
   c. CNO Report – Adela Yanez – See Report
      i. Adela presented her staff report.
   d. Approval of May Financials
   e. Family Resource Center – Amy Terrones – Mar and Oct – None

K. Old Business - None

L. New Business

1. Approval of the 2026-2027 Fiscal Year Operating budget

Motion:	Christopher Schille motioned to approve the 2026-2027 Fiscal Year Operating Budget
Second:	Yvonne Hendrix
Ayes:	Christopher Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion Carried	

2. Approval of resolution 26:04 – Tax Exempt Reimbursement for Expenditures

Motion:	Christopher Schille motioned to approve Resolution 26:04
Second:	Yvonne Hendrix
Ayes:	Christopher Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion Carried	

M. Parking Lot - None

N. Meeting Evaluation – None

O. New Action Items

1. Bond Resolution
2. Medical Staff Bylaws

P. Next Meetings

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

Q. Closed Session – 3:36

1. Closed Session opened at 3:50
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. - None
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
   a. Ethan Kent, LCSW-C-(SLS) Appointment as Provisional status in Mental Health Counselor/Therapist Privileges from July 1, 2026, to June 30, 2027.
6. Personnel Matter –Evaluation § 54957
   a. CQCO Kristen Rees
7. Kevin Church Adjourned Closed Session
8. Kevin Church Resumed Open Session
9. Action Items to Report in Open Session

Motion:	Yvonne Hendrix motioned to approve all medical Staff Appointments (Agenda item/s Q.5.a)
Second:	Corinne Stromstad
Ayes:	Chris Schille, Corinne Stromstad, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion Carried	

R. Kevin Church Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

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DO	Doctor of Osteopathic Medicine		

RESOLUTION NO. 26:04

RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DECLARING ITS INTENT TO ISSUE TAX-EXEMPT OBLIGATIONS TO BE USED TO REIMBURSE THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT FOR EXPENDITURES TO BE MADE PRIOR TO THE ISSUANCE OF SUCH OBLIGATIONS

WHEREAS, the Southern Humboldt Community Healthcare District (the "District") desires to finance seismic upgrades and the construction, additions, repairs and upgrades to certain of the District's facilities and sites, including its Redwood Drive properties, and the equipping of such facilities (the "Project"); and

WHEREAS, the District anticipates obtaining a loan, line of credit and/or issuing notes to finance a portion of the Project; and

WHEREAS, the District intends to use proceeds from the sale of such obligations, issued in one or more series, the interest upon which is to be excluded from gross income for federal income tax purposes (the "Obligations"), to finance portions of the Project; and

WHEREAS, pursuant to Treasury Regulations Section 1.150-2, the District may reimburse amounts advanced by the District for the Project if, not later than sixty (60) days after payment of the original expenditure of an amount advanced by the District, the Board of Directors of the District (the "Board") adopts an official intent to reimburse the original expenditure, and such reimbursement occurs not later than eighteen (18) months after the later of the date the original expenditure is paid or the date the Project is placed in service, but in no event more than three (3) years after the original expenditure is paid; and

WHEREAS, the District expects to incur certain expenditures relating to the Project and to pay for such expenditures from certain moneys on hand prior to the issuance of the Obligations; and

WHEREAS, the District reasonably expects and intends to use a portion of the proceeds of the Obligations to reimburse the District for expenditures made prior to the date the Obligations are entered into and issued.

NOW, THEREFORE, the Board of Directors of the Southern Humboldt Community Healthcare District hereby resolves, declares, and determines as follows:

SECTION 1. *Recitals*. The above recitals are true and correct and the Board so finds and determines.

SECTION 2. *Declaration of Official Intent to Reimburse*. The Board hereby declares its official intent to reimburse the District for amounts advanced by the District from its [General Fund] for the design, construction, acquisition, installation, and equipping of the Project from proceeds of the sale of the Obligations. It is intended that this Resolution shall constitute a declaration of "official intent" within the meaning of Treasury Regulations Section 1.150-2 promulgated under Section 150 of the Internal Revenue Code of 1986, as amended.

SECTION 3. *Expected Maximum Principal Amount*. The Obligations shall be issued in one or more series in the expected maximum principal amount of $7,500,000. The Obligations are expected to be issued by the District for the purpose of providing tax-exempt financing for the Project.

SECTION 4. *Other Approvals*. The adoption of this Resolution shall not bind the District to proceed with execution and delivery of the Obligations until and unless all other necessary actions and approvals are taken or received in accordance with all applicable laws.

SECTION 5. *Effective Date*. This Resolution shall take effect upon its adoption.

PASSED AND ADOPTED by the Board of Directors of the Southern Humboldt Community Healthcare District this 25 day of June, 2026, by the following vote:

AYES: Corinne Stramstad Kevin Church Chris Schille Yvonne Hendrix

NAYS: _____

ABSENT: Galen Latsko

ABSTAIN: _____

APPROVED:

Kevin Church
President, Board of Directors

ATTEST:

Darrin Guerra

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Special Governing Board Meeting

Date: Friday, July 10, 2026
Time: 11:00 a.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Kevin Church

Minutes

The following people attended at Sprowel Creek Campus and via Webex

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

Not Present: Galen Latsko

Also in person: Darrin Guerra, CEO Matt Rees, and CQCO Kristen Rees

Also via Webex: Kristina English, Kana Voelckers, and April Barnhart

A. Call to Order – Board president Kevin Church called the meeting to order at 11:00 am.

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

C. Approval of the Agenda –

Motion:	Yvonne Hendrix made a motion to approve the agenda.
Second:	Corinne Stromstad
Ayes:	Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion carried	

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments - None

F. Announcements

1. "MRI has officially started as of June 27" -

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

H. New Business

1. Approval of Resolution 26:05 Intent to Issue Tax-Exempt Obligations

Motion:	Chris Schille made a motion to approve Resolution 26:05.
Second:	Yvonne Hendrix
Ayes:	Corinne Stromstad, Chris Schille, Yvonne Hendrix, and Kevin Church
Noes:	None
Not Present:	Galen Latsko
Motion carried	

I. Board President Kevin Church Adjourned to Closed Session at 11:17.

1. Personnel Matter –Evaluation § 54957
    a. Admin 360 Evaluations

J. Kevin Church Adjourned Closed Session

K. Kevin Church Resumed Open Session

1. The following actions were taken in Closed Session
    a. No Action was taken on

L. Kevin Church Adjourned Open Session at 2:12 p.m.

Submitted by Darrin Guerra

Abbreviations

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

RESOLUTION NO. 26:05

RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DECLARING ITS INTENT TO ISSUE TAX-EXEMPT OBLIGATIONS TO BE USED TO REIMBURSE THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT FOR EXPENDITURES TO BE MADE PRIOR TO THE ISSUANCE OF SUCH OBLIGATIONS

WHEREAS, the Southern Humboldt Community Healthcare District (the "District") desires to finance the acquisition and construction of a new hospital facility (the "Project"); and

WHEREAS, in connection therewith, the District expects to place a general obligation bond measure on the November 3, 2026 ballot; and

WHEREAS, in connection therewith, the District anticipates obtaining a loan from the United States Department of Agriculture; and

WHEREAS, the District additionally anticipates issuing other obligations, certificates and/or notes to finance a portion of the Project; and

WHEREAS, the District intends to use proceeds from the sale of obligations such as the loan, bonds, certificates, and notes issued in one or more series, the interest upon which is to be excluded from gross income for federal income tax purposes (the "Obligations"), to finance portions of the Project; and

WHEREAS, pursuant to Treasury Regulations Section 1.150-2, the District may reimburse amounts advanced by the District for the Project if, not later than sixty (60) days after payment of the original expenditure of an amount advanced by the District, the Board of Directors of the District (the "Board") adopts an official intent to reimburse the original expenditure, and such reimbursement occurs not later than eighteen (18) months after the later of the date the original expenditure is paid or the date the Project is placed in service, but in no event more than three (3) years after the original expenditure is paid; and

WHEREAS, the District expects to incur certain expenditures relating to the Project and to pay for such expenditures from certain moneys on hand prior to the issuance of the Obligations; and

WHEREAS, the District reasonably expects and intends to use a portion of the proceeds of the Obligations to reimburse the District for expenditures made prior to the date the Obligations are entered into and issued.

NOW, THEREFORE, the Board of Directors of the Southern Humboldt Community Healthcare District hereby resolves, declares, and determines as follows:

SECTION 1. *Recitals*. The above recitals are true and correct and the Board so finds and determines.

SECTION 2. *Declaration of Official Intent to Reimburse*. The Board hereby declares its official intent to reimburse the District for amounts advanced by the District from its [General Fund] for the design, construction, acquisition, installation, and equipping of the Project from proceeds of the sale of the Obligations. It is intended that this Resolution shall constitute a declaration of "official intent" within the meaning of Treasury Regulations Section 1.150-2 promulgated under Section 150 of the Internal Revenue Code of 1986, as amended.

SECTION 3. *Expected Maximum Principal Amount*. The Obligations shall be issued in one or more series in the expected maximum principal amount of $100,000,000. The Obligations are expected to be issued by the District for the purpose of providing tax-exempt financing for the Project.

SECTION 4. *Other Approvals*. The adoption of this Resolution shall not bind the District to proceed with execution and delivery of the Obligations until and unless all other necessary actions and approvals are taken or received in accordance with all applicable laws.

SECTION 5. *Effective Date*. This Resolution shall take effect upon its adoption.

PASSED AND ADOPTED by the Board of Directors of the Southern Humboldt Community Healthcare District, this 10th day of July, 2026, by the following vote:

AYES: Corinne Stronstad, Chris Schille, Kevin Church, Yvonne Hendris

NAYS: _____

ABSENT: Galen Latsko

ABSTAIN: _____

APPROVED:

Kevin Church
President, Board of Directors

ATTEST:

Darrin Guerra

SoHum Health

Subject:	Manual:
Room to Room Transfers	Skilled Nursing Facility

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide room to room transfers in accordance with the policies of the Centers for Medicare and Medicaid Services, and the Department of Health and Human Services.

PURPOSE:

The purpose of this policy and procedure is to outline the resident room to room transfer procedures.

PROCEDURE:

The facility reserves the right to make room-to-room transfers when necessary and as may be requested by the resident, and/or his or her representative when feasible.

Unless medically necessary or for the safety and well being~~wellbeing~~ of the resident(s), a resident will be provided with an advance notice (24 hours) of the room transfer. Such notice will include the reason(s) why the move is recommended.

Prior to the room-to-room transfer, the resident, his or her roommate (if any), and the resident's representative (sponsor) will be provided with information concerning the decision to make the room transfer.

A roommate will be informed of any new transfer into his/her room. Such information will include why the transfer is being made and any information that will assist the roommate in accepting his or her new roommate.

Room-to-room transfers are not honored or made based on racial or other forms of discrimination. (Note: Any exception to this policy must be approved by the attending physician and administrator.)

Documentation of the room-to-room transfer notification and the transfer must be in the resident's medical record detailing the circumstances for such transfer, and the medical reasons must be clearly stated.

Documentation of a room transfer is recorded in the resident's medical record.

Inquiries concerning room-to-room transfers should be referred to the Director of Nursing for Skilled Nursing or Chief Nursing Officer.

DEFINITIONS:

None

SoHum Health

Subject:	Manual:
Transfer of a Resident to Higher Level of Care	**Skilled Nursing Facility**

PURPOSE:

The purpose of this policy is to outline the process of transferring a resident to another healthcare facility.

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide for a smooth transfer when there is a need for a resident to be transferred to another healthcare facility.

PROCEDURE:

Residents may only be transferred with a physician's order. The family, responsible party or public agency should be notified of transfer as soon as possible.
All residents being transferred to another skilled nursing facility, intermediate care facility, rehabilitation facility or an acute hospital must have their health information accompany them (H&P, MD orders). If transferring within the SHCHD facility then information may be referenced through the Electronic Medical Record (EMR)~~., Healthland Centriq.~~
If the resident is transferring to another facility, a phone call will be made by the nurse caring for the resident to the nursing supervisor or charge nurse of that facility to give a report on the resident. This report will consist of the resident's status, the resident's medical history, any medications that were given or held prior to transfer, the time of the resident's departure and the care that was given that day.
Only personal items should be sent with the resident when being transferred to the acute hospital. Clothing and other items should be verified with resident's personal inventory record and all remaining belongings secured until claimed by the family/responsible party.
Residents who have Medi-Cal insurance, should be advised of the 7-day bed hold policy.
The nurse caring for the resident will document in the EMR by way of a "chart note" which will include:

- Date and time of transfer or discharge.
- Facility to which the resident was transferred.
- Reason for transfer of discharge.
- Date and time of persons notified, including responsible parties or public agency.
- Mode of transportation.
- Condition of resident when leaving.
- Dispensation of the resident's itemized personal property. (A signed receipt will be obtained from the person who receives any such property.)

The Infection Prevention Transfer Sheet must be completed, scanned into the patient chart, and sent with the patient.

DEFINITIONS:
None

SoHum Health

Subject: Evaluations of Residents by Practitioners	Manual: Skilled Nursing Facility

PURPOSE:

The purpose of this policy is to delineate the standards of care for these visits.

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide the residents of the Skilled Nursing Facility (SNF) with at least monthly visits and assessments by practitioners and an annual history and physical by a physician.

PROCEDURE:

Each SNF resident will be assigned a practitioner who is a practicing provider at the Southern Humboldt Community Clinic. Residents will be seen by their practitioner on a monthly basis and as needed~~prn~~. The Clinic Scheduler will ensure that time is scheduled for these visits.

Upon arrival on the Nursing Unit, the practitioner will review the weekly summaries as documented by the SNF charge nurses in the resident's Electronic Medical Record (EMR). In addition, the practitioner will contact the charge nurse to determine if there are any current issues.

Practitioners will do a face-to-face visit with each resident. Practitioners will assess the following items and document on these:

- Medication review, especially psychotropic.
- Bowel and bladder regimens.
- Mental status.
- High risk areas such as decubitus, fall risks, hydration and nutrition.
- Review the use of restraints, if appropriate.

A practitioner may change any orders as appropriate, by entering the orders into the ~~Computer Program Order Entry (CPOE) in the~~ resident's EMR. After each monthly and annual visit, the practitioner will complete a billing form and submit it to the billing department.

When possible, the practitioner is encouraged to meet with the SNF Nurse Manager to discuss any issues or concerns he/she may have determined during this visit and give input for modification of the care plan.

Practitioners will review the Code Status quarterly with the resident and family, as appropriate. Documentation will be made in the chart as to this review. As appropriate, the statement "no change in code status" may be used.

The Nursing Home Reform Act requires that residents have an annual history and physical by a physician. The Clinic Scheduler will ensure that each resident is scheduled for this annual physical with a physician.

DEFINITIONS:
None

SoHum Health

Subject: Consent for Use of Psychoactive Medications	Manual: Skilled Nursing Facility

PURPOSE:

The primary purpose of informed consent for psychoactive (psychotropic) drugs in California is to protect patient autonomy, prevent chemical restraint, and ensure patients or their legal representatives fully understand a medication's benefits, risks, and alternatives before treatment begins.

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to ensure that informed consent is obtained by the ordering provider, from Residents of the Skilled Nursing Facility for the use of psychoactive medications.

PROCEDURE:

The physician is responsible for obtaining informed consent.The physician cannot delegate the informed consent to any nursing staff member. If the supervising physician has established standard protocols and procedures and has delegated prescribing authority for psychotherapeutic drugs to a collaborating nurse practitioner or physician assistant whose scope of practice allows the prescribing of drugs, the nurse practitioner or physician assistant may obtain informed consent if that nurse practitioner or physician assistant prescribes the drug.

Before initiating the administration of psychoactive drugs which may lead to the inability to regain use of a normal bodily function, the ordering provider must obtain informed consent. The nursing staff can assist the provider by filling out the form, but the consent, given by either the resident or the resident's authorized representative, must be obtained by the ordering provider prior to administering the drug.

The licensed health practitioner who obtains the informed consent must document the informed consent in the chart. Facility staff are required to verify that the patient's health record contains such documentation prior to initiating the therapy.

If a resident or Swing bed patient is transferred to this facility with a psychoactive medication, the continuing care provider is required to obtain informed consent in order to continue the medication regimen.

When the provider recommends the use of a psychoactive medication **before the administration**:

- The provider obtains informed consent from the resident or the resident's representative.
- The nurse can assist the provider by documenting the consent on the "Consent for Use of Psychoactive Medications", form.

- The Consent form must be signed by the ordering provider confirming that the informed consent has been obtained. The nurse assisting with the documentation cannot be the only signature on the form provided by CDPH. -

If/when psychoactive medications are prescribed on as necessary schedule (PRN) those PRN psychoactive medications must be reviewed for appropriateness every 14 calendar days and reordered.

DEFINITIONS:
None

SoHum Health

Subject:	Manual:
Provider Visits to Skilled Nursing Facility Residents and Swing Bed Patients	**Skilled Nursing Facility**

PURPOSE:

The purpose of this policy is to clearly define which provider type may visit the skilled nursing facility residents and under what circumstances, to ensure that the regulations as set forth by the State and Centers for Medicare and Medicaid (CMS) are adhered to regarding the Initial Comprehensive Visit, Certification and Re-Certification for resident stays in the Skilled Nursing Facility.

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide guidance that assigns authority for Physician Providers (PP) and Non-Physician Providers (NPP) to perform visits, sign orders and sign Certifications/Re-certifications for skilled nursing residents as permitted by the State and the Centers for Medicare and Medicaid (CMS).

PROCEDURE:

All patients/residents of the skilled nursing facility (SNF), after admission, will have an initial comprehensive visit performed by a physician provider. The initial comprehensive visit in the SNF is the initial visit during which the PP completes a thorough assessment and develops a Plan of Care and writes or verifies admitting orders for the resident. The newly admitted resident must be seen every 30 days for the first 90 days by the PP. Following the 90-day period the resident may be seen every alternate visit by the NPP; a nurse practitioner, physician assistant, or clinical nurse specialist.

The initial comprehensive visit must occur no later than 30 days after a resident's admission into the SNF. The physician may not delegate the initial comprehensive visit in the SNF. NPPs may perform other medically necessary visits prior to and after the physician's initial comprehensive visit. Once the physician has completed the initial comprehensive visit in the SNF and has followed the resident for 90 days the physician may then delegate alternate visits to NPP; a physician's assistant (PA), nurse practitioner (NP) or a clinical nurse specialist (CNS) who is licensed as such by the State and performing within the scope of practice in the State. These alternate visits, as well as medically necessary visits, may be performed and signed by the NPP (physician co-signature is not required).

Medically necessary visits performed by NPPs, PAs and CNSs employed by the facility may not take the place of the physician required visits, nor may the visit count towards meeting the required physician visits as prescribed above.

	Initial Comprehensive Visit/Orders	Other Required Visits	Other Medically Necessary Visits & Orders	Certification/ Recertification
PA, NP & CNS	May not perform/or sign	May perform Alternate Visits	May perform and sign	May Not sign

The residents in the Skilled Nursing Facility at Jerold Phelps Community Hospital will be admitted and have the Initial Comprehensive Visit performed by a PP and are to be seen by the PP every 30 days for the first 90 days. Following the initial 90-day period the schedule will be such that the residents will be seen every 60 days by a Physician Provider and on the alternate 30 days may be seen by a NPP; nurse practitioner, physician assistant or clinical nurse specialist.

Those patients in the Swing Bed Program will only be seen by a physician provider who will complete the admission, the initial comprehensive visit, and complete the discharge when the patient has completed their prescribed rehabilitation and is ready for discharge.

DEFINITIONS:
None

SoHum Health

Subject: Interdisciplinary Care Plan Committee	Manual: Skilled Nursing Facility

PURPOSE:

The purpose of this policy and procedure is to describe the Interdisciplinary Team approach to utilization of District services as provided to both Swing Bed patients and Skilled Nursing Facility Residents.

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to use an interdisciplinary team approach to determine if swing bed patients and skilled nursing facility residents are receiving appropriate care at the District. This team approach will be used for swing bed patients and skilled nursing facility residents to ensure that each patient and resident has an individualized care plan that addresses the specific needs of each patient, and that those needs are being met.

Team members may include:

- Chief Nursing Officer/Director of Patient Care Services
- Director of Nursing for Skilled Nursing Facility
- Charge Nurse (LVN)
- Activities Director
- Dietician or Certified Dietary Manager
- MDS Coordinator
- Medical Director
- Physical Therapist
- Quality/Risk Coordinator
- Utilization Coordinator
- Pharmacy Representative
- Resident, family member or POA

PROCEDURE:

The interdisciplinary care plan team (IDCPT) will meet monthly to review care plans for each swing bed patient and each skilled nursing facility resident to determine whether or not the facility is meeting the individualized needs of each swing bed patient and/or skilled nursing facility resident. During the meeting each care plan will be reviewed for the following:

- Dietary needs
- Bowel Regime
- Individualized and relevant activities
- Durable medical equipment (DME), and use of
- Appropriate safety measures while in bed and up in chair
- Social and family interaction if applicable

- Discharge planning if applicable

The weekly summary for each resident and patient may be reviewed to determine if the response to individualized interventions and care plans has been therapeutic and that goals are being achieved.

Care plan review and update will be discussed during the meeting and all changes made at the time with communication to staff, family, or other advocate as necessary. Patients, residents and family members and/or patient/resident advocates are encouraged to attend when their loved one's care is being discussed and will have input regarding changes in routine that may benefit the patient or resident or that the patient or resident has requested.

In the case of a swing bed patient getting ready for discharge all appropriate DME will be ordered and the appropriate face to face meeting between provider and patient with the required criteria for DME being documented in the electronic health record.

For discharge of a resident, see policy and procedure, Discharge from Skilled Nursing.

DEFINITIONS:
None

SoHum Health

Subject:	Manual:
Monthly Drug Regimen Review	**Skilled Nursing Facility**

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to declare that a drug regimen of each resident of the skilled nursing facility shall be reviewed once monthly by a licensed pharmacist and include the resident's medical chart. The pharmacist shall report any irregularities to the attending provider, the facility's medical director and director of nursing (DON), and these reports must be acted upon.

Irregularities include, but are not limited to, any drug that meets the criteria of "unnecessary drug". An unnecessary drug is any drug when used in excessive dose (including duplicate drug therapy), or for excessive duration, or without adequate monitoring, or without adequate indications for its use, or in the presence of adverse consequences which indicate the dose should be reduced or discontinued. Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician, the facility's medical director, and director of nursing. The report shall list at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

The facility must ensure that residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Residents should also receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record. PRN orders for psychotropic drugs are limited to 14 days. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication

DEFINITIONS:

Psychotropic medications: Medications that affect the mind, emotions, and behavior.

PROCEDURE:

1. The pharmacist shall perform a monthly medication regimen review of each resident in the skilled nursing facility within the first week of each month. This review shall include their medical chart.

2. The pharmacist shall report via e-mail any irregularities to the attending provider, the facility's medical director and director of nursing.

3. Any irregularities noted by the pharmacist during this review shall also be documented on a separate, written report referred to as the, "Monthly Drug Regimen Review" found in the respective folder for each resident.

4. The Monthly Drug Regimen Review includes the date, pharmacist's findings, pharmacist's recommendations, action taken, and signature of both the pharmacist and attending physician.

5. It is the responsibility of the DON and attending physician to make sure that the "Monthly Drug Regimen Review" form is reviewed and signed by the attending physician within an appropriate time frame.

6. The findings must acted upon and documented in the resident's medical chart.

7. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

8. The DON shall be responsible to able to identify psychotropic medications from non-psychotropics. See "List of Psychotropic Medications and Side Effects" supplied and attached by the pharmacist.

9. The DON shall ensure that residents who are prescribed psychotropic drugs meet the following conditions:

- The medication is necessary to treat a specific condition as diagnosed and documented in the clinical record.
- Residents should also receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
- Ensure that a PRN order is medically necessary and limited to 14 days, unless the physician believes it is appropriate beyond 14 days and documents their rationale in the resident's medical record.

SoHum Health

Subject:	Manual:
Caring For a Resident With Dementia	**Skilled Nursing Facility~~(Name of Department)~~**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide a safe and supportive environment for all of our residents, including residents with dementia.

DEFINITIONS:

None

BACK GROUND INFORMATION:

The behavioral symptoms in dementia are much more troubling than the memory symptoms and thus provide the challenge in caring for the resident. Neuropsychiatric symptoms are common in dementia and include symptoms of aggression, delusions, hallucinations, and wandering. Depression and sleep disturbances can also occur. Delusions are more common than hallucinations in dementia. The presence of neuropsychiatric symptoms leads to greater functional impairment in patients with dementia and cognitive impairment.

Agitation and aggression may be provoked by several mechanisms including confusion or misunderstanding due to cognitive, language, or memory deficits; frightening, paranoid delusions; pain or discomfort; depression in a patient unable to communicate in any other way; and/or sleep disorders.

Aggression can turn into abusive behavior towards caregivers, other hospital staff, and even other residents. If delusions appear to trigger aggression, treatment with antipsychotic medications may be helpful.

Psychosis can also be a sign of a greater clinical illness and should never be disregarded. Provider evaluation is required.

PROCEDURE:

Documentation of any of the above symptoms of dementia are vital for tracking and assessing the progression of this disease.

Assessment

For patients 65 years or older, on admission, screen for history or diagnosis of dementia or chronic cognitive decline and history of cognitive impairment.

For patients with a known history of dementia/chronic cognitive decline or other cognitive impairment, gather additional details based on medical record, information from patient, family,

caregiver, or other sources as available. Additional details to be collected include symptoms and/or behaviors (types of symptoms/behaviors present), patterns/frequency (how often and under what circumstances do symptoms occur?), course (how has it changed over time?), onset (when did it start?), and duration (how long has it lasted?).

For patients 65 years or older who DO NOT have an existing diagnosis of delirium, dementia, chronic cognitive decline, or other cognitive impairment on admission: screen for signs and symptoms of confusion (mental status disturbances and/or fluctuations in mental status) (Joosse, Palmer & Lang, 2013).

For patients with signs and symptoms of confusion (mental status disturbances and/or fluctuations in mental status), determine whether the confusion is of acute/rapid onset (within a short time frame) and fluctuating in course, OR chronic (with an overall pattern of decline over time) based on the following assessments from patient or family/caregiver report, or other sources as available.

Continue to assess the resident and document the following in the medical record:

- Level of consciousness
- Thought process
- Attention
- Orientation
- Memory
- Perception (hallucinations/illusions)
- Sleep/wake cycle
- Motor behavior
- Affect/behavior
- Verbal/physical aggression/agitation
- Resistance to care
- Wandering
- Ability to complete activities of daily living (bathing, dressing, toileting, transferring to bed or chair, continence, and eating from self-report or family/caregiver report).

Note: Acute change or fluctuating pattern of altered attention, thought process, and/or level of consciousness may indicate acute confusion (delirium). (Joosse, Palmer & Lang, 2013).

Nursing Interventions (Joosse, Palmer & Lang, 2013)

Therapeutic communication strategies:

- Establish resident's primary language
- Introduce self and orient resident to the day, date, time, and place during each interaction
- Use the resident's preferred first name
- Use hearing and vision assistive devices, as needed; ask family to bring from home
- Approach patient in a calm, gentle and relaxed manner
- Speak directly to the person (even if unable to respond) and make eye contact
- Remain calm if patient is agitated
- Avoid excess stimuli during communication

- Allow ample time for patient to respond before repeating information
- Limit choices
- Observe both verbal and non-verbal methods of communication
- Avoid moving or walking during communication
- Repeat sentences using the same words
- Use short, simple sentences and a soft tone
- Ask simple questions that require a short answer (yes/no)

Strategies to reduce internal stressors:

- Control pain
- Provide adequate nutrition and fluids
- Ambulate based on patient's ability
- Promote rest (avoid sleep medication)
- Monitor side effects of medications

Strategies to reduce external stressors:

- Reduce environmental stimulation
- Place patient in private room away from busy/noisy areas of the unit
- Plan and maintain a consistent routine
- Mimic home routine and rituals when possible
- Provide memory aids, such as calendars, schedules for the day
- Provide consistent caregivers when possible
- Provide diversion, such as music, games, repetitive hand activities (folding towels), reminiscence, and stuffed animals/dolls
- Avoid use of physical or pharmacological restraints

Involve the family/caregiver in the plan of care when capable, willing, and appropriate:

- Ask family to bring in pictures or familiar objects (e.g., favorite hat)
- Ask family member to stay (when possible) during times when behavioral changes are noticed
- Include family members in providing care (i.e., eating, bathing, toileting, walking)

Strategies to promote patient safety

- Keep environment uncluttered and eliminate environmental hazards
- Provide visual prompts and signage
- Camouflage or hide intravenous catheters or other tubes, if in use

For patients with chronic cognitive decline or a diagnosis of dementia that need assistance or are dependent in activities of daily living (ADL); implement the following based on needs:

Related to eating:

- Provide eating assistive devices (covered cups, plate with suction)
- Offer one food at a time

- Cut food in small pieces
- Offer finger foods
- Feed when necessary

Related to personal hygiene:

- Cover bathroom mirror if image invokes fear or agitation
- Bathe one part at time, keep body covered
- Re-approach at a later time if care is refused
- Toileting schedule

Note: Monitor the patient's ability to perform ADL daily. For patients with a decline in ADL, collaborate with physician to evaluate the patient's status.

For individuals who are experiencing disruptive behaviors, such as agitation, wandering, or restiveness to care, provide non-pharmacological interventions first.

- Determine the potential source
- Internal stressors: Implement strategies to reduce internal stressors
- External stressors: Implement strategies to reduce external stressors
- Promote therapeutic communication

Strategies to manage agitated behavior

- Diversion activities
- Games, cards, stuffed animals/dolls, folding towels
- Music and reminiscence therapy
- Social contact
- Encourage family member visitation
- One to one social interaction
- Volunteer visits
- Environmental modifications:
    - Manage stimulation
    - Noise (provide periods of quiet time)
    - Light (manage light to promote day/night cycle)
    - Examine potential triggers and patterns of behavior

Strategies to prevent and manage wandering behavior

- Provide supervision/surveillance
- Staff should accompany the resident off the unit
- Place the resident in a room that allows maximum surveillance
- Regular patient checks
- Volunteers or sitters when necessary
- Bed/chair alarm
- Reduce environmental triggers
- Avoid rooms near high traffic or noise

- Keep stairs, elevators, and other exit cues out of the patient's view
- Keep suitcase, shoes, and street clothes out of the patient's view
- Position bed for best visibility and access to the bathroom

Provide individual interventions:

- Familiar objects
- Avoid room changes
- Reduce noise (provide periods of quiet time)
- Provide diversion therapy
- Encourage movement and exercise (mobility)
- Assess and treat for pain
- Toilet and incontinence care
- Promote sleep/wake cycle
- Provide food and fluids

Dementia is a complex disorder that requires staff to continually assess and provide interventions that are aimed to promote the highest quality of life for each individual resident. Always remember to give residents with dementia care with dignity.

SoHum Health

Subject:	Manual:
Facility Assessment	**Skilled Nursing Facility**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to provide guidance for an annual facility assessment which reflects the administration's evaluation of the resident population, staffing, staff competency, and other necessary resources required to most practicably meet the physical, mental, and psychosocial needs of the residents.

DEFINITIONS:

Facility Assessment: Used to determine what resources are necessary to care for the facility's residents competently during both day-to-day operations (including nights and weekends) and emergencies.

PROCEDURE:

This facility conducts and documents a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility assessment is reviewed and updated as necessary and at least annually. The assessment is also reviewed and updated when there are any changes, or the facility plans for any changes, that would require a substantial modification to any part of this assessment.

The facility assessment addresses the resident population including, but not limited to, the number of residents and the facility's resident capacity, as well as the care required by the resident population, which shall be assessed using evidence-based and data-driven methods. The assessment will consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts present within the population, consistent with and informed by individual resident assessments. Assessment of staff competencies necessary to provide the level and types of care, treatment, and services needed for the resident population will be documented. The facility assessment includes physical environment, equipment, services, and other physical plant considerations necessary to care for the resident population. Any ethnic, cultural, or religious factors which may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services are included in annual assessment.

The facility's resources are assessed annually, including but not limited to: all buildings and/or other physical structures and vehicles, equipment (medical and non-medical), services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies. Resources can include all staff, including managers, registered nurses, other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care.

Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies, as well as health information technology resources, such as systems for electronically managing resident records and electronically sharing information with other organizations are also included in annual assessment.

In conducting the facility-based and community-based risk assessment, this facility uses an all-hazards approach and ensures active involvement of the following participants in the process:

- Nursing home leadership and management, including but not limited to a member of the governing body, the medical director, an administrator, and the director of nursing
- Direct care staff, including but not limited to RNs, LPNs/LVNs, CNAs, and representatives of the direct care staff, if applicable.
- Input shall be solicited and considered from residents, resident representatives, and family members.

This facility uses the facility assessment for informing staffing decisions to ensure there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care. The assessment is used to consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population, to consider specific staffing needs for each shift, such as day, night, and weekend to make adjustments as necessary based on any changes to its resident population, and to develop and maintain a plan to maximize recruitment and retention of direct care staff. Contingency planning for events that do not require activation of the facility's emergency plan but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care, is informed by these assessments.

Areas of improvement identified by the facility assessment shall be addressed by administration. Actions taken to address the areas of improvement shall be documented.

SoHum Health

Subject:	Manual:
Pharmacist Prescription Changes	**Garberville Pharmacy**

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to allow the pharmacist, using their professional judgment, to make low impact therapeutic changes in order to minimize delays in patient care according to a protocol. Low impact is defined as therapeutic interchanges per insurance, changing between non-AB rated bio-identicals, tablets to capsules, ointments to creams, package size dispensing, etc.

PROCEDURE:

When a prescription is sent to Garberville Pharmacy that is not fillable as written the pharmacist must:

1. Recognize that the prescription will be fillable with a low impact therapeutic change.
2. Utilize the appropriate protocol to make the change.
3. Document changes on the hard copy with the notation "Per protocol".

members for no longer than twenty-four (24) months;

(b) Meet the qualifications of Medical Staff or AHP Staff membership;

(c) Commit to support the District's patient care programs;

3.5.2 Prerogatives

Provisional Staff members may:

(a) Admit and care for patients only if granted clinical privileges to do so;

(b) Attend meetings;

(c) Provisional Active Medical Staff have the right to vote, while Provisional Associate Medical Staff have no right to vote;

(d) Provisional AHP Staff, of any staff category, may not vote unless the vote is related to credentialing, privileging, or peer review of an Allied Health Professional; and

(e) All Provisional Staff may serve on committees as requested by the CW, but may not hold positions of leadership;

3.5.3 Responsibilities

Provisional Staff members shall:

(a) Complete proctoring requirements;

(b) Fulfill all responsibilities of membership; and

(c) Actively assist the Medical Staff and Hospital, as requested;

3.5.4 Competency Validation of Provisional Staff Members

(a) Each Provisional Staff member shall undergo a period of Focused Professional Practice Evaluation (FPPE) (Proctoring) as described in these Bylaws. The purpose of this provisional period shall be to evaluate the member's proficiency in the exercise of clinical privileges initially granted, and overall eligibility for continued staff membership and advancement within staff categories. Evaluation of Provisional Staff members shall follow the frequency and format determined by the CW to be appropriate in order to adequately evaluate the Provisional Staff member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained.

(b) The CW shall determine the Provisional Staff member may advance to another staff category when the Provisional Staff member meets all of the qualifications for advancement; has discharged all of the responsibilities, including completion of all required proctoring; and has not exceeded or abused the prerogatives of the Provisional Staff category.

(c) A Provisional Staff member shall remain in the Provisional Staff category for a minimum of ~~three (3) months and up to~~ twelve (12) months. the governing body may extend the provisional status (after recommendation from the Chief of Staff) if further evaluation is necessary for a total period of twenty-four (24) months following appointment to the provisional staff.

(d) Failure to meet all of the qualifications for advancement within twenty-four (24) months shall result in disqualification for reappointment. Where proctoring is not timely completed only for specified clinical privileges, those clinical privileges shall automatically terminate. A Provisional Staff member is not entitled to the procedural rights of appeal as set forth in the Fair Hearing Process, unless required by law.

3.6 TELEMEDICINE STAFF

3.6.1 Practitioners who render a diagnosis or otherwise provide clinical care and

RESOLUTION NO. 26:06

RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT ORDERING AN ELECTION TO AUTHORIZE THE ISSUANCE OF GENERAL OBLIGATION BONDS, ESTABLISHING SPECIFICATIONS OF THE ELECTION ORDER, REQUESTING CONSOLIDATION WITH ANY OTHER ELECTIONS OCCURRING ON NOVEMBER 3, 2026 AND CERTAIN RELATED MATTERS

WHEREAS, in the judgment of the Board of Directors (the "Board") of the Southern Humboldt Community Healthcare District (the "District"), it is advisable to call an election to submit to the electors of the District the question whether general obligation bonds of the District shall be issued and sold for the purpose of raising money for the expansion, improvement, acquisition, construction, equipping and renovation of health care capital facilities of the District; and

WHEREAS, Article XIII A, Section 1(b), of the California Constitution ("Article XIII A") provides an exception to the limit on *ad valorem* property taxes for bonded indebtedness for the acquisition or improvement of real property approved by two-thirds (2/3) of the votes cast by the voters voting on the proposition; and

WHEREAS, the Board is specifically authorized to pursue the authorization and issuance of bonds by a two-thirds (2/3) vote of the electorate on the question of whether bonds of the District shall be issued and sold for specified purposes, pursuant to Section 32300 *et seq.* of the California Health and Safety Code (the "Law"); and

WHEREAS, the District is primarily located in Humboldt County and partially in Mendocino County (together, the "Counties"); and

WHEREAS, pursuant to Section 10403 *et seq.* of the California Elections Code, it is appropriate for the Board to request the Registrar of Voters of both of the Counties to perform required election services for the District and to request consolidation of the election with any and all other elections to be held on Tuesday, November 3, 2026; and

WHEREAS, certain provisions of the California Government Code (Sections 53410 *et seq*.) require that a local agency submitting a bond measure to the voters provide specific accountability measures; and

WHEREAS, it is the intent of the Board to set forth by this Resolution the specifications of the election order and specified accountability measures with respect to the proceeds of the bonds to be authorized by the election called pursuant to this Resolution.

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. Call for Election. The Board hereby orders an election and submits to the electors of the District the question of whether general obligation bonds (the "Bonds") of the District shall be authorized to be issued and sold in a principal amount not to exceed $25,000,000 for the purpose of financing and refinancing the expansion, improvement, acquisition, construction, equipping and renovation of health care capital facilities of the District, and to pay costs incident thereto (the "Project"), as set forth more fully in the ballot proposition approved pursuant to Section 3 of this Resolution. This Resolution constitutes the order of the District to call such election.

Section 2. Election Date; Request for Consolidation. The Board hereby calls for this measure to be placed on the ballot for the November 3, 2026 gubernatorial election, to be held pursuant to the California Elections Code and as otherwise allowed by the laws of the State of California and procedures applicable to the District. The Secretary or Clerk of the Board or the Chief Executive Officer of the District shall file (or cause to be filed) a certified copy of this Resolution no later than August 7, 2026, with the Clerk of the Board of both of the Counties and with the Registrar of Voters of both of the Counties. Pursuant to California Elections Code Section 10400 *et seq*., the Board of Supervisors of each of the Counties is hereby requested to order consolidation of this bond election with such other elections called for November 3, 2026 in the same territory. The Board of Supervisors of each of the Counties is hereby authorized and requested to canvass the returns of the election pursuant to Section 10411 of the Elections Code. The Board of Supervisors of each of the Counties is requested to permit the Registrar of Voters of the Counties and other appropriate officials of the Counties to render all services necessary in connection with the bond election including, but not limited to, the mailing of the sample ballot and tax rate statement (described in Section 9401 of the Elections Code), the opportunity to submit ballot arguments in connection with the bond election, publication of any necessary notices, the canvassing and certification of the returns of the election, and other ballot requirements pursuant to the California Elections Code.

Section 3. Purpose of Election; Ballot Measure. The purpose of the election shall be for the voters in the District to vote on a ballot measure, a copy of the full ballot text is attached hereto as *Exhibit A*, containing the question of whether the District shall issue the bonds for the purposes stated therein, together with the accountability requirements, which is hereby approved and adopted by the Board. The Board hereby determines to include within the ballot pamphlet the full ballot text. As required by California Elections Code Section 13247, the ballot question/abbreviated form of the measure to appear on the ballot is attached hereto as *Exhibit B* and is hereby approved and the Board hereby directs the Registrar of Voters of each of the Counties to use such abbreviated form on the official ballot. The Registrar of Voters of each of the Counties is hereby requested to reprint the measure in its entirety (the full ballot text located in *Exhibit A*) in the voter information pamphlet to be distributed to voters, together with the tax rate information (attached hereto as *Exhibit C*) as required by the Law.

The Chief Executive Officer, the Chief Operations Officer, and the Chief Financial Officer of the District, and each of them alone, or their respective designee(s), are hereby authorized and directed to make any changes to the text of the ballot measure as required to conform to any requirements of Article XIII A, the Law, the California Elections Code, or the Registrar of Voters of each of the Counties.

Section 4. Authority for Election. The authority for ordering the election and for the specification of this election order are contained in Section 32301 of the Law and Article XIII A, Section 1(b)(2), of the California Constitution. The District hereby finds that the bonded indebtedness proposed herein is within legal limits, as shown by the last equalized assessment role of each of the Counties in accordance with Section 32308 of the Law. Pursuant to Section 18 of Article XVI and Section 1 of Article XIIIA of the California Constitution, the measure shall become effective upon the affirmative vote of at least two-thirds (2/3) of those voters voting on the measure.

Section 5. Terms of the Bonds upon Approval by the Electorate. As required by Section 32302 of the Law, in the event two-thirds (2/3) of the voters voting in the District approve the issuance of the bonds, the Board shall cause the Bonds to be issued in one or more series in an aggregate principal amount not to exceed $25,000,000; provided that such aggregate maximum amount shall be equal to the par amount of the bonds, which shall not include any premium at which the bonds or any series thereof may be issued. The Bonds shall bear interest payable at a rate not exceeding the legal limit, and any series of which shall have a maturity date no later than thirty (30) years following the date of issuance of such series. The Board shall apply the bond proceeds only to the specific purposes stated in the ballot measure, shall cause the continuation or creation of funds and accounts into which bond proceeds shall be deposited, and shall cause the preparation of an annual report pursuant to Sections 53410-53411 of the California Government Code.

Section 6. Accountability Provisions.

(a) No Money For Administrators' Salaries. Proceeds from the sale of the bonds authorized by this measure shall be used only for the purposes set forth in the measure and the cost of the issuance of the bonds, and not for any other purpose, including staff and administrator salaries and other operating expenses.

(b) Special Bond Proceeds Account; Annual Audit And Report to Board. The Board hereby directs that a separate account shall be established for deposit of proceeds of the sale of the bonds if the measure is approved by District voters. For so long as any proceeds of bonds remain unexpended, the Chief Financial Officer of the District shall cause a report to be filed with the Board no later than five (5) months after the end of each fiscal year, commencing with the first fiscal year during which any proceeds of bonds authorized by this measure shall have been received. The report shall state (1) the amount of bond proceeds received and expended in such fiscal year, and (2) the status of any projects funded or to be funded from the proceeds of bonds authorized to be issued by this measure. The report may be incorporated into or filed with the audit or other appropriate routine report provided to the Board. Audited financial statements of the District will continue to be made available in accordance with applicable requirements.

Section 7. Request for Election; Costs. The District hereby requests that the Registrar of Voters of each of the Counties takes all steps necessary to hold the election pursuant to the California Election Code and the District agrees to reimburse the Registrar of Voters of each of the Counties for all actual costs incurred by it for the District election, as set forth in the current election allocation procedures of the Counties.

Section 8. Delivery of this Resolution. The Board Secretary, Board Clerk and Chief Executive Officer of the District are hereby directed and authorized to deliver a certificated copy of this Resolution to the Registrar of Voters of each of the Counties no later than the close of business on August 7, 2026.

Section 9. Impartial Analysis; Ballot Arguments; Further Authorization. The Humboldt County Counsel is hereby requested to prepare the impartial analysis of the ballot measure in accordance with Section 9313 of the California Elections Code and transmit it to the Registrar of Voters and election officer of each of the Counties, as applicable. Any and all members of the Board, any resident of the District, or association of citizens, are hereby authorized to act as an author of any ballot argument prepared in connection with the election, including a rebuttal argument. Each of the President and Vice President of the Board, and the Chief Executive Officer, Chief Operations Officer and the Chief Financial Officer of the District, or any of their respective designees, are each hereby authorized, empowered, and directed, for and on behalf of the District, to execute any and all documents, and to perform any and all acts necessary or appropriate to place the measure on the ballot or otherwise effectuate the purposes of this Resolution.

Section 10. Effective Date. This resolution shall take effect immediately on and after its adoption.

* * * * * * * *

PASSED AND ADOPTED by the Board of Directors of the Southern Humboldt Community Healthcare District this 30th day of July, 2026, by the following vote:

AYES: _____

NAYS: _____

ABSENT: _____

ABSTAIN: _____

APPROVED:

_____
Kevin Church
President, Board of Directors

ATTEST:

_____
Darrin Guerra

CERTIFICATION

I, _____, Secretary to the Board of Directors of Southern Humboldt Community Healthcare District, do hereby certify that the foregoing is a full, true and correct copy of Resolution No. 26:06 passed and adopted by said Board of Directors at a meeting held on the 30th day of July, 2026, and that the minutes of said Board of Directors show that ___ members of said Board voted for, and ___ members of said Board voted against the adoption of said Resolution, and the said Resolution is now spread upon the minutes of said Board.

_____
Secretary to the Board

EXHIBIT A

FULL TEXT OF BALLOT MEASURE

INTRODUCTION

Southern Humboldt Community Healthcare District (the "District") is a major provider of health care services to communities in Southern Humboldt County and Mendocino County. The District operates Jerold Phelps Community Hospital, Southern Humboldt Community Clinic, Southern Humboldt Family Resource Center, Garberville Pharmacy and optometry services, and provides services including emergency care, inpatient care, skilled nursing, laboratory, radiology, physical therapy, primary care, and home health.

Over the next decade, the District faces a number of financial challenges to continue to provide community health care services. These include:

- A 77 year-old hospital facility which does not comply with upcoming State of California seismic and other building safety requirements (California Senate Bill 1953) which require that the facility be designed to structurally withstand earthquakes and remain open even when cut off from electricity and water.
- Difficulty in recruiting primary care and specialty care physicians due to age and current equipment of hospital facilities.
- Continuing and increasing costs needed to maintain hospital facility infrastructure.

The District needs to replace the existing hospital facilities with new hospital facilities. The proposed facility will provide a larger, state of the art emergency room, equipment for improved service levels and a helicopter stop for emergency life-flight transfers. A local general obligation bond was identified as a necessary component in meeting the capital financing needs of the District. The issuance of general obligation bonds will also provide the District with matching funds needed to obtain additional funding sources for the construction of new hospital facilities.

BOND AUTHORIZATION

By approval of this measure (the "Measure") by at least two-thirds of the qualified voters voting, the District shall be authorized to issue and sell bonds in the aggregate principal amount of $25,000,000 to provide financing or refinancing for hospital and health care facility projects consisting of improvement, acquisition, construction, and renovation of facilities for hospital and health care purposes at the District's hospital and sites, subject to all of the accountability safeguards specified in this Measure.

The Board plans and expects to use proceeds of the bonds authorized by this Measure to finance or refinance the improvement, acquisition, construction, and renovation of the District's hospital, facilities, and sites, which are expected to include the following project elements:

New Construction; Additions, Repairs and Upgrades to the District's Hospital, Facilities, and Sites

- Construct a new hospital facility
- Repair, replace, construct, acquire, and upgrade new and additional emergency room facilities and operating rooms
- Repair, replace, construct, acquire, and upgrade District facilities, sites, and infrastructure
- Repair, replace, construct, acquire, and upgrade plumbing, electrical systems, elevators, ventilation, heating, cooling, medical gas systems, medical equipment, technology systems, lighting, emergency power and communications, safety and security systems, parking, vehicular and pedestrian access, restrooms, and major building systems
- Make and construct health and safety improvements, including Federal and State-mandated Americans with Disabilities Act (ADA) accessibility upgrades and acquisitions
- Construct life flight/heliport facilities to accommodate expedited life flight air transportation

Earthquake Safety Upgrades

- Upgrade District hospitals, facilities, and sites to meet upcoming State seismic requirements, including those outlined in California Senate Bill 1953 which require structural integrity and improved infrastructure that will allow the hospital stay open even when cut off from offsite utilities.

Each of the foregoing bond projects may include all incidental projects, including abatement and removal of hazardous materials, addressing unforeseen conditions revealed by construction and/or reconstruction, other improvements required to comply with existing building codes, and all work necessary and incidental to specific projects described above, including any demolition. Further, each of the bond projects includes the costs of furnishing and equipping such facilities, and all costs which are incidental but directly related to the types of projects described above. Examples of incidental costs include, but are not limited to, costs of design, engineering, architect and other professional services, facilities assessments, inspections, site preparation, utilities, landscaping, construction management and other planning and permitting, bond issuance, accounting and similar costs, demolition and disposal of existing structures, and federal and state-mandated safety measures and upgrades. Bond projects do not include money for administrator salaries or benefits or general operating expenses – see below.

The Board has reserved the right to finance authorized projects with the bonds as it deems advisable and necessary. The inclusion or specification of a project in the foregoing list is not a guarantee that such project will be constructed or completed, or that it will be constructed or completed as described above at any particular time or in any particular order of priority. Projects and upgrades will be completed as needed at a particular site according to Board-established priorities. This Measure authorized the financing of projects, and shall not be deemed to be an approval of any "project" for purposes of the California Environmental Quality Act.

All of the purposes enumerated in this Measure shall constitute the specific purposes of the bonds, and proceeds of the bonds shall be spent only for such purposes, pursuant to California Government Code Section 53410.

ACCOUNTABILITY MEASURES

No Money for Administrators' Salaries or Benefits - Proceeds from the sale of the bonds authorized by this Measure shall be used only for costs incurred in connection with expansion, improvement, acquisition, and construction of medical facilities, and the costs of the issuance of the bonds, and not for any other purpose, including staff and administrator salaries and other operating expenses.

Special Bond Proceeds Account, Annual Audit, and Report to Board – The Board hereby directs that a separate account shall be established for deposit of proceeds of the sale of bonds authorized by this Measure if the Measure is approved by the District Voters.

For so long as any proceeds of the bonds authorized by this Measure remain unexpended, the Chief Financial Officer of the District shall cause a report to be filed with the Board no later than five (5) months after the end of each fiscal year, commencing with the first fiscal year during which any proceeds of bonds authorized by this Measure shall have been received. The report shall state (1) the amount of bond proceeds received and expended in such fiscal year, and (2) the status of any projects funded or to be funded from the proceeds of bonds authorized to be issued by this Measure. The report may be incorporated into or filed with the audit or other appropriate routine report provided to the Board. Audited financial statements of the District will continue to be made available in accordance with applicable requirements.

OTHER TERMS OF BONDS

The bonds authorized by this Measure, in an aggregate principal amount of $25,000,000 shall be issued upon the order of the Board in one or more series and at one or more times as may be necessary and most advantageous to raise money for the purposes set forth herein.

The bonds shall bear interest payable at a rate not exceeding the legal limit.

The bonds, or any series thereof, shall have a maturity date no later than thirty (30) years following the date of issuance of such series (pursuant to the provisions of California Health and Safety Code Section 32303 or any law applicable at the time of issuance of such series).

The taxes levied pursuant to this Measure shall be collected in the same manner as *ad valorem* property taxes and applied towards the payment of principal of and interest on said bonds in accordance with California Health and Safety Code Section 32312.

EXHIBIT B

BALLOT QUESTION/ABBREVIATED FORM OF BALLOT MEASURE

"To replace 77 year-old Jerold Phelps Community Hospital with a modern hospital to provide life-saving emergency care for victims of accidents, heart attacks, strokes, and other emergencies, improve Emergency Room facilities, operating rooms, provide advanced medical equipment/technology and life flight services; and qualify for matching funds shall Southern Humboldt Healthcare District's measure authorizing $25,000,000 in bonds be adopted, levying 8 cents per $100 assessed value (raising $2,000,000 annually) while bonds are outstanding, with independent citizen oversight and all funds staying local?"

BONDS – YES
BONDS – NO

EXHIBIT C

TAX RATE STATEMENT

An election will be held in the Southern Humboldt Community Healthcare District (the "District") on November 3, 2026 to authorize the sale of up to $25 million in general obligation bonds to finance the hospital projects as described in the bond measure. If such bonds are authorized, the District expects to sell the bonds in one or more series. The following information is submitted in compliance with Sections 9400-9404 of the Elections Code of the State of California. Such information is based upon the best estimates and projections presently available from official sources, upon experience within the District, and other demonstrable factors.

Based upon the foregoing and projections of the District's assessed valuation available at the time of this statement, the following information is provided:

1. The best estimate of the average annual tax rate that would be required to be levied to fund this bond issue over the entire duration of the bond debt service, based on estimated assessed valuations available at the time of filing of this statement, is 8¢ per $100 ($80 per $100,000) of assessed valuation. It is currently expected that the final fiscal year in which the tax will be collected is fiscal year 2052-53.

2. The best estimate of the highest tax rate that would be required to be levied to fund this bond issue, and an estimate of the year in which that rate will apply, based on estimated assessed valuations available at the time of filing this statement, or a projection based on experience within the same jurisdiction or other demonstrable factors, is 8¢ per $100 ($80 per $100,000) of assessed valuation of all property to be taxed for fiscal years 2027-28 through and including 2052-53; this tax rate is projected to apply in each fiscal year that the bonds are outstanding.

3. The best estimate of total debt service, including principal and interest, that would be required to be repaid if all the bonds are issued and sold will be approximately $50.4 million.

The attention of all voters is directed to the fact that the foregoing information is based upon projections and estimates only, which amounts are not maximum amounts and durations and are not binding upon the District. These estimates are based on projections derived from information obtained from official sources, and are based on the assessed value (not market value) of taxable property on the Counties' official tax rolls. In addition, taxpayers eligible for a property tax exemption, such as the homeowner's exemption, will be taxed at a lower effective tax rate than described above. Property owners should consult their own property tax bills and tax advisors to determine their property's assessed value and any applicable tax exemptions. The actual debt service, tax rates and the years in which they will apply may vary depending on the timing of bond sales, the par amount of bonds sold at each sale, and actual increases in assessed valuations. The timing of the bond sales and the amount of bonds sold at any given time will be determined by the District based on the need for project funds and other considerations. Actual assessed valuations will depend upon the amount and value of taxable property within the District as determined by each County Assessor in the annual assessment and the equalization process.

_____

Chief Executive Officer of the Southern Humboldt Community Healthcare District

SoHum Health

CNO Board Report – July 2026

Executive Summary

Clinical departments continue to demonstrate strong collaboration, adaptability, and commitment to safe, high-quality care. Current priorities include regulatory readiness, patient and resident safety, workforce development, improved clinical documentation, expanded access to services, standardized workflows, and strategic investment in equipment and technology.

Hospital Services

Emergency Department, Acute Care, and Swing Bed

The Emergency Department continues to provide 24-hour emergency care to the community. Positive feedback received from community members reflects the dedication and professionalism of the clinical team.

The Centers for Medicare & Medicaid Services Plan of Correction associated with the recent hospital relicensing survey has been accepted. The California Department of Public Health Plan of Correction was submitted timely, and final acceptance is pending.

The hospital currently maintains nine patient-ready beds. Supplemental per-diem nursing resources have helped fill open shifts and support continuity of patient care. Nursing staffing ratios were reviewed during the recent state visit and confirmed to be appropriate.

The Swing Bed Program continues to maintain an average census of approximately five to seven patients. Inpatient admission support has contributed to increased patient volume and improved access to hospital services.

A follow-up scheduling process has been implemented for Emergency Department patients who require continued behavioral health support following discharge. This initiative strengthens continuity of care and improves connections to appropriate outpatient services.

A staff member will begin Crisis Prevention Institute instructor certification training in August. This initiative will strengthen the organization’s ability to train employees in safe, compassionate, and effective approaches to managing patients with complex behavioral or psychosocial needs.

Interdisciplinary rounding is also being strengthened within the Swing Bed and Skilled Nursing Facility programs to improve communication, care coordination, and clinical outcomes.

Skilled Nursing Facility

The Skilled Nursing Facility remains at full capacity and continues to provide compassionate, resident-centered care.

Residents are participating in meaningful activities that support social engagement and quality of life, including gardening, community outings, library visits, scenic drives, and local events.

Nursing leadership continues to review and update clinical policies to ensure alignment with current regulations and standards of care.

Infection Prevention

The Infection Preventionist continues to integrate successfully into the organization and is working collaboratively with clinical managers to strengthen infection surveillance, staff education, policy compliance, and regulatory readiness.

The program is also clarifying communication pathways so that infection prevention questions and concerns are consistently directed to infection preventionist.

Clinic

Clinic Operations

Clinic leadership continues to focus on access, provider productivity, timely documentation, and standardized clinical workflows.

The organization is evaluating medical scribe services as a potential strategy to reduce provider administrative burden, improve documentation timeliness, support productivity, and allow providers to dedicate more time to direct patient care.

A structured documentation improvement plan has produced positive early results, including more timely completion of patient charts.

Patient Navigation

Patient Navigation continues to conduct outreach in support of Quality Incentive Program measures. These efforts help connect patients with preventive services, chronic disease management, follow-up care, and other needed healthcare resources.

Visiting Nurse Program

The Visiting Nurse Program continues to collaborate with clinic providers to increase appropriate referrals and connect eligible patients with in-home services.

Occupational therapy home assessments have expanded, supporting evaluation of home safety, functional needs, and opportunities for patients to maintain independence.

Mobile Optometry

The Mobile Optometry team completed emergency evacuation training and reviewed associated safety procedures.

The new Fortuna service location has experienced strong demand, demonstrating continued community need for accessible eye-care services.

Behavioral Health

Behavioral Health continues to collaborate across hospital, Skilled Nursing Facility, Swing Bed, and Senior Life Solutions programs.

The department also completed a review of service-hour allocation to support accurate reporting for the previous fiscal year's cost report.

Diagnostic Services

Laboratory

The Laboratory completed 2,241 testing procedures in June, representing a 23% increase compared with May 2026 and a volume comparable to June 2025.

The Administrative Team approved the purchase of a new clinical chemistry analyzer. This investment will replace aging equipment, improve reliability and efficiency, and is expected to produce long-term financial savings.

Additional laboratory investments include:

- Laboratory-grade refrigerators and freezers
- Replacement of the existing coagulation analyzer
- Continued expansion of microbiology testing services
- Review of a syndromic PCR analyzer capable of rapidly identifying infectious pathogens

Two previously trained phlebotomists have joined the Phlebotomy Float Pool, strengthening the department's ability to maintain services during staffing vacancies and planned absences.

SoHum Health also received the Battle of the Hospitals Blood Drive trophy, reflecting strong participation from employees and community supporters.

Radiology

Radiology and the Referrals Department are consistently working towards enhancing MRI scheduling, patient screening, and coordination. To facilitate the identification of essential tests and key safety considerations before scheduling appointments, a standardized MRI questionnaire is currently being developed. This initiative is designed to reduce delays, improve patient preparedness, and diminish the likelihood of patients needing to reschedule their appointments. Additionally, the MRI schedule is fully booked for the upcoming MRI mobile visit.

Referrals

The Referrals Department continues to improve workflow efficiency and collaboration with Patient Financial Services.

The department has successfully assumed responsibility for MRI scheduling and has implemented a revised Treatment Authorization Request and Referral Authorization Form process. These improvements are expected to reduce authorization-related denials, improve reimbursement, and support timely patient access.

Pharmacy

The Pharmacy Department continues to focus on medication safety, medication availability, and support for clinical departments.

A standardized pain-management protocol is being developed to streamline provider orders, improve consistency, support nursing workflows, and reduce the risk of medication errors.

Additional pharmacy priorities include:

- Developing workflow aids aligned with organizational policies
- Strengthening medication-storage and refrigeration contingency processes
- Improving the formulary in collaboration with the Emergency Department
- Supporting accurate and timely medication management in Epic
- Coordinating medication-ordering processes with community and long-term-care pharmacy partners

Rehabilitation Services

Physical Therapy continues to expand its inpatient and outpatient presence. The newest therapist has integrated successfully into the interdisciplinary team and is developing a growing patient caseload.

The Patient Handling and Movement Policy is undergoing clinical review to ensure that it reflects current standards of care and supports safe mobility assessment for newly admitted patients and residents.

Senior Life Solutions

Senior Life Solutions continues to strengthen program operations, expand community outreach, and increase access to behavioral health services.

The program currently serves seven clients and has additional referrals pending. Several participants are approaching successful program completion, and an aftercare component has been initiated to provide continued support for former clients.

Planning is underway for an open house to introduce the program's new location and services to the community.

The team is also collaborating with the Family Resource Center to develop a community suicide-awareness event. Final program and funding details are being confirmed.

Recruitment and transition planning are underway for new program leadership.

Organizational Quality and Standardization

A key organizational priority is the continued standardization of care, communication, documentation, and operational processes across the hospital, Skilled Nursing Facility, clinic, diagnostic services, pharmacy, rehabilitation programs, and behavioral health services.

Standardized practices support:

- Consistent and coordinated patient care
- Improved patient and resident safety
- Timely and accurate documentation
- Efficient use of organizational resources
- Greater accountability and regulatory readiness
- Improved communication between departments

Clinical leadership remains committed to supporting employees, strengthening systems, and using organizational resources effectively to provide safe, compassionate, and high-quality care throughout the SoHum Health District.

Adela Yanez, RN, BSN
Chief Nursing Officer

SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921
sohumhealth.org

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION
26:07
APPROVAL OF TWO LOANS FROM SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE FOUNDATION

A RESOLUTION OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF A LOAN AND SECURITY AGREEMENT, PROMISSORY NOTE, AND CERTAIN ACTIONS IN CONNECTION THEREWITH FOR THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE FOUNDATION.

WHEREAS, **Southern Humboldt Community Healthcare District** (the "Borrower") has determined that it is in its best interest to borrow an aggregate amount not to exceed **$1,500,000.00**, from the SoHum Health Foundation (the "Lender")

WHEREAS, the Borrower intends to use the funds for the following: **Operating Expenses**;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Borrower as follows:

Section 1. **Matt Rees, Chief Executive Officer** (an "Authorized Officer"), is hereby authorized and directed, for and on behalf of the Borrower, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems necessary or advisable in order to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 2. The proposed Loan and Security Agreement (the "Agreement"), dated as of July 29, 2026, which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed a total of $1,500,000.00 and the loan shall bear interest at a rate of 6% per annum until January 31, 2027 (the "Maturity Date"). The Authorized Officer is hereby authorized and directed, for and on behalf of the Borrower, to execute the Agreement in a substantially said form that includes the Assignment of Anticipated Ad Valorem Operating Tax Assessment Collections in the event of default, with such changes therein as the Authorized Officer may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

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

Ayes: _____

Noes: _____

Abstain: _____

Absent: _____

_____
Witnessed by: Kevin Church, President

_____
Witnessed by: Corinne Stromstad, Vice-President/Secretary