

PUBLIC NOTICE KERN VALLEY HEALTHCARE DISTRICT AGENDA FOR BOARD OF DIRECTORS

October 9, 2025 – 2:00 p.m. Location: Administrative Conference Room www.kvhd.org

REMOTE PARTICIPATION: Microsoft Teams

Meeting ID: 236 488 593 528 3 **Passcode:** h2KY3vf7

A. CALL TO ORDER

B. APPROVAL OF AGENDA

(pages 1-4)

- 1. Flag Salute
- 2. Invocation
- 3. Mission Statement: We will provide high quality, efficient patient-care services that respond to community and provider needs. We will provide leadership in health promotion and education for our patients, residents, medical staff, employees and community throughout the district.
- C. PUBLIC COMMENT: This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. The Board cannot take action on items not listed on the agenda for action. Speakers are limited to three minutes. Please state your name before making your comment.
- **D. CONSENT AGENDA:** The following items are considered routine and non-controversial by Hospital Staff. Consent items are listed as **ACTION** items and may be approved by one motion if no member of the Board or audience wishes to comment or ask questions. If comment or discussion is desired, the item will be removed from the Consent Agenda and will be considered separately.
 - 1. Board of Directors Meeting Minutes September 11, 2025 (pages 5-9)
 Recommendation Approve minutes as presented
 - 2. Special Board of Directors (Ethics) September 11, 2025 (page 10)

 Recommendation Approve minutes as presented
 - 3. Board Governance Meeting Minutes September 23, 2025 (pages 11-12)

 Recommendation Accept minutes pending committee approval

4. Building & Planning Meeting Minutes – September 23, 2025 (pages 13-14) Recommendation – Accept minutes pending committee approval 5. Finance Committee Meeting Minutes – September 24, 2025 (pages 15-16) Recommendation – Accept minutes pending committee approval 6. Unaudited Financial Statement – August 2025 (pages 17-27) Recommendation – Accept financial statement as presented 7. 13-Month Patient Statistics – August 2025 (pages 28-29) Recommendation – Accept report as presented 8. Financial Report Narrative Summary – August 2025 (page 30) Recommendation - Accept report as presented 9. Contracts: (page 31) Recommendation – Continue with contracts a. Advanced Data Storage – Pick-Up and Destroy PHI

- b. Bayer Healthcare Stellant SX (CT Injector)
- c. Comp Health MVHC Recruitment
- d. Delta Liquid Energy Propane Delivery
- e. Paul Giem, MD ER Service
- f. Fangluo Liu, MD Medical Director Lab
- g. Mesa Winds Apartments 6400 Lynch Canyon, Units 3,4,7
- h. Nave Law Office, PC Legal Counsel
- i. Register.com Website/Email/Domain KVHD
- j. Relias Learning Employee Learning/Training
- k. Zixcorp Systems Email Encryption/Large File Transfer
- 10. Board Personnel & Policy Meeting Minutes September 22, 2025 (pages 32-34) Recommendation – Accept minutes pending committee approval
- 11. Human Resources Report August 2025 (page 35) Recommendation – Accept report as presented

12. Policies:

Recommendation – Approve policies as presented

Collections:

Charity Care and Financial Assistance

Deposits – Discounts

Outside Collection Agency

Emergency Department:

AMA – Patient Leaving the Hospital AMA

Nursing Intervention Protocols

Human Resources:

Personal Calls and Cell Phone Use

Infection Control – SNF:

Surveillance Program Plan

Vaccination Standing Orders

Laboratory:

ESR MiniiSED Analyzer SOP

Mesa Clinical Pharmacy:

Controlled Substances, Ordering and Receiving

Nursing:

Competency Assessment, Clinical Nursing Staff

Crash Cart Equipment and Locations – AC

Electrical Cardioversion

Nutrition Services:

Food Storage, Labeling, and Dating

Pharmacy:

340B Program

Medication Security and Storage

Patient's Home Medication Use and Storage

Rehabilitation Services:

Admissions – Processing of Outpatients

Rehabilitation Department Patient and Visitor Standards

Respiratory Therapy:

Electrocardiogram (EKG), Performing An

Vapotherm

Skilled Nursing:

Activity Department Staff

Activity Program

Controlled Substances Count/Storage

Utilization Review:

Medicare Beneficiary Liability Notices

Personnel Responsible for the Provision of Social Services

To Be Retired:

PHA – Patient's Home Medications

PHA – Storage and Use of Patient's Own Medication

PHA – Medication Storage

PHA – Medication Security

SNF IC - Resident Immunization/Vaccination - Pneumovax/Prevnar

SNF IC – Resident Immunization/Vaccination - Influenza

13. Manuals:

Recommendation – Approve manuals as presented

Health Information Management

Medical Staff

Compliance

14. Medical Appointments: None

15. Medical Reappointments: None

16. Chief of Medical Staff Report

(page 36)

Recommendation – Review report

17. Chief Nursing Officer Report

(page 37)

Recommendation - Review report

(pages 38-42)

18. Chief Information Officer Report

Recommendation - Review report

19. Foundation/Auxiliary Report (pages 43-45)

Recommendation - Review report

20. HPSA Designation Renewal – Facktor (pages 46-50)

Recommendation – Approve proposal as presented

E. REPORTS:

1. Chief Executive Officer

John Lovrich, Chief Executive Officer Information
Recommendation – Hear report

F. OLD BUSINESS: None

G. NEW BUSINESS:

1. Triscend CAP-Ex Index Allocation Change Opportunity

John Lovrich, Chief Executive Officer

(handout)

Recommendation – View options and select funds

H. DIRECTORS COMMENTS ON ITEMS NOT APPEARING ON THE AGENDA

I. CLOSED SESSION:

• Medical Quality Report

- Existing Litigation Benson/Lao v. KVHD
- Existing Litigation Volkava v. KVHD
- Existing Litigation Rostad v. KVHD

J. CLOSED SESSION REPORT

Scott Nave, Legal Counsel

K. ADJOURNMENT



KERN VALLEY HEALTHCARE DISTRICT MINUTES FOR BOARD OF DIRECTORS MEETING

Location: Administrative Conference Room/Teams Thursday, September 11, 2025 – 2:00pm

PRESENT: John Blythe, Board Chair

Katheryn Elconin, 1st Vice Chair

Fred Clark, 2nd Vice Chair Ross Elliott, Secretary Gene Parks, Treasurer

John Lovrich, Chief Executive Officer Mark Gordon, Chief Nursing Officer Cary Zuber, Chief Information Officer

Amy Smith, Controller Scott Nave, Legal Counsel Dena Griffith, Risk Manager

Deb Hess, Marketing/Public Relations

Nicolas Caver, Incoming Marketing Manager Greg Davis, Director of Population Health

- **A. CALL TO ORDER:** The meeting was called to order at 2:00pm by Director Blythe.
- **B. APPROVAL OF THE AGENDA:** A motion was made by Director Clark to approve the agenda as presented. The motion was seconded by Director Elliott. The motion passed unanimously.
 - FLAG SALUTE: Director Clark
 INVOCATION: Director Elconin
 - 3. MISSION STATEMENT: We will provide high quality, efficient patient-care services that respond to community and provider needs. We will provide leadership in health promotion and education for our patients, residents, medical staff, employees and community throughout the district.
- C. PUBLIC COMMENT: None
- D. CONSENT AGENDA:
 - 1. Board of Directors Meeting Minutes August 14, 2025
 - 2. Governance Committee Meeting Minutes August 26, 2025
 - 3. Building & Planning Committee Meeting Minutes August 26, 2025
 - 4. Finance Committee Meeting Minutes August 28, 2025
 - 5. Unaudited Financial Statement July 2025
 - 6. 13-Month Patient Statistic July 2025
 - 7. Financial Report Narrative Summary July 2025

8. Contracts:

- a. Clinicians Telemed Medical Group Telemedicine Services
- b. CPSI EHR
- c. Digi International (Smart Sense) Asset Monitoring by Device
- d. Go Daddy (VPN) Secure Certificates VPN (kvhd.org)
- e. Managed Care Advisory Group (MCAG) Dispute Resolution
- f. MCG Healthcare Interqual Criteria
- g. RLDatix (Quantros) Safety and Risk Program
- h. Serenity Med Search Professional Services
- i. TeleHealth Docs Specialty Providers
- 9. Board Personnel & Policy Meeting Minutes August 25, 2025
- 10. Human Resources Report July 2025
- 11. Policies:

Administration:

Grievances/Complaints

Just Culture

General Accounting:

Contracts

Housekeeping:

Cubicle Curtain and Shower Curtain Cleaning

Human Resources:

Bereavement Leave (Death in the Family)

Criminal Records Verification

Employee Pre-Placement Medical Screening

Immigration Law Compliance

Introductory Period

Social Media, Networking, and Other Web-Based Communications

Work Rule Guidelines – Rules of Conduct

Infection Control:

IC Surveillance Program - AC

Materials Management:

Purchase Orders

Purchasing Policy

Shipping Services

Back Orders

Delivery of Items

12. Manuals:

Administration

Nursing

Safety

13. Medical Appointments: - Pulled by Director Elliott

Michael Green, MD – Provisional – Emergency Services

Benjamin Mati, MD – Locum Tenens – Emergency Service

- 14. Medical Reappointments: None
- 15. Chief of Medical Staff Report
- 16. Chief Nursing Officer Report Pulled by Director Elliott
- 17. Chief Information Officer Report
- 18. Foundation/Auxiliary Report

- 19. Capital Expenditure Request Maxi-Move Lift (SNF)
- 20. Medical Director Agreement Gary Finstad, MD
- 21. Podiatric Physician Services Agreement Holly Spohn, DPM
- 22. RHC Medical Director Agreement Samantha Mongar, DO

Director Elliott requested that items 13, Medical Appointments and 16, the Chief Nursing Officer Report, be pulled from consent for further discussion. These items will be placed under New Business as item G6 and G7. A motion was made by Director Elliott to approve the consent agenda as amended. The motion was seconded by Director Elconin. The motion passed unanimously.

E. REPORTS:

1. Chief Executive Officer: The CEO Report was given by John Lovrich. Mr. Lovrich reported that work continues on the new retail pharmacy. We are approximately 45 days away from the completion of the renovations. The cabinets and counters have all arrived. The volumes in August were down by 300 prescriptions. There have been rumors circulating about Vons potentially opening a pharmacy in the local store. That may also have an impact on volumes. The District is actively working with a company called BioWound to try to establish a wound care program. Mr. Lovrich will be speaking with some of their references before we proceed. Mr. Lovrich recently had a meeting with key players in the SNF to discuss the census. The goal is to get to 60 by the end of the year. The marketing department will be working with Irina Diaz to begin marketing our SNF to Bakersfield hospitals. The District is also developing key performance indicators for each department. Mr. Lovrich also met with department managers to discuss potential cuts in reimbursement that may be coming down the road. In an effort to be prepared for these potential cuts, Mr. Lovrich requested a 3% reduction in expenses from each department. The Bakersfield American Indian Health Project reached out to us to work on a potential agreement. The District recently implemented a Just Culture program. Manager training on Just Culture was provided by BETA Healthcare Group. Mr. Lovrich is in the process of scheduling interviews for the CFO position. The annual CPSI Client Advisory Committee meeting is scheduled for October in Texas. Cary Zuber and Ben Torres will be attending. Participation in this meeting is important for the District as we receive a monthly discount on portions of our EHR as a result of attending.

F. OLD BUSINESS: None.

G. NEW BUSINESS:

- 1. Resolution 25-08 Resolution Authorizing and Accepting the Purchase of Surplus Generators: The resolution for the generators was presented by Mr. Lovrich. The resolution provides for the purchase of two surplus generators from Tehachapi Hospital for \$1. With little discussion, a motion was made by Director Parks to adopt the resolution as presented. The motion was seconded by Director Elliott. The motion passed with a vote of 5/0.
- 2. Resolution 25-09 Resolution Appointing the Chief Executive Officer as District Representative to Execute and Submit an Application to the California State Board of Pharmacy for Relocation of the Retail Pharmacy: The resolution authorizing the CEO to sign the application for the Board of Pharmacy was presented by Mr. Lovrich. After brief discussion, a motion was made by Director Parks to adopt the resolution as presented. The motion was seconded by Director Clark. Using a roll call vote, the motion passed with a vote of 5/0.

- 3. Revenue Cycle Services Agreement PMNagle Consulting, LLC: This agreement is to work insurance denials as well as provider training for staff to use the system to address denials. After brief discussion, a motion was made by Director Parks to approve the agreement as presented. The motion was seconded by Director Elconin. The motion passed with a vote of 5/0. Director Elliott requested a progress report in 3 months to keep the Board informed of how the service is performing.
- **4.** Voluntary Rate Range IGT Consulting Agreement SCA Consulting: This agreement would be for IGT consulting. The cost is a percentage of any increase we see. Director Elliott asked what the base would be on this agreement. Mr. Lovrich stated he would be setting a base before we agree to anything. This contract also has a 30-day out clause. After brief discussion, a motion was made by Director Elliott to approve the agreement. The motion was seconded by Director Elconin. The motion passed with a vote of 5/0.
- 5. District Hospital Directed Payment Program SCA Consulting: Mr. Lovrich requested to table this agreement for further discussion. No action was taken.
- **6. Medical Appointments:** This item was pulled from the consent agenda by Director Elliott. Director Elliott asked if these were for contracts for these providers. After clarification that these were for the approval of medical staff privileges only, a motion was made by Director Elliott to approve the appointments as presented. The motion was seconded by Director Parks. Motion passed unanimously.
- 7. Chief Nursing Officer Report: This item was also pulled from the consent agenda by Director Elliott. Director Elliott asked how the mentorship program was going. Mr. Gordon stated he is having one of the nurses help establish the criteria as well as identify the other staff who may be mentors. A motion was made by Director Elliott to accept the report as presented. The motion was seconded by Director Clark. The motion passed unanimously.

H. DIRECTOR'S COMMENTS ON ITEMS NOT APPEARING ON THE AGENDA:

Director Parks: Director Parks thanked everyone that is concerned about him and is looking forward to the future with our new CEO.

Director Elconin: Director Elconin thanked those who were involved in 9/11.

Director Elliott: Director Elliott had no additional comments today.

Director Clark: Director Clark thanked everyone for being here.

Director Blythe: Director Blythe thanked everyone for coming and for everyone's work for the District. Director Blythe welcomed Mr. Lovrich and wished Mr. McGlew well in his retirement.

- I. CLOSED SESSION: The Board went into closed session at 2:45pm.
 - Medical Quality Report
 - Existing Litigation Benson/Lao v. KVHD
 - Existing Litigation Volkava v. KVHD
 - Existing Litigation Rostad v. KVHD

The Board came out of closed session at 2:53pm.

- J. CLOSED SESSION REPORT: Closed session was cancelled as there were no legal updates and the Risk Manager was unavailable to give the Medical Quality Report. The Medical Quality Report will be tabled to the next meeting.
- **K. ADJOURNMENT:** The meeting was adjourned at 2:53pm by Director Blythe.

Approved by:		
Ross Elliott, Secretary		
John Blythe, Chair		



KERN VALLEY HEALTHCARE DISTRICT SPECIAL MEETING OF THE BOARD OF DIRECTORS MINUTES

Thursday, September 11, 2025 – 1:00 p.m. Location: Administrative Conference Room

IN ATTENDANCE:

John Blythe, Chairman Katheryn Elconin, 1st Vice Chair Fred Clark, 2nd Vice Chair Ross Elliott, Secretary Gene Parks, Treasurer Scott Nave, Legal Counsel

- **A. CALL TO ORDER:** The special Board of Directors meeting was called to order at 1:00pm by Director Blythe.
- **B.** APPROVAL OF THE AGENDA: The agenda was approved as distributed.
- **C. ETHICS TRAINING:** District Counsel, Scott Nave, provided one hour Ethics Training for the Board of Directors.
- **D. ADJOURNMENT:** The meeting was adjourned at 1:59pm.

	Submitted by:
	Ross Elliott, Secretary
Approved by:	
John Blythe, Chairman	_



BOARD OF DIRECTORS GOVERNANCE MEETING MINUTES

Tuesday, September 23, 2025 – 9:00a.m. Location: Administrative Conference Room

In Attendance: John Blythe, Committee Chair

Katheryn Elconin, Committee Member John Lovrich, Chief Executive Officer Cary Zuber, Chief Information Officer

- **A. CALL TO ORDER:** The meeting was called to order at 9:00am by Director Blythe.
- **B.** APPROVAL OF AGENDA: The agenda was approved as distributed.
- **C. APPROVAL OF MINUTES:** The minutes of the August 26, 2025 meeting were approved as distributed.
- **D. PUBLIC COMMENT:** No public comment this morning.

E. REPORTS:

- 1. Chairman's Report: Director Blythe reported that Congressman Vince Fong's visit to the valley to participate in the Exchange Club meeting was postponed to the first week in October. Director Blythe is still waiting to hear back from Fong's office assistant regarding a potential visit to KVHD.
- 2. CEO Report: Mr. Lovrich reported that we have a meeting on Thursday with the wound care group. The service looks very promising. The annual clinic review was conducted last week and discussed opportunities for improvement. The biggest focus is securing providers. There was also discussions about increasing mental health services. The SNF census is currently 52. The COVID outbreak in the SNF impacted our ability to admit for a short period of time, but that has been resolved. Mr. Lovrich completed a walk-through of the Skilled Nursing unit to identify cosmetic issues that can be addressed to improve the overall look of the facility. The new marketing manager, Nicolas Caver, will be working with Irina Diaz to market our SNF to Bakersfield facilities. Mr. Lovrich is working with Human Resources to review exit interviews for departed SNF staff to see if there are any trends we need to be aware of. Mr. Lovrich is in the process of interviewing CFO candidates. The District is currently working on the audit and cost report. Mr. Lovrich is beginning to focus on the salary reviews. We have seen a significant increase in salaries in the last three years. The District needs to focus on expenses in light of potential changes coming down the road.

- **3. CIO Marketing Report:** Mr. Zuber updated the committee on the marketing efforts for the last month, both internally and externally. Highlights included an update on "Our Patient Stories". Should have stories going up on social media shortly.
- **4. Strategic Plan Update:** Mr. Lovrich reported that he will be working on revamping and reevaluating the initiatives in the near future.



BUILDING AND PLANNING COMMITTEE AND SPECIAL MEETING OF THE BOARD OF DIRECTORS MINUTES

Tuesday, September 23, 2025 – 1:00pm Administrative Conference Room

In Attendance: John Blythe, Chairman

Katheryn Elconin, 1st Vice Chair

Fred Clark, 2nd Vice Chair Ross Elliott, Secretary (remote)

John Lovrich, Chief Executive Officer Mark Gordon, Chief Nursing Officer Cary Zuber, Chief Information Officer Bob Easterday, Plant Operations Manager

Greg Davis, MVHC Manager

Absent: Gene Parks, Treasurer

- **A.** Call to Order: The meeting was called to order at 1:00pm by Director Blythe.
- **B.** Approval of Agenda: The agenda was approved as distributed. FC, KE Roll call vote 4/0 (Parks absent).
- **C. Public Comment:** There was no public comment today.
- **D.** Approval of Minutes from August 26, 2025 Meeting: The minutes of the August 26, 2025 meeting were approved with minor corrections. FC, KE Roll call vote 4/0.
- **E. Project Update:** The project update summary was given by Mr. Easterday.
 - 1. Master Plan: Mr. Easterday reported that the grant was submitted, and review of the application is underway. The amount requested was reduced to \$34.5 million to put it in a more approvable category.
 - **2.** New Administration Building: Work is proceeding on suites D and E for retail pharmacy. Still aiming to complete the project by the end of October. Medical Records is ready to move as soon as the workstations are assembled, but the pharmacy project is priority.
 - **3. Emergency Generator:** The final drawings for the approval of the minor bracing of the conduits in the chiller room were submitted to HCAI for approval but were unfortunately kicked back. Mr. Easterday is working to resolve the issues. Once they are approved, the contractor will proceed with installation of the bracing and with the ADC to run power to the maintenance shop.
 - **4.** NPC Seismic Upgrade of Dietary, Surgery, and Central Plant Buildings: The drawings are in progress. The plans will be completed and submitted by the deadline.

- **5. Skilled Nursing Building Reclassification:** The architects and engineers are currently drawing plans for seismic joints on the domestic water and heating/cooling water.
- **6. Dietary Area Cosmetic Work:** This project has been placed on hold due to the priority completion of the retail pharmacy project.
- 7. Acute Care Restrooms: This project has been placed on hold due to the priority completion of the retail pharmacy project.
- F. Mesa Clinical Pharmacy Upgrade: This item was covered under the project update.
- G. Radian Design Proposed Architectural/Engineering Services for Kern Valley Healthcare District to Install an Emergency Generator System for Mountain View Health Center Located at 4300 Birch Street: This proposal is to install the generator we just received from Tehachapi for Mountain View Health Center. The sooner we can get this project done, the sooner we can return the rental generator we are currently using. Mr. Easterday stated that he is currently working on renewing the permits with the air pollution control district. Mr. Easterday is also working on getting the units licensed as stationary units rather than portables. After brief discussion, a motion was made by Director Clark to approve the proposal. The motion was seconded by Director Elconin. Using a roll call vote, the motion passed with a vote of 4/0 (Parks absent).
- H. Radian Design Proposed Architectural/Engineering Services for Kern Valley Healthcare District to Install an Emergency Generator System for Administration Building Located at 12424 Mt. Mesa Road: Mr. Easterday also presented the proposal to install the other portable generator as a stationary unit for the Administration Building which will soon house the retail pharmacy. This proposal is higher that the clinic proposal due to the six electrical feeds that will need to be consolidated for the generator to feed the entire building. After brief discussion, a motion was made by Director Clark to approve the proposal. The motion was seconded by Director Elconin. Using a roll call vote, the motion passed with a vote of 4/0 (Parks absent).
- **I.** Resolution 25-10 Declaring Surplus Property: The resolution to declare surplus property was presented by Mr. Easterday. The list of property includes old Hill-Rom beds and one gurney that have exceeded their useful life and are no longer able to get parts for repairs. The maintenance department did salvage any useable parts. After brief discussion, a motion was made by Director Clark to adopt the resolution as presented. The motion was seconded by Director Elconin. Using a roll call vote, the motion passed with a vote of 4/0 (Parks absent).
- J. Invoice Review/Approval: None

K.	Adjournment:	The meeting was	adjourned	at approximately	1:33pm by Direc	tor Blythe.
----	--------------	-----------------	-----------	------------------	-----------------	-------------

Submitted By:	 	
Approved By:		



MINUTES FOR FINANCE COMMITTEE MEETING ADMINISTRATIVE CONFERENCE ROOM

Thursday, September 24, 2025 – 1:00pm

A. CALLED TO ORDER: The meeting was called to order by Director Clark at 1:00p.m.

PRESENT: Gene Parks, Committee Chair (remote)

Fred Clark, Committee Member

John Lovrich, Chief Executive Officer Mark Gordon, Chief Nursing Officer Cary Zuber, Chief Information Officer

Amy Smith, Controller

Greg Davis, Director of Population Health Sherry Jordan, Revenue Cycle Manager

- **B. CHANGES TO AGENDA:** The agenda was approved as distributed.
- **C. APPROVAL OF MINUTES:** The minutes of the August 28, 2025 meeting were approved as distributed.
- **D. PUBLIC COMMENT:** No public comment.
- E. FINANCIAL STATEMENT August 2025:

Unaudited Financial Statements: For the month of August, there was a loss of \$74,862, leaving a YTD loss of \$127,920.

Narrative Summary:

Positive takeaways for the month:

- Long Term Care revenue was over budget.
- Net patient revenue was over budget.
- Retail pharmacy revenue was over budget.
- Gross AR days decreased by 2 days.

Negative takeaways for the month:

- There was a net loss for the month.
- Operating expenses were over budget.
- Most volumes were under budget.

13-Month Statistics: Reviewed and discussed.

Local Vendor Aging Report: The Local Vendor Aging Report was presented by Ms. Smith. As of 9/19/25, the balance was \$27,972.84, with none over 30 days.

F. OLD BUSINESS: None

G. NEW BUSINESS:

H.

Gene Parks, Treasurer

1. Contract Review/Renewal Summary:

Sally Emery, Compliance Officer

- a. Advanced Data Storage Pick Up and Destroy PHI
- b. Bayer Healthcare Stellant SX (CT Injector)
- c. Comp Health MVHC Recruitment
- d. Delta Liquid Energy Propane Delivery
- e. Paul Giem. MD Emergency Service
- f. Fangluo Liu, MD Medical Director Lab
- g. Mesa Winds Apartments Rental Units 6400 Lynch Canyon 3, 4, 7
- h. Nave Law Office Legal Counsel
- i. Register.com Website/Email/Domain KVHD
- j. Relias Learning Employee Learning/Training

ADJOURNMENT: The meeting was adjourned at 1:15p.m.

- k. The Local Pages Phone Book Ads *Pulled no longer using*
- 1. Zixcorp System Email Encryption/Large File Transfer

The contracts were reviewed and discussed. Mr. Zuber and Ms. Smith confirmed that we are no longer using The Local Pages for advertising. With the exception of The Local Pages, the contracts were approved by this committee and will be placed on the Board consent agenda for full Board consideration.

- 2. HPSA Designation Renewal Proposals: Mr. Davis presented the two proposals for renewal of the HPSA Designation. After brief discussion, Mr. Davis recommended proceeding with the proposal from Facktor. The committee agreed with the recommendation and the proposal will be added to the Board of Directors consent agenda for full Board consideration.
- Submitted by:

 Heidi Sage, Executive Assistant

 Approved By:



6412 Laurel Ave - Mt. Mesa - P.O. Box 1628, Lake Isabella, CA 93240 - (760) 379-2681 Fax (760) 379-0066

Unaudited Financial Statements

for

Second Month Ending August 31, 2025

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:

Amy Smith Controller

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Second Month Ending August 31, 2025

PAGE 1

TABLE OF CONTENTS

KEY OPERATING STATISTICS	PAGE 2
EXECUTIVE SUMMARY	PAGE 3
BALANCE SHEET - ASSETS	PAGE 4
BALANCE SHEET - LIABILITIES AND NET ASSETS	PAGE 5
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 7
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGES 8,9
STATEMENT OF CASH FLOWS	PAGE 10

PAGE 2

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Second Month Ending August 31, 2025

	Current Month					Year-To-Date				
	Actual 08/31/25	Budget 08/31/25	Positive/ (Negative) Variance	Prior Year 08/31/24	STATISTICS	Actual 08/31/25	Budget 08/31/25	Positive/ (Negative) Variance	Prior Year 08/31/24	
					Discharges					
[1]	21	30	(9)	32	Acute	48	59	(11)	57	
[2]	1	2	(1)	3	Swing Beds	5	4	` 1	7	
[3]	0	0	o´	0	Psychiatric/Rehab	0	0	0	0	
[4]	0	0	0	0	Respite	0	0	0	0	
[5]	22	32	(10)	35	Total Adult Discharges	53	64	(11)	64	
[6]	0	0	0	0	Newborn	0	0	0	0	
[7]	22	32	(10)	35	Total Discharges	53	64	(11)	64	
131		02	(,		Patient Days:	00	٠.	(,	٠.	
[8]	76	98	(22)	92	Acute	185	196	(11)	164	
[9]	17	46	(29)	52	Swing Beds	56	92	(36)	110	
[9] [10]	0	0	(29)	0	•	0	0	(30)	0	
	0	0	0	0	Psychiatric/Rehab	0	0	0	0	
[11]	93	144		144	Respite	241	288		274	
[12]		0	(51)		Total Adult Patient Days			(47)		
[13]	0 93	144	0 (E1)	0 144	Newborn	0 241	0 288	0	0 274	
[14]	93	144	(51)	144	Total Patient Days	241	200	(47)	214	
			(2.2)		Average Length of Stay (ALOS)			(5.7)		
[15]	3.6	3.3	(0.3)	2.9	Acute	3.85	3.3	(0.5)	2.9	
[16]	17.0	20.8	3.8	17.3	Swing Bed	11.2	20.8	9.6	15.7	
[17]	0.0	0.0	0.0	0.0	Psychiatric/Rehab	0.0	0.0	0.0	0.0	
[18]	4.2	4.5	0.3	4.1	Total Adult ALOS	4.5	4.5	(0.0)	4.3	
[19]	0.0	0.0	0.0	0.0	Newborn ALOS	0.0	0.0	0.0	0.0	
[1]					Average Daily Census (ADC)					
[20]	2.5	3.2	(0.7)	3.0	Acute	3.0	3.2	(0.2)	2.6	
[21]	0.5	1.5	(0.9)	1.7	Swing Beds	0.9	1.5	(0.6)	1.8	
[22]	0.0	0.0	0.0	0.0	All Other Adult	0.0	0.0	0.0	0.0	
[23]	3.0	4.6	(1.6)	4.6	Total Adult ADC	3.9	4.6	(0.8)	4.4	
[24]	0.0	0.0	0.0	0.0	Newborn	0.0	0.0	0.0	0.0	
					Long Term Care:					
[25]	1,593	1,637	(44)	1,456	SNF/ECF Resident Days	3,255	3,274	(19)	2,877	
[26]	0	3	(3)	1,430	SNF/ECF Resident Discharges	0	5,274	(5)	10	
[27]	0	0	0	0	CBRF/Assisted Living Days	0	0	0	0	
[28]	51.4	52.8	(1.4)	47.0	Average Daily Census	52.5	52.8	(0.3)	46.4	
ركان	31.4	32.0	(1.4)	47.0	Emergency Room Statistics	32.3	32.0	(0.5)	40.4	
[29]	23	26	(3)	27	ER Visits - Admitted	47	53	(6)	52	
[30]	328	290	38	414	ER Visits - Discharged	709	580	129	822	
[31]	282	355	(73)	287	ER - Urgent Care Visits	598	710	(112)	593	
[32]	633	671	(38)	728	Total ER Visits	1,354	1,343	11	1,467	
[33]	3.63%	3.92%	(30)	3.71%	% of ER Visits Admitted	3.47%	3.92%		3.54%	
[34]	104.55%	88.71%		84.38%	ER Admissions as a % of Total	97.92%	88.71%		91.23%	
[0+]	104.0070	00.7 170		04.0070		01.0270	00.7 170		31.2070	
[35]	955	931	24	1,054	Outpatient Statistics: Total Outpatients Visits	2,090	1,862	228	1,981	
	955	17	4	1,054		2,090	33	226 5	39	
[36]	975	1,260	(285)	1,244	Observation Bed Days	2,143	2,520	(377)	2,634	
[37]					Clinic Visits - Primary Care					
[38]	224	270	(46)	266	Clinic Visits - Specialty Clinics	488	540	(52)	531	
[39]	0	0	0	0	IP Surgeries	0	0	0	0	
[40]	0	0	0	0	OP Surgeries	0	0	0	0	
[41]	7 400	0	0	0	Outpatient Scopes	0	0	0	0	
[42]	7,499 0	6,489 0	1,010 0	4,926 0	Retail Pharmacy Scripts Clinic Visits-Mobile Van	15,298 0	12,978 0	2,320 0	8,915 0	
[43]	U	U	U	U		U	U	U	U	
[44]	227.62	212.97	(14.65)	213.21	Productivity Statistics: FTE's - Worked	224.17	212.97	(11.20)	208.79	
[44]	248.35	212.97			FTE's - Worked FTE's - Paid	224.17 248.28		· /	208.79	
[45]	248.35 0.9270		(6.29)	237.06 0.9526	Case Mix Index -Medicare		242.06	(6.22)	235.28 1.0456	
[46] [47]	0.9270	1.0550 0.9968	0.13 0.07	0.9526 0.9707	Case Mix Index - Medicare Case Mix Index - All payers	0.9624 0.9664	1.0550 0.9968	0.09 0.03	1.0456	
[47]	0.3291	0.9900	0.07	0.9707	Case IVIIX IIIUEX - AII payers	0.9004	0.9900	0.03	1.0452	

KERN VALLEY HEALTHCARE DISTRICT

EXECUTIVE FINANCIAL SUMMARY

Second Month Ending August 31, 2025

BALANCE SHEET						
	8/31/2025	6/30/2025				
ASSETS						
Current Assets	6,692,311	7,584,064				
Assets Whose Use is Limited	15,379,195					
Property, Plant and Equipment (Net)	11,926,898	11,735,542				
Other Assets	624,276	624,276				
Total Unrestricted Assets	34,622,680	35,613,150				
Restricted Assets	0	0				
Total Assets	34,622,680	35,613,150				
LIABILITIES AND NET ASSETS	, ,	, ,				
Current Liabilities	4,692,040	5,508,276				
	, ,					
Long-Term Debt	9,681,318	9,790,571				
Other Long-Term Liabilities	2,740,554	2,677,318				
Total Liabilities	17,113,913	17,976,165				
Net Assets Total Liabilities and Net Assets	17,508,767 34,622,680	17,636,985				
Total Liabilities and Net Assets	34,622,680	35,613,150				
STATEMENT O	F REVENUE AND EXPENSE	S - YTD				
	ACTUAL	BUDGET				
Revenue:						
Gross Patient Revenues	24,157,190	23,215,619				
Deductions From Revenue	(16,707,696)	(16,132,005)				
Net Patient Revenues	7,449,495	7,083,614				
Other Operating Revenue	133,056	57,672				
Total Operating Revenues	7,582,551	7,141,286				
	7,502,551	7,141,200				
Expenses:						
Salaries, Benefits & Contract Labor	4,452,807	4,092,409				
Purchased Services & Physician Fees	1,045,698	1,087,146				
Supply Expenses	1,640,220	1,309,642				
Other Operating Expenses	575,158	619,176				
Bad Debt Expense	0	0				
Depreciation & Interest Expense	116,683	163,227				
Total Expenses	7,830,566	7,271,599				
NET OPERATING SURPLUS	(248,015)	(130,313)				
Non-Operating Revenue/(Expenses)	120,095	205,106				
TOTAL NET SURPLUS	(127,920)	74,793				
VEV CT						
KEYSI	ATISTICS AND RATIOS - YT ACTUAL	BUDGET				
Total Acute Patient Days	185	196				
Average Acute Length of Stay	3.9	3.3				
Total Emergency Room Visits	1,354	1,343				
Outpatient Visits	2,090	1,862				
Total Surgeries	0	0				
Total Worked FTE's	224.17	209.97				
Total Paid FTE's	249.41	239.06				
Productivity Index	0.9585	1.0000				
EBITDA - YTD	-2.28%	-0.14%				
Current Ratio						
Days Expense in Accounts Payable	30.52					

KERN VALLEY HEALTHCARE DISTRICT

PAGE 4

LAKE ISABELLA, CALIFORNIA

Second N	Month Ending August 31, 2	2025	_	ASSETS		
[1] Net to G	Gross AR %	36.2%	37.6%			34.5%
[2] CASH -	ALL SOURCES	17,103,733	19,402,700	-2,298,967		20,764,508
		Current	Prior	Positive/		Prior YR.
		Month	Month	(Negative)	Percentage	UNAUDITED
		8/31/2025	7/31/2025	Variance	Variance	6/30/2025
Current Asse		0.400.400	4 704 470	(0.004.045)	40.000/	0.400.070
	d Cash Equivalents	2,430,163	4,764,178	(2,334,015)	-48.99%	6,160,678
	atient Accounts Receivable	25,514,519	25,979,798	(465,279)	-1.79%	25,088,793
	Bad Debt and Allowance Reserves	(16,280,210)	(16,216,942)	(63,268)	-0.39% -5.41%	(16,444,711) 8,644,083
	ent Accounts Receivable Receivable	9,234,309 0	9,762,855 0	(528,547) 0	0.00%	0,044,063
	eceivables	(2,744,869)	(4,727,063)	1,982,194	-41.93%	(4,756,524)
[9] Inventor		392,463	393,513	(1,049)	-0.27%	388,816
[10] Prepaid		686,504	709,244	(22,740)	-3.21%	453,271
	m Third Party Payers	(3,306,260)	(3,306,260)	0	0.00%	(3,306,260)
	m Affiliates/Related Organizations	0	0	0	0.00%	0
	urrent Assets	0	0	0	0.00%	0
[14]	Total Current Assets	6,692,311	7,596,467	(904,156)	-11.90%	7,584,064
	se Use is Limited	E40 047	E12 EC0	(252)	0.070/	400 E01
[15] Auxillary		513,217 286,699	513,569 286,699	(352) 0	-0.07% 0.00%	498,591
[17] Debt Pa		192,408	668,341	(475,933)	-71.21%	286,699 566,847
[18] UBS Fu		11,176,887	11,151,887	25,000	0.22%	11,126,887
[19] Cash W		52,607	52,606	25,000	0.00%	52,605
[20] Project I		3,157,377	3,147,330	10,047	0.32%	3,137,639
	timulus Cash Assets	0, 107,077	0, 147,000	0	0.00%	0,107,000
[22]	Total Limited Use Assets	15,379,195	15,820,432	(441,238)	-2.79%	15,669,268
	nt, and Equipment					
	d Land Improvements	383,800	383,800	0	0.00%	383,800
	and Building Improvements	14,947,912	14,947,912	0	0.00%	14,947,912
[25] Equipme		23,750,338	23,573,935	176,403	0.75%	23,478,028
	ction In Progress	7,502,005	7,470,096	31,910	0.43%	7,466,276
[27] Capitaliz		0	0	0	0.00%	
	s Property, Plant, and Equipment	46,584,055	46,375,742	208,313	0.45%	46,276,015
	ccumulated Depreciation	(34,657,157)	(34,598,247)	(58,910)	-0.17%	(34,540,473)
[30] Ne	t Property, Plant, and Equipment	11,926,898	11,777,495	149,403	1.27%	11,735,542
Other Assets						
	tized Loan Costs	0	0	0	0.00%	0
	Held for Future Use	0	0	0	0.00%	0
	ents in Subsidiary/Affiliated Org.	0	0	0	0.00%	0
Other	,g.	624,276	624,276	0	0.00%	624,276
[32]	Total Other Assets	624,276	624,276	0	0.00%	624,276
[33]	OTAL UNRESTRICTED ASSETS	34,622,680	35,818,671	(1,195,991)	-3.34%	35,613,150
Restricted As	ssets	0	0	0	0.00%	0
[34]	TOTAL ASSETS	34,622,680	35,818,671	(1,195,991)	-3.34%	35,613,150

PAGE 5

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Second Month Ending August 31, 2025

		LIABILITII			
	Current	Prior	Positive/		Prior Yr.
	Month 8/31/2025	Month 7/31/2025	(Negative) Variance	Percentage Variance	UNAUDITED 6/30/2025
Current Liabilities					
[1] Accounts Payable	1,851,147	1,723,224	(127,923)	-7.42%	1,688,097
[2] Notes and Loans Payable	0	0	(127,323)	0.00%	0
[3] Accrued Payroll	483,468	1,081,015	597,547	55.28%	881,879
[4] Accrued Payroll Taxes	198,052	232,833	34,781	14.94%	211,249
[5] Accrued Benefits	1,363,918	1,351,708	(12,210)	-0.90%	1,342,995
[6] Accrued Pension Expense (Current Portion)	(74,907)	(28,569)	46,338	-162.20%	(1,089)
[7] Other Accrued Expenses	226,129	318,497	92,367	29.00%	295,335
[8] Patient Refunds Payable	794,233	833,334	39,101	4.69%	828,636
[9] Property Tax Payable	0	0	0	0.00%	0
[10] Due to Third Party Payers	(711,376)	(683,422)	27,954	-4.09%	(652,210)
[11] Advances From Third Party Payers	0	0	0	0.00%	0
[12] Current Portion of LTD (Bonds/Mortgages)	458,000	910,000	452,000	49.67%	910,000
[13] Current Portion of LTD (Leases)	103,376	108,016	4,640	4.30%	3,384
[14] Other Current Liabilities	0	0	0	0.00%	0
Total Current Liabilities	4,692,040	5,846,635	1,154,595	19.75%	5,508,276
Long Term Debt					
[15] Bonds/Mortgages Payable	8,712,000	9,164,000	452,000	4.93%	9,164,000
[16] Leases/Notes Payable	1,530,694	1,535,334	4,640	0.30%	1,539,955
[17] Less: Current Portion Of Long Term Debt	561,376	1,018,016	456,640	44.86%	913,384
Total Long Term Debt (Net of Current)	9,681,318	9,681,318	0	0.00%	9,790,571
Other Lengt Town Liebilities					
Other Long Term Liabilities	0	0	0	0.00%	0
[18] Deferred Revenue[19] Accrued Pension Expense (Net of Current)	0 212,085	0 178,619	0 (33,466)	-18.74%	0 148,849
,					
[20] Long Term Settlements	2,528,469	2,528,469	0	0.00%	2,528,469
Total Other Long Term Liabilities	2,740,554	2,707,088	(33,466)	-1.24%	2,677,318
[21] TOTAL LIABILITIES	17,113,913	18,235,041	1,121,129	6.15%	17,976,165
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Net Assets:					
[22] Unrestricted Fund Balance	16,640,302	16,640,302	0	0.00%	16,640,302
[23] Inter-Departmental Transfer (DSH)	0	0	0	0.00%	0
[24] Restricted Fund Balance	0	0	0	0.00%	0
[25] Net Revenue/(Expenses)	868,466	943,328	(74,862)	-7.94%	996,683
[26] TOTAL NET ASSETS	17,508,767	17,583,629	74,862	0.43%	17,636,985
	· ·	· · ·	<u> </u>		
TOTAL LIABILITIES					
[27] AND NET ASSETS	34,622,680	35,818,671	1,195,991	3.34%	35,613,150

Statement of Revenue and Expense

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Second Month Ending August 31, 2025

	Actual 08/31/25	Budget 08/31/25	Positive (Negative) Variance	Percentage Variance	Prior Year 08/31/24
Gross Patient Revenue					
[1] Inpatient Revenue	973,987	1,197,198	(223,212)	-18.64%	1,141,085
[2] Clinic Revenue	1,434,986	1,530,341	(95,355)	-6.23%	1,662,901
[3] Outpatient Revenue	5,484,908	5,509,427	(24,519)	-0.45%	5,972,852
[4] Long Term Care Revenue	2,857,113	2,803,508	53,605	1.91% 30.32%	2,601,232
[5] Retail Pharmacy Revenue[6] Total Gross Patient Revenue	739,348 11,490,342	567,335 11,607,809	172,013 (117,468)	-1.01%	420,392 11,798,462
Deductions From Revenue %	67%	69%	<u> </u>		72%
[7] Discounts and Allowances (incl IGTs)	(7,555,625)	(7,903,428)	347,802	4.40%	(8,340,866)
[8] Bad Debt Expense (Governmental Providers Only)	(153,678)	(162,575)	8,896	5.47%	(112,199)
[0] Bad Best Expense (Governmental Floriders Only)	(100,070)	0	0,000	0.00%	0
[9] Charity Care	0	0	0	0.00%	0
[10] Total Deductions From Revenue	(7,709,303)	(8,066,002)	356,699	4.42%	(8,453,065)
[11] Net Patient Revenue	3,781,038	3,541,807	239,231	6.75%	3,345,397
[12] Other Operating Rev (Incl HHS Stimulus)	57,207	28,836	28,371	98.39%	27,916
[13] Total Operating Revenue	3,838,245	3,570,643	267,602	7.49%	3,373,313
Operating Expenses		_			_
[14] Salaries and Wages	1.829.589	1,661,664	(167,925)	-10.11%	1,511,053
[15] Fringe Benefits	376,530	321,810	(54,720)	-17.00%	317,239
[16] Contract Labor	71,738	62,730	(9,007)	-14.36%	107,531
[17] Professional & Physician Fees	375,135	400,464	25,329	6.32%	348,842
[18] Purchased Services	143,475	143,109	(366)	-0.26%	122,262
[19] Supply Expense	838,255	654,821	(183,434)	-28.01%	619,942
[20] Utilities	73,972	78,379	4,407	5.62%	106,849
[21] Repairs and Maintenance	9,808	5,843	(3,964)	-67.84%	1,970
[22] Insurance Expense	67,428	87,559	20,131	22.99%	66,818
[23] All Other Operating Expenses	98,026	103,722	5,696	5.49%	70,425
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[25] Leases and Rentals [26] Depreciation and Amortization	29,950 58,910	34,084 81,614	4,134 22,704	12.13% 27.82%	24,400 62,437
[27] Interest Expense (Non-Governmental Providers)	0	01,014	22,704	0.00%	02,437
[28] Total Operating Expenses	3,972,816	3,635,800	(337,016)	-9.27%	3,359,768
Net Operating Surplus/(Loss)	(134,570)	(65,157)	(69,414)	106.53%	13,545
Non-Operating Poyonus			·		
Non-Operating Revenue: [29] Contributions/Grants/PPP/ERC	13,053	14,007	(955)	-6.82%	13,312
[30] Investment Income	37,278	79,434	(42,156)	-53.07%	76,545
[31] Income Derived from Property Taxes	29,931	28,511	1,421	4.98%	27,974
[32] Interest Expense (Governmental Providers Only)	(20,201)	(21,403)	(1,202)	5.61%	(22,476)
[33] Other Non-Operating Revenue/(Expenses)	(352)	2,005	(2,357)	-117.57%	11,884
[34] Total Non Operating Revenue/(Expense)	59,708	102,553	(42,845)	-41.78%	107,239
Total Net Surplus/(Loss)	(74,862)	37,397	(112,259)	-300.18%	120,784
[35] Operating Margin	-3.51%	-1.82%			0.40%
[36] Total Profit Margin	-1.95%	1.05%			3.58%
[37] EBITDA	-2.50%	-0.14%			1.59%
[38] Cash Flow Margin	0.11%	3.93%			6.10%

Statement of Revenue and Expense KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Second Month Ending August 31, 2025

	-0.31% -0.38% 3.85% 3.80% 28.48% 4.06%	Prior Year 08/31/24 2,193,882 3,198,115 11,595,198 5,161,602 759,462 22,908,258
Gross Patient Revenue 2,386,905 2,394,396 (\$7,492) [2] Clinic Revenue 3,049,065 3,060,683 (11,617) [3] Outpatient Revenue 11,443,446 11,018,854 424,592	-0.31% -0.38% 3.85% 3.80% 28.48%	2,193,882 3,198,115 11,595,198 5,161,602 759,462
[1] Inpatient Revenue 2,386,905 2,394,396 (\$7,492) [2] Clinic Revenue 3,049,065 3,060,683 (11,617) [3] Outpatient Revenue 11,443,446 11,018,854 424,592	-0.38% 3.85% 3.80% 28.48%	3,198,115 11,595,198 5,161,602 759,462
[2] Clinic Revenue 3,049,065 3,060,683 (11,617) [3] Outpatient Revenue 11,443,446 11,018,854 424,592	-0.38% 3.85% 3.80% 28.48%	3,198,115 11,595,198 5,161,602 759,462
[3] Outpatient Revenue 11,443,446 11,018,854 424,592	3.85% 3.80% 28.48%	11,595,198 5,161,602 759,462
	3.80% 28.48%	5,161,602 759,462
[4] Long Term Care Revenue 5,819,954 5,607,016 212,939	28.48%	759,462
[5] Retail Pharmacy Revenue 1,457,819 1,134,670 323,149		
[5] Retail Pharmacy Revenue 1,457,819 1,134,670 323,149 [6] Total Gross Patient Revenue 24,157,190 23,215,619 941,571		
		
Deductions From Revenue 69% 69%	0.770/	71%
[7] Discounts and Allowances (incl IGTs) (16,402,471) (15,806,855) (595,616) [8] Bad Debt Expense (Governmental Providers Only) (305,224) (325,149) 19,925	-3.77% 6.13%	(15,847,728)
[8] Bad Debt Expense (Governmental Providers Only) (305,224) (325,149) 19,925 0 0	0.13%	(339,340)
[9] Charity Care 0 0 0	0.00%	0
[10] Total Deductions From Revenue (16,707,696) (16,132,005) (575,691)	-3.57%	(16,187,068)
[11] Net Patient Revenue 7,449,495 7,083,614 365,880	5.17%	6,721,190
[12] Other Operating Rev (Incl HHS Stimulus) 133,056 57,672 75,384	130.71%	52,537
[13] Total Operating Revenue 7,582,551 7,141,286 441,265	6.18%	6,773,727
One setting Frances		
Operating Expenses [14] Salaries and Wages 3,592,959 3,323,328 (269,631)	-8.11%	3,061,323
[15] Fringe Benefits 722,945 643,620 (79,325)	-12.32%	574,028
[16] Contract Labor 136,903 125,461 (11,443)	- 9.12%	220,707
[17] Professional & Physician Fees 752,533 800,928 48,395	6.04%	701,156
[18] Purchased Services 293,165 286,218 (6,947)	-2.43%	257,778
[19] Supply Expense 1,640,220 1,309,642 (330,578)	-25.24%	1,145,348
[20] Utilities 140,260 156,758 16,498	10.52%	187,261
[21] Repairs and Maintenance 20,662 11,687 (8,975)	-76.80%	11,788
[22] Insurance Expense 134,857 175,118 40,261	22.99%	168,835
[23] All Other Operating Expenses 212,639 207,444 (5,195)	-2.50%	150,963
[24] Bad Debt Expense (Non-Governmental Providers) 0 0 0 [25] Leases and Rentals 66,740 68,169 1,429	0.00%	0
[25] Leases and Rentals 66,740 68,169 1,429 [26] Depreciation and Amortization 116,683 163,227 46,544	2.10% 28.51%	48,854 124,935
[27] Interest Expense (Non-Governmental Providers) 0 0 0	0.00%	124,933
[28] Total Operating Expenses 7,830,566 7,271,599 (558,967)	-7.69%	6,652,976
Net Operating Surplus/(Loss) (248,015) (130,313) (117,702)	90.32%	120,751
(240,010) (100,010) (117,102)	30.32 /6	120,731
Non-Operating Revenue:	E0 440/	40.040
[29] Contributions/Grants/PPP/ERC 13,053 28,015 (14,962) [30] Investment Income 73,872 158,867 (84,995)	-53.41% -53.50%	13,312 172,806
[31] Income Derived from Property Taxes 59,862 57,021 2,841	4.98%	55,948
[32] Interest Expense (Governmental Providers Only) (41,319) (42,806) 1,487	-3.47%	(46,193)
[33] Other Non-Operating Revenue/(Expenses) 14,627 4,009 10,617	264.82%	21,400
[34] Total Non Operating Revenue/(Expense) 120,095 205,106 (85,011)	-41.45%	217,273
Total Net Surplus/(Loss) (127,920) 74,793 (202,713)	-271.03%	338,024
	OJ FYE 25	Prior YTD
[35] Operating Margin -3.27% -1.82%		1.78%
[36] Total Profit Margin -1.69% 1.05%		4.99%
[37] EBITDA -2.28% -0.14%		2.95%
[38] Cash Flow Margin 0.40% 3.93%		7.52%

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA

	31 Actual 08/31/25	31 Actual 07/31/25	30 Actual 06/30/25	31 Actual 05/31/25	30 Actual 04/30/25	31 Actual 03/31/25	28 Actual 02/28/25	31 Actual 01/31/25	31 Actual 12/31/24
Gross Patient Revenue	00/31/23	07/31/23	00/30/23	03/31/23	04/30/23	03/31/23	02/20/23	01/31/23	12/31/24
[1] Inpatient Revenue	973,987	1,412,918	878,031	919,766	1,178,765	1,284,233	1,211,376	1,135,510	1,306,206
[2] Clinic Revenue	1,434,986	1,614,079	1,443,923	1,506,100	1,454,900	1,455,217	1,337,711	1,539,352	1,464,884
[3] Outpatient Revenue	5,484,908	5,958,538	5,822,291	5,131,157	4,937,503	5,087,083	4,787,593	5,179,894	4,968,077
[4] Long Term Care Revenue	2,857,113	2,962,842	2,813,800	2,794,698	2,657,872	2,731,394	2,484,620	2,678,085	2,622,111
[5] Retail Pharmacy Revenue	739,348	718,471	716,476	594,645	528,898	488,497	494,336	512,293	485,298
[6] Total Gross Patient Revenue	11,490,342	12,666,849	11,674,521	10,946,365	10,757,938	11,046,425	10,315,637	11,045,134	10,846,577
[0] Total Gloss Fallent Neverlue	11,490,542	12,000,049	11,074,321	10,940,303	10,737,930	11,040,423	10,515,057	11,043,134	10,040,377
Deductions From Revenue	67%	71%	69%	68%	68%	68%	68%	68%	68%
[7] Discounts and Allowances (incl IGTs)	(7,555,625)	(8,846,846)	(7,964,781)	(7,294,455)	(7,225,317)	(7,333,013)	(6,828,153)	(7,373,039)	(7,153,760)
[8] Bad Debt Expense (Governmental Providers Only)	(153,678)	(151,546)	(95,513)	(108,897)	(140,024)	(133,860)	(141,973)	(129,120)	(237,723)
[7B] Medi-Cal Deductions due to IGTs	(100,070)	(131,340)	(90,010)	(100,097)	(140,024)	(133,000)	(141,973)	(129,120)	(237,723)
[9] Charity Care	0	0	0	0	0	0	0	0	0
[10] Total Deductions From Revenue	(7,709,303)	(8,998,392)	(8,060,294)	(7,403,352)	(7,365,340)	(7,466,872)	(6,970,126)	(7,502,159)	(7,391,483)
[10] Total Beddelions From Nevertide	(1,100,000)	(0,550,552)	(0,000,254)	(1,400,002)	(1,000,040)	(1,400,012)	(0,070,120)	(1,002,100)	(7,001,400)
[11] Net Patient Revenue	3,781,038	3,668,456	3,614,226	3,543,013	3,392,597	3,579,553	3,345,511	3,542,974	3,455,094
[12] Other Operating Rev (Incl HHS Stimulus)	57,207	75,849	12,398	13,869	15,316	14,822	13,026	37,551	16,291
[13] Total Operating Revenue	3,838,245	3,744,306	3,626,624	3,556,882	3,407,913	3,594,375	3,358,537	3,580,525	3,471,386
Operating Expenses									
[14] Salaries and Wages	1,829,589	1,763,370	1,656,279	1,648,035	1,654,167	1,702,621	1,449,506	1,596,692	1,528,996
[15] Fringe Benefits	376,530	346,415	326,522	326,902	332,810	338,337	309,541	333,485	305,656
[16] Contract Labor	71,738	65,166	78,264	79,951	95,657	92,401	92,061	90,138	120,093
[17] Professional & Physician Fees	375,135	377,397	354,404	384,120	377,024	381,284	345,689	346,313	382,994
[18] Purchased Services	143,475	149,690	119,935	169,025	150,363	136,423	144,838	177,262	97,464
[19] Supply Expense	838,255	801,965	785,215	677,345	583,304	610,130	657,134	587,830	604,025
[20] Utilities	73,972	66,288	61,519	92,322	67,955	71,311	87,258	69,307	83,915
[21] Repairs and Maintenance	9.808	10.855	11,241	(1,411)	20,186	13,905	2,474	3,498	6,888
[22] Insurance Expense	67,428	67,428	106,726	67,043	39,371	102,241	67,042	143,408	66,818
[23] All Other Operating Expenses	98,026	114,613	93,575	125,211	89,736	126,676	122,447	116,907	102,655
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0
[25] Leases and Rentals	29,950	36,790	24,052	21,687	33,523	19,438	48,534	30,076	35,006
[26] Depreciation and Amortization	58,910	57,774	59,348	60,983	61,216	62,599	62,511	63,250	63,250
[27] Interest Expense (Non-Governmental Providers)	0	0.,	0	0	0.,2.0	02,000	02,011	0	0
[28] Total Operating Expenses	3,972,816	3,857,750	3,677,079	3,651,213	3,505,312	3,657,368	3,389,037	3,558,166	3,397,761
	0,012,010	-,,	2,011,010	-,,	-,,	-,,	-,,	-,,,,,,,,,	2,001,101
Net Operating Surplus/(Loss)	(134,570)	(113,445)	(50,455)	(94,331)	(97,399)	(62,992)	(30,499)	22,359	73,625
Non-Operating Revenue:									
[29] Contributions/Grants/PPP/ERC	12.052	0	11 225	50,000	35,372	0	0	60238.75	67,285
	13,053 37,278		11,335 24,384	50,000 73,241	35,372 71,937	71,922		76,592	67,285 72,436
[30] Investment Income	,	36,594	,				75,712		,
[31] Income Derived from Property Taxes	29,931	29,931	57,491	27,974	27,974	27,974	27,974	27,974	27,974
[32] Interest Expense (Governmental Providers Only)	(20,201)	(21,117)	(29,005)	(23,657)	(21,252)	(21,219)	(21,357)	(22,295)	(30,435)
[33] Other Non-Operating Revenue/(Expenses) [34] Total Non Operating Revenue/(Expense)	(352) 59,708	14,979 60,387	185 64,390	(26,297) 101,261	10,157 124,187	12,755 91,431	10,214 92,543	10,738 153,247	(56,167) 81,093
[34] Total Non Operating Revenue/(Expense)	59,706	60,367	64,390	101,261	124,107	91,431	92,543	155,247	01,093
Total Net Surplus/(Loss)	(74,862)	(53,058)	13,935	6,930	26,789	28,439	62,043	175,606	154,718
[25] Oneveting Margin	0.540/	2.020/	4 200/	0.050/	0.000/	4 750/	0.040/	0.000/	2.400/
[35] Operating Margin	-3.51%	-3.03%	-1.39%	-2.65%	-2.86%	-1.75%	-0.91%	0.62%	2.12%
[36] Total Profit Margin	-1.95%	-1.42%	0.38%	0.19%	0.79%	0.79%	1.85%	4.90%	4.46%
[37] EBITDA	-2.50%	-2.05%	-0.55%	-1.60%	-1.69%	-0.60%	0.32%	1.77%	3.07%
[38] Cash Flow Margin	0.11%	0.69%	2.82%	2.57%	3.21%	3.12%	4.34%	7.29%	7.16%

Statement of Revenue and Expense - 13 Month KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA

		31	30	31	31
		Actual	Actual	Actual	Actual
		11/30/24	10/31/24	09/30/24	08/31/24
Gros	ss Patient Revenue				
[1]	Inpatient Revenue	988,923	1,270,022	1,036,009	1,141,085
[2]	Clinic Revenue	1,450,778	1,507,298	1,435,735	1,662,901
[3]	Outpatient Revenue	4,910,316	5,196,913	5,140,305	5,972,852
[4]	Long Term Care Revenue	2,545,925	2,941,872	2,110,792	2,601,232
[5]	Retail Pharmacy Revenue	428,228	471,467	448,086	420,392
[6]	Total Gross Patient Revenue	10,324,169	11,387,573	10,170,927	11,798,462
D		000/	700/	700/	700/
	uctions From Revenue	68%	70%	70%	72%
[7]	,	(6,875,691)	(7,866,012)	(7,026,774)	(8,340,866)
[8]	Bad Debt Expense (Governmental Providers Only) Medi-Cal Deductions due to IGTs	(148,462) 0	(125,840) 0	(130,120) 0	(112,199) 0
	Charity Care	0	0	0	0
[10]		(7,024,153)	(7,991,852)	(7,156,895)	(8,453,065)
[10]	Total Boddollollo From Novolido	(1,021,100)	(1,001,002)	(1,100,000)	(0,100,000)
[11]	Net Patient Revenue	3,300,016	3,395,721	3,014,032	3,345,397
[]		0,000,010	0,000,121	0,011,002	0,010,001
[12]	Other Operating Rev (Incl HHS Stimulus)	18,404	50,999	38,944	27,916
		-, -			
[13]	Total Operating Revenue	3,318,420	3,446,720	3,052,977	3,373,313
					
Oper	rating Expenses				
[14]	Salaries and Wages	1,502,965	1,522,753	1,466,275	1,511,053
[15]	Fringe Benefits	303,150	305,569	307,619	317,239
[16]	Contract Labor	121,450	91,485	93,817	107,531
[17]	Professional & Physician Fees	361,950	361,819	361,856	348,842
[18]	Purchased Services	135,518	195,948	153,417	122,262
[19]	Supply Expense	549,141	610,698	501,058	619,942
[20]	Utilities	61,188	82,582	72,185	106,849
[21]	Repairs and Maintenance	6,771	13,906	3,278	1,970
	Insurance Expense	66,818	74,824	66,818	66,818
	All Other Operating Expenses	92,438	73,727	97,345	70,425
	Bad Debt Expense (Non-Governmental Providers)	0	0	0	0
	Leases and Rentals	33,070	35,178	30,572	24,400
	Depreciation and Amortization	63,250	62,882	62,487	62,437
[27]	Interest Expense (Non-Governmental Providers)	0	0	0	0
[28]	Total Operating Expenses	3,297,709	3,431,371	3,216,728	3,359,768
Net 0	Operating Surplus/(Loss)	20,711	15,350	(163,751)	13,545
_					
Non-	-Operating Revenue:				
[29]	Contributions/Grants/PPP/ERC	0	0	0	13,312
[30]	Investment Income	72,573	75,310	74,289	76,545
[31]	Income Derived from Property Taxes	27,974	27,974	27,974	27,974
	Interest Expense (Governmental Providers Only)	(22,342)	(22,821)	(22,492)	(22,476)
	Other Non-Operating Revenue/(Expenses)	10,315	9,862	9,373	11,884
[34]	Total Non Operating Revenue/(Expense)	88,520	90,326	89,144	107,239
Tota	l Net Surplus/(Loss)	109,231	105,676	(74,607)	120,784
	Operating Margin	0.62%	0.45%	-5.36%	0.40%
[36]	Total Profit Margin	3.29%	3.07%	-2.44%	3.58%
[37]	EBITDA	1.86%	1.61%	-4.05%	1.59%
[38]	Cash Flow Margin	5.87%	5.55%	0.34%	6.10%

Statement of Cash Flows

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Second Month Ending August 31, 2025

	CA	SH FLOW
	Current Month 8/31/2025	Current Year-To-Date 8/31/2025
CASH FLOWS FROM OPERATING ACTIVITIES: [1] Net Income (Loss) [2] Adjustments to Reconcile Net Income to Net Cash [3] Provided by Operating Activities:	(74,862)	(127,920)
 [4] Depreciation [5] (Increase)/Decrease in Net Patient Accounts Receivable [6] (Increase)/Decrease in Other Receivables [7] (Increase)/Decrease in Inventories [8] (Increase)/Decrease in Pre-Paid Expenses [9] (Increase)/Decrease in Other Current Assets [10] Increase/(Decrease) in Accounts Payable [11] Increase/(Decrease) in Notes and Loans Payable [12] Increase/(Decrease) in Accrued Payroll and Benefits [13] Increase/(Decrease) in Accrued Expenses [14] Increase/(Decrease) in Patient Refunds Payable [15] Increase/(Decrease) in Third Party Advances/Liabilities [16] Increase/(Decrease) in Other Current Liabilities [17] Net Cash Provided by Operating Activities: 	58,910 528,547 (1,982,194) 1,049 22,740 0 127,923 0 (666,456) (92,367) (39,101) (27,954) 0 (2,143,766)	116,683 (590,226) (2,011,655) (3,647) (233,233) 0 162,753 0 (464,504) (69,205) (34,403) (59,166) 0 (3,314,524)
CASH FLOWS FROM INVESTING ACTIVITIES: [18] Purchase of Property, Plant and Equipment [19] (Increase)/Decrease in Limited Use Cash and Investments [20] (Increase)/Decrease in Other Limited Use Assets [21] (Increase)/Decrease in Other Assets [22] Net Cash Used by Investing Activities	(208,313) 352 440,886 0 232,925	(308,040) (14,627) 304,700 0 (17,966)
CASH FLOWS FROM FINANCING ACTIVITIES: [23] Increase/(Decrease) in Bond/Mortgage Debt [24] Increase/(Decrease) in Capital Lease Debt [25] Increase/(Decrease) in Other Long Term Liabilities [26] Net Cash Used for Financing Activities	(452,000) (4,640) 33,466 (423,174)	(452,000) (9,261) 63,236 (398,024)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
[27] Net Increase/(Decrease) in Cash	(2,334,015)	(3,730,515)
[28] Cash, Beginning of Period	4,764,178	6,160,678
[29] Cash, End of Period	2,430,163	2,430,163

KVHD
Patient Statistics
Thirteen Months Ended August 31, 2025

	STATISTICS	Actual 8/31/2024	Actual 9/30/2024	Actual 10/31/24	Actual 11/31/24	Actual 12/31/2024	Actual 1/31/2025	Actual 2/28/2025	Actual 3/31/2025	Actual 4/30/2025	Actual 5/31/2025	Actual 6/30/2025	Actual 7/31/2025	Actual 8/31/2025
	Discharges													
[1]	Acute	32	22	27	18	26	31	27	28	29	24	22	27	21
[2]	Swing Beds	3	2	3	1	4	1	2	1	1	0	0	4	1
[3]	Psychiatric/Rehab	0	0	0	0	0	0	0	0	0	0	0	0	0
[4]	Respite	0	0	0	0	0	0	0	0	0	0	0	0	0
[5]	Total Adult Discharges	35	24	30	19	30	32	29	29	30	24	22	31	22
[6]	Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
[7]	Total Discharges	35	24	30	19	30	32	29	29	30	24	22	31	22
	Patient Days:													
[8]	Acute	92	80	98	76	102	90	84	103	93	73	79	109	76
[9]	Swing Beds	52	44	51	24	54	24	20	34	13	0	0	39	17
[10] Psychiatric/Rehab	0	0	0	0	0	0	0	0	0	0	0	0	0
[11] Respite	0	0	0	0	0	0	0	0	0	0	0	0	0
[12		144	124	149	100	156	114	104	137	106	73	79	148	93
[13		0	0	0	0	0	0	0	0	0	0	0	0	0
[14] Total Patient Days	144	124	149	100	156	114	104	137	106	73	79	148	93
	Average Length of Stay (ALOS)													
[18		2.9	3.6	3.6	4.2	3.8	2.9	3.1	3.7	3.2	3.0	3.6	4.0	3.6
[16		17.3	22.0	17.0	24.0	13.5	24.0	10.0	34.0	13.0	0.0	0.0	9.8	17.0
[17	•	0	0	0	0	0	0	0	0	0	0	0	0	0
[18		4.1	5.2	5.0	5.3	5.2	3.6	3.6	4.7	3.5	3.0	3.6	4.8	4.2
[19] Newborn ALOS	0	0	0	0	0	0	0	0	0	0	0	0	0
[1]	Average Daily Census (ADC)													
[20		3	2.7	3.16	2.5	3.3	2.9	3.0	3.3	3.1	2.4	2.6	3.5	2.5
[2		1.7	1.5	1.64	0.8	1.7	0.8	0.7	1.1	0.4	0.0	0.0	1.3	0.5
[22	-	0	0	0	0	0	0	0	0	0	0	0	0	1
[23		4.6	4.1	4.8	3.3	5.0	3.7	3.7	4.4	3.5	2.4	2.6	4.8	3.0
[24		0	0	0	0	0	0	0	0	0	0	0	0	0
	Long Term Care:													
[25] SNF/ECF Resident Days	1456	1390	1441	1425	1463	1487	1393	1531	1487	1571	1573	1662	1593
[26] SNF/ECF Resident Discharges	4	4	1	0	1	1	1	1	1	2	1	0	3
[27] CBRF/Assisted Living Days	0	0	0	0	0	0	0	0	0	0	0	0	0
[28] Average Daily Census	47.0	46.3	46.5	47.5	47.2	48.0	49.8	49.4	49.6	50.7	52.4	53.6	51.4
	Emergency Room Statistics													
[29] ER Visits - Admitted	27	23	24	17	22	29	22	28	25	23	22	27	23
[30] ER Visits - Discharged	414	358	352	330	355	308	302	343	311	324	344	381	328
[3]] ER - Urgent Care Visits	287	261	264	277	299	330	288	310	322	310	312	316	282
[32] Total ER Visits	728	642	640	624	676	667	612	681	658	657	678	724	633
[33		3.71%	3.58%	3.75%	2.72%	3.36%	4.35%	3.59%	4.11%	3.80%	3.50%	3.24%	3.73%	3.63%
[34		77.14%	95.83%	80.00%	89.47%	70.97%	85.29%	75.86%	87.50%	86.21%	79.31%	75.86%	96.43%	95.83%
	Outpatient Statistics:													
[38	-	1054	945	1047	935	874	1001	846	868	1047	1025	1055	1135	955
[36	-	19	16	21	14	16	22	18	11	27	19	25	17	21
[37	•	1244	1146	1342	1199 222	1145	1276	1138	1253	1054	1145	976	1168	975
[38	Clinic Visits - Specialty Clinics	266	199	256	222	28 228	223	228	248	264	222	261	264	224

KVHD Patient Statistics Thirteen Months Ended August 31, 2025

	STATISTICS	Actual 8/31/2024	Actual 9/30/2024	Actual 10/31/24	Actual 11/31/24	Actual 12/31/2024	Actual 1/31/2025	Actual 2/28/2025	Actual 3/31/2025	Actual 4/30/2025	Actual 5/31/2025	Actual 6/30/2025	Actual 7/31/2025	Actual 8/31/2025
[39		Ō	0	0	0	0	0	0	0	0	0	0	0	0
[40] OP Surgeries	0	0	0	0	0	0	0	0	0	0	0	0	0
[41] Outpatient Scopes	0	0	0	0	0	0	0	0	0	0	0	0	0
[42] Retail Pharmacy Scripts	4926	4710	5340	4871	5360	5620	5167	5101	5541	5858	6654	7799	7499
[43] Clinic Visits-Mobile Van	0	0	11	0	0	0	0	0	0	0	0	0	0
[44] FTE's - Worked	213.21	211.50	212.15	211.24	211.30	221.42	217.79	222.25	223.42	220.81	216.58	220.73	227.62
[45] FTE's - Paid	237.06	235.46	234.5	234.03	234.69	240.10	239.27	241.63	247.25	246.07	242.25	248.21	250.61
[46] Case Mix Index -Medicare	0.9526	0.9464	1.1602	1.0987	0.9632	0.8510	0.9070	1.0770	1.1230	1.3689	1.0734	0.9978	0.9270
[47] Case Mix Index - All payers	0.9707	0.9893	0.9767	1.0204	0.9527	0.9030	0.9520	1.0170	0.9990	1.1085	0.9517	1.0036	0.9840

Kern Valley Healthcare District

Financial Report

For the month of August 2025 (2nd month in FY 26)

Profit/Loss Summary

Net loss in August was \$74,862, a (1.95%) total profit margin, and \$112,259 below budget.

Net Patient Revenue- MTD positive-

Month-The Net patient Revenue in August was \$3,781,038 (6.75%) above budget. The volume was lower in the acute areas where patient days were down by 55 from July and under budget (51 days below budget), Gross Inpatient Revenues were below budget (\$223,212). Skilled Nursing revenues decreased in August (\$105,729 below prior month) (days were down by 69, and census was down by 2.2 days and revenues were over budget by \$53,605. The decrease was primarily due to a COVID outbreak in the unit. Outpatient revenues were \$24,519 below budget (.45%) Outpatient visits were over budget by 24 and ER Visits were under budget by 38. Retail Pharmacy revenue was 30.32% over budget for the month (prescriptions were 1,010 over budget, and 300 below prior month).

Operating Expenses- MTD Negative

Month-Operating Expenses in August were \$337,016(9.27%) above budget (unfavorable). Labor expenses were over budget with salaries and wages and fringe benefits above budget by \$222,645 and contract labor was \$9,007 above budget. Supply expense was over budget by \$183,434 primarily due to the increase in retail pharmacy drug expenses related to prescriptions filled being over budget.

Balance Sheet/Cash Flow

Patient cash collections in August were up from \$2,518,690 in July to \$2,564,924 in August. The Gross AR Days decreased to 66 days in August from 68 in July. Gross AR decreased by \$465,279. We are still reviewing all of the accounts to get the AR days down. Cash Balances (all sources) decreased to \$17,103,733 compared to \$19,402,700 in July.

The Accounts Payable balances increased by \$127,923 in August.

Concluding Summary

Positive takeaways for the month:

- 1) Long Term Care revenue was over budget
- 2) Net patient revenue was over budget.
- 3) Retail pharmacy revenue was over budget.
- 4) Gross AR days decreased by 2 days

Negative takeaways for the month:

- 1) There was a net loss for the month.
- 2) Operating expenses were over budget.
- 3) Most volumes were under budget.

Prepared by John Lovrich, CFO September 20, 2025

KERN VALLEY										
HEALTHCARE DISTRICT		Sep-25								
CONTRACT	VEN#	CONTRACT TYPE	DESCRIPTION	COST			BEGIN	RENEW	NEXT FINANCE REVIEW	TERMS
ADS- ADVANCED DATA STORAGE		SERVICE	PICK UP PHI AND DESTROY VARIOUS		VARIOUS		12/01/13		09/01/25	EQUIPMENT/CONSUMABLE AGREEMENT 36 MO/
BAYER HEALTHCARE		SERVICE	STELLANT SX (CT INJECTOR)	\$	6,379.12	ANN	12/08/23	12/07/26	_	60 DAY WRITTEN NOTICE
COMPHEALTH		SERVICE	MVHC RECRUITMENT	\$30,000 placer	ment fee		12/09/22	OPEN	09/01/25	45 DAY NOTICE
DELTA LIQUID ENERGY		SERVICE	PROPANE DELIVERY	VARIOUS			12/21/21	OPEN		30 DAY WRITTEN NOTICE
GIEM, PAUL M.D.	04119	PHYSICIAN	EMERGENCY SERVICE	75.00 EA VISIT 70.00 STAND BY MIN 220.00			12/01/23	11/30/26	09/01/25	ONE YEAR TO EXTEND FOR TWO ADD'L ONE YEAR TERMS
LIU, FANGLUO M.D.	52422	PHYSICIAN	MEDICAL DIRECTOR LAB	200.00 HR NOT TO EXCEED 4000.00		MO	12/01/23	11/30/26		30 DAY WRITTEN NOTICE. AFTER ONE YEAR MAY EXTEND FOR TWO ONE YEAR PERIODS.
MESA WINDS APARTMENTS		RENTAL UNIT 3,4,7	NURSE REGISTRY QUARTERS	\$	650.00	EA	12/15/01	OPEN	09/01/25	INCREASED \$50.00 1/15/24
NAVE LAW OFFICE, P.C.	52118	SERVICE	LEGAL COUNSEL	RETAINER OF	\$1,500.00	MO	12/01/13	OPEN	09/01/25	
REGISTER.COM (WEBSITE FORWARDING, REGISTRATION)	52365	SERVICE	WEBSITE/EMAIL/DOMAIN- KERNVALLEY HEALTHCARE	\$	107.49	ANN	12/09/24	12/08/25	09/01/25	
RELIAS LEARNING	52064	SOFTWARE	EMPLOYEE LEARNING/TRAINING	\$	34,580.51	ANN	12/01/23	11/30/25	09/01/25	
ZIXCORP SYSTEMS INC	53022	SERVICE	EMAIL ENCRYPTION LARGE FILE TRANSFER	\$	11,215.50	ANN	12/12/24	12/11/25	09/01/25	



MINUTES FOR BOARD PERSONNEL AND POLICY COMMITTEE Monday, September 22, 2025 – 9:00 A.M.

1. CALL TO ORDER: The meeting was called to order by Fred Clark, Committee Chair, at 9:00am in the Administrative Conference Room.

PRESENT: Fred Clark, Committee Chair

Ross Elliott, Committee Member (remote)
John Lovrich, Chief Executive Officer
Mark Gordon, Chief Nursing Officer
Cary Zuber, Chief Information Officer

Cassandra Coleman, Human Resources Manager

Heidi Sage, Executive Assistant

2. APPROVAL OF AGENDA: The agenda was approved as distributed.

3. APPROVAL OF MINUTES: The minutes of the August 25, 2025 meeting were approved as distributed.

4. REPORTS:

- **A. Human Resources Report:** The HR report for August 2025 was presented by Cassandra Coleman. Ms. Coleman updated the committee on hires and terminations for the month.
- **B. FTE Report:** The FTE reports for pay periods ending 8/23/25 and 9/06/25 were reviewed and discussed. For PPE 8/23/25, the District was 5.99 FTEs over target based on actual volume. For PPE 9/06/25, the District was 1.53 FTEs over target based on actual volume. Some of the variances were related to low volumes in August. Mr. Lovrich stated the District needs to focus on staffing as this is one of our largest expenses. Mr. Lovrich will begin meeting with department managers to review their staffing. Mr. Lovrich stated he needs to adjust the square footage for Housekeeping which will bring their FTE's in line.
- **C. Chief Nursing Officer Report:** Mr. Gordon reported that he is developing a mentorship program for new grad CNA's. From the last CNA program, one has passed the certification exam. The others should be testing soon. Mr. Gordon is also working on setting up the skills lab for licensed nursing staff. We will likely need to purchase some equipment to get the skills lab established. The COVID restrictions in the SNF have been lifted so we begin looking at admissions again. Mr. Gordon stated he and Mr. Lovrich will be meeting with Kern County EMS leadership on September 30th.
- D. Chief Executive Officer Report: Mr. Lovrich reported that he spoke at Exchange Club last week to give an update on hospital projects, including the plans to relocate retail pharmacy. Mr. Lovrich has another meeting this week with the wound care group and is very optimistic that implementation of a wound care program could increase our volumes. The clinic annual review meeting was held last week and the group discussed goals for the upcoming year. Mr. Lovrich will begin meeting with each department manager to review all expenses in an effort to decrease spending. The new marketing manager, Nicolas Caver, will be working with Irina Diaz on a

marketing initiative for the Skilled Nursing Facility, which will include in-person visits to healthcare providers in Bakersfield. Mr. Lovrich also stated the District will be working to establish transfer agreements with Bakersfield hospitals.

5. POLICY/PROCEDURES FOR REVIEW:

Manuals:

Health Information Management – The Health Information Management manual was approved by this committee and will be placed on the Board of Directors consent agenda for final approval.

Medical Staff – The Medical Staff manual was approved by this committee and will be placed on the Board of Directors consent agenda for final approval.

Compliance – The Compliance manual was approved by this committee and will be placed on the Board of Directors consent agenda for final approval.

Policies:

Collections:

• Charity Care and Financial Assistance

Deposits-Discounts

Outside Collection Agency

Emergency Department:

AMA – Patient Leaving the Hospital AMA

• Nursing Intervention Protocols

Human Resources:

Personal Calls and Cell Phone Use

Criteria Testing L&D (Learning and Development)

Infection Control - SNF:

Surveillance Program Plan

Vaccination Standing Orders

Laboratory:

ESR MiniiSED Analyzer SOP

Mesa Clinical Pharmacy:

Controlled Substances, Ordering and Receiving

Nursing:

• Competency Assessment, Clinical Nursing Staff

• Crash Cart Equipment and Locations - AC

• Electrical Cardioversion

Nutrition Services:

Food Storage, Labeling, and Dating

Pharmacy:

• 340B Program

Medication Security and Storage

• Patient's Home Medication Use and Storage

Rehabilitation Services:

Admissions – Processing of Outpatients

Respiratory Therapy:

• Electrocardiogram (EKG), Performing An

Vapotherm

Skilled Nursing:

• Activity Department Staff

Activity Program

Controlled Substances Count/Storage

Utilization Review:

Medicate Beneficiary Liability Notices

Personnel Responsible for the Provision of Social Services

TO BE RETIRED: All policies listed below were retired.

• PHA – Patient's Home Medications

• PHA – Storage and Use of Patient's Own Medication

• PHA – Medication Storage

PHA – Medication Security

Approved – Will place on consent agenda Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved with changes – To consent Returned to manager for changes

Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved – Will place on consent agenda

Approved – Will place on consent agenda

Approved – Will place on consent agenda Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved – Will place on consent agenda

Approved – Will place on consent agenda Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved – Will place on consent agenda

Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved – Will place on consent agenda Approved – Will place on consent agenda Approved – Will place on consent agenda

Approved – Will place on consent agenda

Approved – Will place on consent agenda

- SNF IC Resident Immunization/Vaccination Pneumovax/Prevnar
- SNF IC Resident Immunization/Vaccination Influenza

Policy Tracking Form: The tracking forms for both clinical and non-clinical policies were briefly reviewed.

6. OLD BUSINESS:

A. Review of Evaluation Tracking Form: The evaluation tracking form was reviewed and discussed. The evaluation listed for Mr. Lovrich will be removed as it was superseded by his promotion to the CEO position.

7. NEW BUSINESS:

- A. Termination Trending Detail: This item was discussed under the HR Report.
- **B. Nectar Usage Report:** Mr. Zuber updated the committee on Nectar Usage for the last 30 days. There has been an uptick in usage during the last month. In addition, Mr. Zuber provided a quarterly report on manager usage.
- **8. ADJOURNMENT:** The meeting was adjourned at 9:56am.

Submitted by: _	
-	Heidi Sage, Executive Assistant
Approved by:	
, .	Fred Clark, Committee Chair

KERN VALLEY HALTCARE DISTRICT HUMAN RESOURCES REPORT AUGUST 2025 – FY 25

		AUG '25	JUL '25	JUN '25	AUG '24	
		A00 23	JOL 23	7014 23	A00 24	
EIII I	IME.	230	226	210	270	
FULL TIME:						
PART 1	IME:	27	27	18	38	
PART TIME W/O BENE	FITS:	9	9	8	27	
PER D	IEM:	40	41	37	86	
TEMPOR	ARY:	22	23	24	21	
HEADCO	UNT:	294	275	276	276	
TURNOVER RATE:		3.06%	2.18%	1.8%	.7%	
OPEN POSITIONS:	16	OPEN		DEPARTMENT	POSITION	STATUS
		2		SKILLED NURSING	CNA	FT
		2		SKILLED NURSING	LVN	PT
		1		SKILLED NURSING	RN/CHARGE NURSE	FT
		1		ACUTE	LVN	FT
		1		ER	RN	FT
		1		MVHC	CLINICAL PHYSICIAN	PT
		1		MCHC	MID-LEVEL PRACT	FT
		1		RADIOLOGY	RAD TECH ULTRASOUND TECH	PD
		1		ULTRASOUND REHAB	PTA	PD PT
		1		RESPIRATORY	RCP	FT
		1		LAB	LAB SCIENTIST II	FT
		1		NUTRITION	DIETARY TECH	FT
		1		FINANCE	CFO	FT
NEW HIRES:	3	NEW				
		1		PUBLIC RELATIONS	PR COORDINATOR	FT
		1		SKILLED NURSING	LVN	FT
		1		RETAIL PHARMACY	PHARMACY CLERK	PT
SEPARATION FROM EMPLOYMENT:	9	VOL	INVOL	DEPARTMENT		
		1		ACUTE CARE	TELEMETRY TECH	FT
		1		RADIOLOGY	RADIOLOGY TECH	PD
		1		EMERGENCY	RN	PD
		1	4	SKILLED NURSING	CNA	FT
		1	1	PATIENT SERVICES SURGERY	PSR CST	PT
		ı	1	RETAIL PHARMACY	PHARM CLERK	PD PT
		1		EMERGENCY	RN	FT
		1		HUMAN RESOURCES	HR-BENEFITS	FT
WORKERS' COMPENSAT NEW CLAIMS:	ION			DEPARTMENT	LOST TIME?	RTW?
				SKILLED NURSING	NO	YES
				MATERIALS MANAGEMENT	NO	YES
				ACUTE	NO	YES
				SKILLED NURSING	NO	YES
WC OPEN/CLOSED:		OPEN FY 24-30 10	CLOSED FY 24-30 7	TOTAL CLAIMS FY 24-30 17	TOTAL OPEN CLAIMS 10	
(FY24) 7/1/24 – 6/30/25		10	7	17		
(FY25) 7/1/25 – 6/30/26		3	0	3		



Chief of Staff Report - October 9, 2025 Board Meeting

Utilization Review (UR) Committee - September 10, 2025

- Committee reviewed and approved changes to a policy (Medicare Beneficiary Liability Notices)
- Committee reviewed regular reports (Denials of Payment, Average Length of Stay, UR/Medical Records Study, and Monthly UR Worksheet)

Pharmacy & Therapeutics (P&T) Committee-September 17, 2025

- Committee reviewed ED Stats for August 2025.
- Committee reviewed 4 and approved 3 policies. (Downtime Procedure, Criteria for Specimen Rejection, Mesa Clinical Pharmacy Home Delivery Service. Mesa Pharmacy Postal Delivery Service will stay on the agenda)
- Committee reviewed and approved a revision to titratable IV drips, and a proposal to update an IVPB antibiotic order.
- Committee reviewed and approved a formulary addition request, and 2 formulary deletion requests.
- Committee reviewed regular reports. (Blood Usage, Blood Culture Analysis, CAHPS, Temperature Alert Incidents, Medication Shortages, MERP, and EOC Rounds Pharmacy).

Skilled Nursing Facility Continuous Quality Improvement (SNF CQI) Committee - September 18, 2025

- Committee reviewed regular reports. (CDPH Plan of Correction Tracking, SNF QA Statistics, SNF HAI
 Monthly Report, Device Usage in SNF, SNF Hand Hygiene Compliance, and SNF Environment of Care
 Rounds Checklist)
- Committee reviewed the Antibiogram through June 20, 2025 and the Antibiotic Usage for UTI, and Wound, Respiratory & GI Reports.

Medical Executive Committee (MEC) – August 26, 2025

- Committee reviewed and approved 3 policies (Downtime Procedure, Criteria for Specimen Rejection, Mesa Clinical Pharmacy Home Delivery Service).
- Committee reviewed and approved a revision to titratable IV drips, and a proposal to update an IVPB antibiotic order.
- Committee reviewed regular reports (Promoting Interoperability e/CQM, ED Monthly Statistics, Physician QI/Risk Report Monthly, Medication Shortages)



Board Report 10/09/2025

The mentorship orientation checklists have been created, and we will be using these for two purposes.

- 1. New hire extended orientation (self-paced 4-6 weeks) to ensure our newly hired and new grad CNA's can master the top 20 skills necessary to be successful.
- 2. If "seasoned CNA's are facing challenges or having difficulties with any of these tasks, we can apply the same principles to their practice prior to termination.

The Nursing skills lab will require some investment for supplies and training materials which I believe we have needed for a long time. The Auxiliary has funding for many of these tools and supplies. Joy Donoho will be developing a list of supplies and products to purchase.

No news to report on COVID and Flu season, the hospital will resurrect the drive-by flu shot clinic and we are looking at Friday, October 17 from 9:00 am - 1:00 pm

The meeting with Kern County EMS was very encouraging and they are looking forward to helping improve our transfer processes.



KVHD CIO Report 10/09/2025

- An update to the IT Strategic Plan has been completed and attached to the Board Packet. Information on current and completed IT projects for 2025-2026 is found on the next page.
- Marketing is currently developing their strategic initiatives, they hope to have this completed within the next month or 2. High-level goals include:
 - o Increase SNF census.
 - o Improve Social Media content, presence, and posting consistency.
 - o Improve communication through website experience and content.
 - o Increase inter-departmental collaboration to ensure brand consistency.
 - o Enhancing community engagement events.
 - Utilize data-driven marketing strategies to track and re-evaluate marketing efforts.

^{*}More details will be provided when the plan is completed.



KVHD 2025-2026 IT Strategic Plan

Project Name	Project Summary	Kick-Off Date	Projected Go-Live Date	Status
QIP Electronic Reporting	We will no longer be able to manually scrub charts for QIP reporting. We must find a vendor that supports electronic reporting to continue participation in the program. Program participation provides us with 2.7 million in annual funding.	Aug -24	Feb -25	Complete
Firewall EOL	Our existing firewall reaches EOL Jan -25. We plan to purchase 2 firewalls for redundancy.	Nov -24	Jan -25	Complete.
Update Pyxis Servers to latest version	Update Pyxis server to allow for latest version and in- house management of security updates	March -25	June -25	Complete
Eliminate SSL VPN connections for employees	SSL VPN connections pose many security holes. We plan to migrate all existing SSL connections for KVHD employees to Microsoft's Global Secure Access	Feb -25	June -25	Delayed Nearing Completion
Migration to Microsoft Security products • Email • Defender AV	Migrate existing security services to Microsoft 365 where possible.	Jan -25	Aug -25	Complete



Where Healthcare and Community Connect

Server upgrade	Existing servers that	March -25	Aug -25	Complete
	are used as			·
	VMWare hosts are			
	reaching EOL in Aug.			
	They must be			
	replaced			
Windows 10 EOL	Windows 10 will	Sept -24	Oct -25	Nearing Completion
	reach EOL in Oct -			
	25. All PCs must be			
	running Windows			
	11 prior to that			
	date.			
	New network			Nearing Completion
	infrastructure needs			
Complete network	to be installed at			
configuration and	the new admin			
installation for the	building to allow	April-25	Nov-25	
"new admin	connectivity for			
building"	Medical Records			
	and Mesa Clinical			
	Pharmacy			
	Our wireless AP			
	system needs to be			
	refreshed to better			
Access point	handle the wireless			On Hold
upgrade	needs of the facility.	May -25	Nov -25	
	Existing APs			
	frequently fail and			
	do not have any			
	vendor support.			0-11-14
	Allow for			On Hold
	connection between		N 25	
Apple Health	our patient portal	July -25	Nov -25	
	and Apple Health			
				In December
	eRad servers have			In Process
	several vulnerabilities that			
oPad Migration	cannot be patched.	Aug 2E	Doc 3E	
eRad Migration	Migration to KVHD virtual environment	Aug-25	Dec-25	
	is necessary to			
	manage eRad			
	successfully			
	Successiumy			



Where Healthcare and Community Connect

Determine if email encryption service can be migrated from Zix to Microsoft	Our newly acquired Mirosoft licensing allows for mail encryption services. Moving to this could save \$11k annually	Sept -25	Dec -25	Evaluating
Evaluate KVHD's EMR and determine where we can implement TruBridge	KVHD has several EMRs. Consolidating where possible to TruBridge would help workflows and communication between departments.	July -25	Jan-26	Evaluating
Migrate from 3 rd party interface engine (Shasta) to TruBridge IMS	Shasta handles 3 of KVHDs interfaces which frequently have issues. These interfaces need to be migrated to TruBridge's interface management system to improve stability and decrease monthly cost.	Aug-25	Feb-26	In Planning
Determine if email encryption service can be migrated from Zix to Microsoft	Our newly acquired Mirosoft licensing allows for mail encryption services. Moving to this could save \$11k annually	Sept -25	Dec -25	Evaluating
Migrate to Tsystem EVolVed EHR	Tsystem has a new product that adds some beneficial new features including better remote access for providers and a charge interface.	Oct -25	Jan- 26	Evaluating
Add Charge interface to Tsystem	ER charges are currently entered manually into TruBridge. A charge interface would eliminate the needed for this manual process.	Feb – 26	June -26	Evaluating

Where Healthcare and Community Connect

	This is dependent on migrating to Tsystem EVolVed			
Migrate intranet site to SharePoint	Healthstream will be discontinuing their intranet site, we need to migrate to avoid being without an intranet site. This does not affect their policy and procedure service	July -25	Sept -26	In Planning
Implement self- service password reset options to reduce the expenses from IT on-call and improve access to applications.	Most after-hours on-call work is spent resetting passwords. Time and money can be saved by leveraging new capabilities for self-service password reset options in Active Directory, TruBridgeEHR, and PointClickCare	Oct -25	Oct-26	In Process
Migrate on- premises Domain Controllers to Microsoft Entra	Moving services currently hosted on KVHDs domain controllers to Microsoft Entra will decrease cost, increase accessibility, improve security, and keep KVHD in- line with modern business practices.	Oct -25	Oct -26	In Testing

^{**}Evaluating – Determining if the project will be implemented.

^{**} In Planning – Project has been evaluated and is now in the planning stage.

^{**} In Testing – Planning has been completed, the planned project is being tested to ensure there will not be issues when implementation begins.

^{**} In process – The project is underway.

^{**} Nearing Completion – The project is over 75% completed.

September Marketing & Community Engagement Board Report

Executive Summary

September was marked by solid performance in both **community fundraising** and **strategic access initiatives**. The annual Crab Fest Fundraiser achieved maximum capacity and delivered exceptional sponsor satisfaction. Concurrently, the Blood Drive surpassed its participation goal by reinforcing our commitment to local public health. Strategically, participation in the Regional Access Committee (RAC) meeting led to the identification of a significant new revenue opportunity through our Medical Transportation services.

Key Activity Review

1. Crab Fest Fundraiser (Community & Fundraising)

The annual Crab Fest was a resounding success, achieving a perfect execution across fundraising, attendance, and sponsor engagement metrics.

- Attendance & Sales: The event achieved maximum capacity, with all 150 tickets completely sold out. This demonstrates exceptionally strong community demand and engagement for this premier event.
- **Guest Experience:** Guests arrived promptly and demonstrated high participation rates in event activities and the raffle. The high-value door prize (a travel package) was instrumental in driving **strong raffle ticket sales**.
- Sponsor Impact: Kern Family Health Care (KFHC), our highest-tier sponsor, expressed strong satisfaction and appreciation for the hospitality and entertainment provided by KVHD & KVHF, securing the success of a crucial relationship.
- Overall Impact: The event served as a highly successful platform for community engagement, achieving its core fundraising objectives with high donors and sponsor satisfaction.

2. Blood Drive (Public Health & Outreach)

The September Blood Drive significantly exceeded its targets, emphasizing KVHD's leadership in community health.

- Participation & Goal Achievement: The event secured 29 successful donors, surpassing the initial goal of 23 participants by 6. In short, yes, it is only 6 new people, but that is still a small step in the right direction!
- **Community Impact:** This participation level translates to the potential assistance of up to **72 patients in need**, representing a substantial positive impact on regional blood supply.
- **Community Response:** The strong turnout reflects a healthy show of support from residents and affirms the community's trust in KVHD's health initiatives.

3. Regional Access Committee (RAC) Meeting (Strategic Development)

The RAC serves as a vital regional forum to assess and address healthcare access needs within the Kern River Valley. KVHD's active engagement yielded immediate, tangible strategic insights.

- **KVHD Engagement:** Key representatives from Marketing, Behavioral Health, Rehabilitation Center, and Transportation, alongside leadership, ensured that all relevant operational facets were represented.
- Strategic Outcome:
 - Reinforced KVHD's critical role in addressing regional healthcare infrastructure needs.
 - Informed KFHC of the benefits and capabilities of KVHD's Medical Transportation service. This directly highlights how this service can extend benefits to their members in the Valley.
 - Identified a new revenue stream: The discussion successfully identified the
 opportunity to strengthen the sustainability of the Medical Transportation service by
 integrating new reimbursement mechanisms, which will open a new revenue
 opportunity for KVHD while enhancing community service.

4. Organizational and Governance Updates

The department oversaw two key organizational shifts in September:

- Public Relations Transition: The department acknowledges the challenging departure
 of Debbie from the Public Relations Manager position. While her institutional knowledge
 and insight will be greatly missed, the team is committed to preserving continuity and
 ensuring a smooth transition across all ongoing communications and outreach
 strategies. We are prepared to manage this transition effectively.
- Auxiliary Thrift Store Governance: We successfully implemented a new volunteer-based governance board structure for the Auxiliary Thrift Store. This initiative provides enhanced structure for the volunteers and creates new opportunities for leadership. The volunteers have successfully voted for and elected their new President, Vice President, Treasurer, and Secretary, formalizing leadership while retaining day leaders in their respective operational roles.

Future Opportunities & Next Steps

While September demonstrated strong performance, the Marketing Department is focused on optimizing these successes for sustainable, long-term growth and impact.

Crab Fest Optimization

- **Challenge:** The event sold out quickly, indicating rising demand, which is great, however, next year we will be losing money on this event if we don't raise prices unfortunately.
- **Opportunity:** For next year, we will explore methods to responsibly scale up possibly without compromising the price dramatically, or alternatively, introduce higher-value sponsorship tiers to maximize the revenue per event while maintaining the current

attendance cap, since we had a couple table sponsors who did not show up. Possibly getting it catered so less stress on KVHD kitchen staff?

Blood Drive Expansion

- Challenge: Sustaining participation volume across multiple drives.
- **Opportunity:** Leverage the success of this drive next time by implementing a new donor recruitment funnel. This includes targeting specific community groups and local businesses that were underrepresented in the September participation data to broaden the donor pool.

Medical Transportation Revenue

- Challenge: Converting the RAC-identified opportunity into actionable revenue.
- **Opportunity:** Collaboration with Administration and the Transportation Department to develop a formal proposal detailing the necessary steps if needed (e.g., credentialing, agreement drafting, and promotional planning) required to secure reimbursement from key partners like KFHC for the Medical Transportation service. This is the most significant new revenue pathway identified this month.

Conclusion: The department is leveraging September's strong foundation in fundraising, public health, and strategic networking to define clear, measurable goals for the coming quarter that prioritize both community service and financial sustainability.

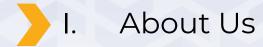
Health Professional Shortage Area Designation

08.12.25



Contents

I. ABOUT US	3
II. SCOPE OF SERVICES	4
III. COST	4
IV. PROPOSED TEAM	5



Introduction

The mission of Kern Valley Healthcare District (KVHD) operates a nonprofit, critical access hospital located in Mountain Mesa, California. KVHD also operates a rural health clinic serving the residents of the Kern River Valley.

Facktor is pleased to submit this proposal to Kern Valley Healthcare District for a Health Professional Shortage Area (HPSA) designation. The goal of this project is to renew the current Geographic High Needs designation for another three years. Facktor will use a team-based approach to complete the outlined scope of work, with project commencement occurring within a mutually agreed-upon timeframe that will meet the needs of Valley Healthcare Centers, Inc.

Background

Facktor is a national firm whose principals and staff serve Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs), health center consortia, Rural Health Centers health (RHCs) hospitals, plans, information exchanges (HIE), and other healthcare-related enterprises nationwide. Among the leading consulting firms focusing community healthcare, Facktor has consultants with regional and national expertise in infrastructure development, regulatory innovation, and compliance. Facktor assures a strategic focus on implementing operations, integrated clinical, health information technology (HIT), and fiscal



models. Facktor has established time-tested approaches to financial modeling for FQHCs as well as strategic planning, community needs and organization assessments, and revenue management to assure operational excellence and stable and continued growth. Facktor offers a team of more than 70+ consultants and works in 40 states nationwide. The firm is considered the largest consulting agency in the country dedicated to CHCs, having served the industry since 2001.

Facktor sets itself apart from other industry leaders by offering a multi-disciplinary, team-based approach and applying national and local perspectives to its projects. Facktor works with clients nationwide operating within complex, innovative safety net health care environments. In this work, Facktor's team has developed a deep understanding of value-based care models, alternative payment methodologies, accountable care, managed care, expanded health coverage programs for underserved populations, and other innovations in providing health care services. Facktor's stable and long-tenured team has participated in these initiatives from their inception and influenced their evolution.

With consultants from all corners of the United States, Facktor constructs project teams to fit each unique engagement, including experts on national trends and regional and statespecific perspectives.



II. Scope of Services

Purpose And Process

KVHD wishes to renew the HPSA designation for primary care services for Medical Service Study Area (MSSA) 63 (Lake Isabella). We will attempt to obtain a Geographic High Needs HPSA for the area. If this type of designation does not work, we will attempt to obtain a Geographic or Population (low income) HPSA.

The following tasks outline our approach in obtaining the HPSA designation:

Designation Process:

- Survey primary care providers within the MSSA
- Survey primary care providers in contiguous areas, if applicable.
- Calculate migrant farm worker statistics for the area (if applicable)
- Document rationale for requesting designation
- Discuss results with Client and submit application

Any adjacent MSSA within a 30-minute radius of MSSA 63 may need to be surveyed. Due to system changes within the Health Care Access & Information (HCAI) agency, contiguous area analysis is not revealed until after application submission and may require additional hours and fees. If HCAI determines that this type of analysis is required, we will consult with you first.

If we determine that the designation will not be feasible at any time during the engagement, we will discontinue our efforts and consult with you to discuss other options. You will only be charged for services incurred up to the point where we stopped.

The estimated fee range reflects a flat-fee pricing structure based on the anticipated level of effort, expertise, complexity, and scope of services outlined. The final fee will be determined upon completion of the engagement but will not exceed the maximum amount listed, unless there is a material change in scope. Any such changes will be discussed and approved in writing prior to additional charges being incurred.



III. Cost

Services	Estimated Time	Estimated Fees
HPSA Application (MSSA 63)	30 days	\$3,000 - \$3,500
Contiguous Area Analysis (if needed)	30-60 days	Hourly

Title	Discounted Hourly Rate
Partners	\$435 \$410
Managing Directors	\$420 \$395
Senior Directors	\$385 \$365
Directors	\$355 \$335
Senior Managers	\$325 \$305
Managers	\$295 \$280
Senior Associates	\$270 \$255
Associates	\$250 \$235
Senior Advisors	\$280 420 \$260 - 395 ¹



IV. Proposed Team

Facktor will assemble a team of consultants to support the proposed scope of work described above. This team will include representation and subject matter expertise (SME) from Facktor's Finance division. Below is a proposed list of Facktor consultants.

Cecilia Murillo - Senior Manager



Cecilia Murillo will be the project lead and oversee the application process through final designation. Based in Oakland, CA, Murillo is a Senior Manager in Facktor's Finance division. She provides rate setting strategy services to help clients optimize their clinic's prospective payment system (PPS) rates to enhance reimbursements. Murillo also provides extensive knowledge to clients in the areas of licensing, certification and California compliance of community clinics, federally qualified health centers (FQHC) and rural health clinics (RHC). With over 15 years of experience in assisting rural and urban communities to improve healthcare outcomes

and gain health equity, she is also adept at identifying and evaluating underserved populations to assist clients in developing Health Professional Shortage Area (HPSA) designations. Murillo is passionate about social justice issues and has served as committee chair for the multicultural business resource group (BRG) at her former job where she strived to cultivate a trusting, diverse and inclusive environment for employees. She currently serves as a Co-Chair for a local nonprofit organization that raises scholarship money for immigrant and first-generation high school students entering university. Murillo has a Bachelor of Arts in Broadcast Electronic Communications from San Francisco State University and a Master of Arts in Nonprofit Administration from the University of San Francisco.

¹ Varies by consultant