



PUBLIC NOTICE
KERN VALLEY HEALTHCARE DISTRICT
AGENDA FOR BOARD OF DIRECTORS
February 12, 2026 – 2:00 p.m.
Location: Administrative Conference Room
www.kvhd.org

REMOTE PARTICIPATION: Microsoft Teams
Meeting ID: 239 255 713 546 5 Passcode: Uk669xC6

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 – January 8, 2026

(pages 5-9)

Recommendation – Approve minutes as presented

2. Board Governance Meeting Minutes – January 27, 2026

(pages 10-11)

Recommendation – Accept minutes pending committee approval

3. Board Compliance Meeting Minutes – January 27, 2026

(pages 12-13)

Recommendation – Accept minutes pending committee approval

- 4. Building & Planning Meeting Minutes – January 27, 2026** (pages 14-15)
Recommendation – Accept minutes pending committee approval
- 5. Finance Committee Meeting Minutes – January 28, 2026** (pages 16-18)
Recommendation – Accept minutes pending committee approval
- 6. Unaudited Financial Statement – November 2025** (pages 19-29)
Recommendation – Accept financial statement as presented
- 7. Financial Report Narrative Summary – November 2025** (page 30)
Recommendation - Accept report as presented
- 8. 13-Month Statistics – November 2025** (pages 31-32)
Recommendation - Accept report as presented
- 9. Contracts:** (page 33)
Recommendation – Continue with contracts
- a. Alcor Scientific Inc. – Lab ESR Analyzer Service
 - b. BioMed Guy – BioMed/Anesthesia
 - c. Clark Pest Control – Pest Control in Dietary
 - d. GE Healthcare – Ultrasound Logiq S8 R4.5
 - e. GE Healthcare – Optima Powerware AMX Flashpad Proteus
 - f. GO Daddy – Secure Certificates SSL for ADFS
 - g. Good Samaritan Hospital – Family Medicine Resident Education
 - h. HPSI Menu 2 U – Online Menu Service for Residents
 - i. Motion Picture Licensing Corp (MPLC) – SNF Movie Viewing
 - j. Nectar – Employee Recognition Software Service
 - k. Nwestco (Confidence UST Services) – PM Underground Storage
 - l. Otis Maintenance/Elevator – Elevator PM & Certification
 - m. Quest Diagnostics – Outside Lab Results
 - n. Quinn – Preventative Maintenance on Equipment
 - o. RCPALS – Advanced Life Support Training Center
 - p. Stericycle – Waste Disposal
 - q. UEI College Training Affiliation – Medical Assistant/Medical Biller
 - r. Ugly Duck Marketing – Web Development Support/Maintenance
- 6. Board Personnel & Policy Meeting Minutes – January 26, 2026** (pages 34-35)
Recommendation – Accept minutes pending committee approval
- 7. Human Resources Report – December 2025** (page 36)
Recommendation – Accept report as presented
- 8. Policies:**
Recommendation – Approve policies as presented
- Collections:
- Charity Care and Financial Assistance
- Health Information Management:
- Altering, Modifying, or Correcting Medical Records
 - Death Certificates/Coroner’s Autopsy Reports
 - Permanent Filing of Incomplete Medical Records

- Subpoenas
- Pharmacy:
 - Standard Insulin Infusion Protocol (Adults)
- SNF Social Services:
 - Theft and Loss Control

9. Manuals: None

10. Medical Appointments:

- Recommendation – Approve appointment as presented*
- Rajbeer Sangha, MD – Teleneurology – Provisional Staff

11. Medical Reappointments:

- Recommendation – Approve reappointment as presented*
- Lloyd Wagner, MD – Radiology – Telemedicine Staff
- Carlos Ledezma, MD – Radiology – Telemedicine Staff

12. Chief of Medical Staff Report

- Recommendation – Review report*

(page 37)

13. Chief Information Officer Report

- Recommendation - Review report*

(pages 38-41)

14. Foundation/Auxiliary Report

- Recommendation – Review report*

(pages 42-43)

15. Employee Pension Contributions

- Recommendation – Continue with up 4% matching*

(pages 44-48)

16. Patient Safety Plan 2026 (revised)

- Recommendation – Approve plan as presented*

(pages 49-54)

17. Capital Expenditure Request – Ultrasound Table

- Recommendation – Approve request as presented*

(pages 55-65)

18. Capital Expenditure Request – Bladder Scanner

- Recommendation – Approve request as presented*

(pages 66-71)

19. Capital Expenditure Request – All-In-One Trainer/Leg Press

- Recommendation – Approve request as presented*

(pages 72-93)

20. Advanced Practice Provider Supervisory Agreement

- Recommendation – Approve agreement as presented*

(pages 94-97)

E. REPORTS:

1. Chief Executive Officer

- John Lovrich, Chief Executive Officer
- Recommendation – Hear report*

Information

F. OLD BUSINESS: None

G. NEW BUSINESS:

- 1. Capital Expenditure Request – Narcotics Safe** *Action*
John Lovrich, Chief Executive Officer *(pgs 98-106)*
Recommendation – Select safe for new pharmacy
- 2. KVHD Scholarship Application- K. Clodt** *Action*
John Lovrich, Chief Executive Officer *(pgs 107-113)*
Recommendation – Evaluate request/determine award
- 3. Resolution 26-02 – A Resolution of the Board of Directors Authorizing Acquisition of TruBridge Thrive Provider Electronic Health Record (TPEHR) Software Based on Impracticability of Competitive Procurement** *Action*
John Lovrich, Chief Executive Officer *(pgs 114-118)*
Recommendation – Adopt resolution as presented
- 4. Duckor, Metzger & Wynne Fee Arrangement** *Action*
John Lovrich, Chief Executive Officer *(pgs 119-130)*

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
- Potential Litigation – 3 Cases

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, January 8, 2026 – 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
Cary Zuber, Chief Information Officer
Amy Smith, Controller
Scott Nave, Legal Counsel
Dena Griffith, Risk Manager
Nicolas Caver, Marketing Manager
Greg Davis, Director of Population Health
- ABSENT:** Mark Gordon, Chief Nursing Officer

- 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 Parks to approve the agenda as presented. The motion was seconded by Director Clark. The motion passed unanimously.
- 1. FLAG SALUTE:** Director Clark
 - 2. 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:**
Anthony Barbados: Mr. Barbados introduced himself as the owner of Kern Valley Assisted Living, stating he would like to work collaboratively with the hospital.
- D. CONSENT AGENDA:**
1. Board of Directors Meeting Minutes – December 11, 2025
 2. Special Board of Directors Meeting Minutes – December 19, 2025
 3. Board Governance Committee Meeting Minutes – December 30, 2025
 4. Building & Planning Meeting Minutes – December 30, 2025
 5. Board Personnel & Policy Meeting Minutes – December 29, 2025
 6. Human Resources Report – October and November 2025

7. Policies:

Administration:

- Compliance Hotline Reporting
- Non-Denominational Pastor Roster
- Quality Review/Risk Management Reporting

Emergency Department:

- Human Trafficking, Recognition, Reporting and Documentation

Human Resources:

- Benefits During a Leave of Absence
- Open Door Policy

Mesa Clinical Pharmacy:

- Language Interpretation Services
- Mesa Clinical Pharmacy Services
- Pharmacy Hours and Delivery Schedule

Nursing:

- Involuntary Psychiatric Hold – 5150 – Suicide Management
- Nursing Call-Off Labor Pool

Radiology:

- Radiation Safety – Pregnant Personnel
- Radiation Safety Cumulative Dose Report
- Radiology Department Services – General

Rehabilitation Services:

- Attendance
- Billing
- Cleaning Equipment and Clinic

Rural Health Clinic:

- Cultural and Linguistics
- Emergency Care of Patients
- Housekeeping – Clinic
- Orientation Checklist – Back Office
- Orientation Checklist – Front Office
- Registration of Patients

Staff Development:

- Mock Codes
- Training Injury Disclaimer

To Be Retired:

- SNF – Incident Investigation – Witness Interview

8. Manuals:

- Rural Health Clinic
- Infection Control
- SNF Infection Control
- Mesa Clinical Pharmacy
- Lab – Chemistry
- Lab – Hematology
- Lab – Specimen Collection

9. Medical Appointments and Reappointments: None

10. Chief of Medical Staff Report

11. Chief Nursing Officer Report

12. Chief Information Officer Report
13. Foundation/Auxiliary Report
14. Patient Safety Plan 2026
15. Quality Assurance/Performance Improvement Plan

Director Elliott stated there was a typo on the Building & Planning Meeting Minutes. Director Clark made a motion to approve the consent agenda with the correction to the Building & Planning Meeting Minutes. The motion was seconded by Director Parks. Motion passed with a vote of 5/0.

E. REPORTS:

1. **Chief Executive Officer:** The CEO Report was given by John Lovrich. Mr. Lovrich updated the Board on the progress made on the new location for Mesa Clinical Pharmacy. Mr. Easterday has ordered banners and signage. There was further discussion about the bowling alley sign. Legal Counsel indicated that we can simply send a notice of removal and then proceed with taking that old sign down. Mr. Easterday also confirmed that we have sufficient parking for the new building. Mr. Lovrich stated staff are formulating a plan for the move and will be holding an open house or ribbon-cutting ceremony. The SNF census is slowly increasing. The SNF beautification project is ongoing. Billboards marketing the SNF have gone up in Bakersfield. So far (after one month), we have received five calls from the advertising billboard. Nic Caver and Irina Diaz will begin visiting the Bakersfield facilities to market our SNF. Mr. Lovrich will be interviewed by KGET on the 23rd of this month to introduce our facility to the outlying areas. The District is also working with the Kern Valley Sun on advertising. Mr. Lovrich reported that we are still evaluating the wound care program to see if it is financially viable. We have billed several claims but have not been paid as of which is part of the reason the AR is high right now. We are in the process of obtaining an appraisal for the LeeHo building. The denials project is going well but we are having issues with CPSI's responsiveness. Sales at the Auxiliary are going up and we are working on an electronic payment method for them.

F. OLD BUSINESS: None.

G. NEW BUSINESS:

1. **Unaudited Financial Statement – November 2025:** After brief review of the financials and statistics, a motion was made by Director Elliott to receive and file the Unaudited Financial Statement, the Financial Report Narrative Summary, and 13-Month Statistics. The motion was seconded by Director Elconin. Motion passed with a vote of 5/0.
2. **Financial Report Narrative Summary – November 2025:** Receive and file. See item 1 above for action.
3. **13-Month Statistics – November 2025:** Receive and file. See item 1 above for action.
4. **Contract Reviews:**
 - a. Activity Connection – Activity Program for SNF Residents
 - b. ADT Security Service – Auxiliary Thrift Store
 - c. Owen Bowers, MD – Emergency Services
 - d. California Critical Access Hospital Network – Credentialing Review
 - e. Cardinal Health – Discounts/Source Rebates for Medication Purchases

- f. Healthstream – Intranet CMS w/Policy Manager
- g. Kern Community College Allied Health Education – MA Training
- h. Kern County Public Health EMS – Surge Capacity Resources
- i. Lake Isabella Storage – Storage Unit Rental
- j. Linde Gas and Equipment – O2 Cylinders
- k. MedBridge – HEP Essentials
- l. Merlin On Demand Transmitter – Abbott (ED)
- m. Nanosonics – Trophon/Ultrasound
- n. Redsail/QS1 – Docutrack Integra Cloud Connection
- o. Redsail/QS1 – LTC Software
- p. Reis RxCare Consulting – SNF Consultant Pharmacist
- q. Wolters Kluwer (Up-To-Date) – Clinical Decision Support Resource

A motion was made by Director Elliott to continue with the contracts as presented. The motion was seconded by Director Elconin. Motion passed unanimously.

- 5. **Cooling Tower Rebuild – Resolution 26-01:** Mr. Easterday presented the cooling tower rebuild resolution and provided background for the project. Legal Counsel added that the lowest bid was being rejected because the bid was not responsive in that it did not include the entire scope of the project and there were material omissions in the bid package. After brief discussion, a motion was made by Director Parks to adopt Resolution 26-01 – A Resolution of the Board of Directors Finding the Bid of American Chiller Service for the Cooling Tower Project Non-Responsive, Rejecting Said Bid, and Awarding the Contract to Cooling Tower Services as the Lowest Responsive, Responsible Bidder. The motion was seconded by Director Elliott. Motion passed with a vote of 5/0.
- 6. **Election of Officers:** Director Blythe opened the floor for nominations. Director Parks proposed keeping the same slate as last year. Director Elconin stated she did not have any recommendations at this time. Director Elliott stated he agreed with Director Parks. Director Clark also felt that things are going well and sees no reason to shake things up. A motion was made by Director Parks to keep the same slate as 2025. The motion was seconded by Director Clark. Motion passed unanimously.

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

Director Parks: Director Parks is happy that everything is working great.

Director Elconin: Director Elconin stated it has been a productive year and is happy that things are moving forward.

Director Elliott: Director Elliott expressed his concern about revenue and the expenses.

Director Clark: Director Clark thanked everyone for coming today.

Director Blythe: Director Blythe thanked everyone for coming and feels we need to look at these potential cuts that are coming down the road. Director Blythe stated he is honored to be Chair again and is excited for the new year.

I. CLOSED SESSION: The Board went into closed session at 2:55pm.

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

- Potential Litigation – 3 Cases
- Performance Evaluation – Chief Executive Officer

The Board came out of closed session at 3:56pm.

J. CLOSED SESSION REPORT: In closed session, the Board conducted the CEO performance evaluation. There were no updates on potential litigation. No action was taken and no other items were discussed.

K. ADJOURNMENT: The meeting was adjourned at 3:57pm by Director Blythe.

Approved by:

Ross Elliott, Secretary

John Blythe, Chair



**BOARD OF DIRECTORS
GOVERNANCE MEETING
MINUTES**

**Tuesday, January 27, 2026 – 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 December 30, 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 will be coming to Exchange Club this Thursday. Mr. Lovrich stated Mr. Fong will be coming to KVHD for a site visit just prior to attending Exchange Club.
 - 2. CEO Report:** Mr. Lovrich reported that the new location for retail pharmacy is nearing completion. We will be holding a ribbon-cutting ceremony with the Chamber of Commerce once the new location opens. The wound care program is ongoing. Purchasing was able to negotiate lower rates for the wound care supplies, but we are still waiting to see what reimbursement for these services will look like. Mr. Lovrich will begin meeting with department managers regarding the 3% reduction in costs he requested from each department. The District is doing a good job at controlling overtime, but we need to focus on the creep in FTEs. Mr. Lovrich had an interview with KGET on Friday to introduce KVHD to the surrounding communities. Mr. Lovrich is also reaching out to specialty providers to see if they would be interested in seeing patients locally as this may boost our ancillary volumes.
 - 3. CIO Marketing Report:** The marketing report was presented by Mr. Zuber. Mr. Zuber highlighted the upcoming Wine & Chocolate Mixer which is a collaborative event between the Foundation and the local Chambers of Commerce. There will be new ads coming out in Scenic 395 and Visitor’s Guide. There will also be an ad coming out in the KV Sun about the Auxiliary to drive volunteer recruitment. The SNF billboards have gone up in

Bakersfield. Marketing has begun visiting Bakersfield case managers to drive SNF referrals. Work continues on patient experience and feedback through surveys and other avenues. Mr. Lovrich had an interview with KGET last week to introduce our facility, as well as capabilities, to the outlying community. Continuing recruitment efforts for providers for Mountain View Health Clinic, as well as the CFO position. Mr. Lovrich has also begun to interview for the CNO position.

- 4. **Strategic Plan Update:** Due to other projects and pressing deadline, the Administrative Team has not had an opportunity to go through the strategic plan to update the initiatives but hopes to complete this prior to the next meeting.

F. **OLD BUSINESS:** None

G. **NEW BUSINESS:** None

H. **ADJOURNMENT:** The meeting was adjourned at 9:40am.

Submitted By: _____

Approved By: _____



**BOARD OF DIRECTORS
COMPLIANCE MEETING**

MINUTES

Tuesday, January 27, 2026 – 10:00 a.m.

Location: Administrative Conference Room

In Attendance: John Blythe, Committee Chair
Katheryn Elconin, Board Member (for RE)
Sally Emery, Compliance Officer
John Lovrich, Chief Executive Officer
Cary Zuber, Chief Information Officer (remote)
Dena Griffith, Risk Manager
Brenda Pettijohn, Privacy Officer
Cassandra Coleman, HR Manager
Heidi Sage, Executive Assistant

- A. CALL TO ORDER:** The meeting was called to order at 10:00am by Director Blythe.
- B. APPROVAL OF AGENDA:** The agenda was approved as distributed.
- C. APPROVAL OF MINUTES:** The minutes of October 28, 2025 were approved as distributed.
- D. REPORTS:**
- 1. Risk Management Report:** Ms. Griffith reported that there were 11 feedback tickets in the 4th quarter. New to the report is the population statistics as part of the health equity data that we are required to report. No major events to report. For the physician problem list statistics, the physicians are doing well. The committee stated they would like to continue to see these statistics for the time being. Ms. Griffith reported that, as part of AB 3161 which requires facilities to submit hospital safety plans biannually to CDPH, the District submitted our 2026 Patient Safety Plan on 1/16/26. The plan was rejected for minor wording changes. The revised plan will go to Med Quality Council tonight for approval and will then be resubmitted. The HCAI Health Equity and Social Determinants of Health reporting was submitted on 11/28/25, posted on our website and approved by HCAI on 1/16/26.
 - 2. Privacy Officer Report:** Ms. Pettijohn reported that there was a total of 11 incidents for the 4th quarter (October – 3, November – 6, and December – 2). All incidents were investigated, reported to Compliance Oversight (COC), with recommendations from COC completed and recorded in RL Datix. There was lengthy discussion on a couple of the incidents.
 - 3. Security Officer Report:** Mr. Zuber provided an update on the recent issue that occurred in Radiology in which addendum being posted in incorrect records. This was

related to a migration of servers and CPSI filtering issues with accession numbers. As a result of this issue, we were forced to shut down our portal and health information exchange temporarily. An audit of the portal was performed to verify that no incorrect records were accessed. The portal and health information exchange is now back up. For phishing statistics, Mr. Zuber stated that he adjusted the difficulty in October which resulted in a couple of failed tests. For internal risk analysis, the numbers are currently up due to scanner issues and Microsoft security updates. Mr. Zuber stating he is shooting for Microsoft Security Score of 75% by April. There were 8 system audits conducted in the last quarter. The policy/procedure read acknowledgement compliance rate remains steady at 75%. The manager’s compliance with the policy review/revision system has improved slightly, but we still have some work to do.

- 4. **Compliance Officer Report:** Mrs. Emery reported the CorroHealth has completed the market-based analysis of physician fees. The District has received the report and implemented all the recommendations. Mrs. Emery stated this review by CorroHealth has been very helpful.
- 5. **Legal Counsel Report:** Nothing to report at this time.

E. **NEW BUSINESS:** None

F. **ADJOURNMENT:** The meeting adjourned at 10:38am.

Submitted By: _____

Approved By: _____



**BUILDING AND PLANNING COMMITTEE
AND SPECIAL MEETING OF THE BOARD OF DIRECTORS MINUTES
Tuesday, January 27, 2026 – 1:00pm
Administrative Conference Room**

In Attendance: John Blythe, Chairman
Katheryn Elconin, 1st Vice Chair
Fred Clark, 2nd Vice Chair
Gene Parks, Treasurer (remote)
John Lovrich, Chief Executive Officer
Mark Gordon, Chief Nursing Officer
Cary Zuber, Chief Information Officer
Greg Davis, MVHC Manager
Bob Easterday, Plant Operations Manager

Absent: Ross Elliott, Secretary

- A. **Call to Order:** The meeting was called to order at 1:00pm by Director Blythe. Immediately following the call to order, Director Parks requested to participate remotely citing a medical emergency that arose subsequent to the posting of the agenda that prevented him from being able to attend in person. A motion was made by Director Clark to allow Director Parks to participate remotely. The motion was seconded by Director Elconin. Motion passed with a vote of 3/0.
- B. **Approval of Agenda:** The agenda was approved as distributed. FC, KE – 4/0 using a roll-call vote (Elliott absent).
- C. **Public Comment:** There was no public comment today.
- D. **Approval of Minutes from December 30, 2025 Meeting:** The minutes of the December 30, 2025 meeting were approved as presented. FC, KE – Roll call vote - 4/0 (Elliott absent).
- E. **Project Update:** The project update summary was given by Mr. Easterday.
 - 1. **Master Plan:** Mr. Easterday stated the grant application were supposed to be reviewed in January, but he is hoping we will hear something by the middle of February. Mr. Easterday is suggesting that we consider putting the project out to bid to get a current cost for the project. Currently, the deadline for seismic compliance has been pushed out to 2033. Mr. Easterday also proposed that if we do not go forward with the project, we need to consider putting a new roof on the building fairly soon.
 - 2. **New Administration Building:** Work on suites D and E for the pharmacy is coming along. We are hoping this will be completed by mid-February. Mr. Easterday is

coordinating the installation of the alarm system. Work is also proceeding on the workstations in Suite C for Medical Records.

3. **Emergency Generator:** Mr. Easterday continues to work on the final change order for the bracing of the conduits.
 4. **NPC Seismic Upgrade of Dietary, Surgery, and Central Plant Buildings:** The architects and engineers are completing the drawings that must be submitted by March 1, 2026.
 5. **Skilled Nursing Building Reclassification:** The architect and engineers are working on the drawings to bring the utility connections up to code. There was some confusion about this portion of the project being submitted as an ACD instead of a deferred approval.
 6. **Skilled Nursing Unit Cosmetic Work:** Mr. Easterday reported that he will soon begin dismantling the built-in unit behind the nurses station to replace it with a new sink, cabinets, and refrigerator.
 7. **Dietary Area Cosmetic Work:** This project has been put on hold due to the priority completion of the retail pharmacy.
 8. **Acute Care Restrooms:** This project has also been put on hold due to the retail pharmacy project.
- F. **Mesa Clinical Pharmacy Upgrade:** Discussed under Project Update – New Administration Building.
- G. **Greenbough Design – Add Service #1: Professional Design Services – Add Civil Engineering Scope to NPC5 Water Supply Project:** Mr. Easterday presented the add service proposal to add engineering scope to the NPC5 Water Supply project. Director Parks suggested the District reach out to Cal Water to see if they would be willing to donate towards this project. After lengthy discussion, a motion was made by Director Elconin to approve the proposal as presented. The motion was seconded by Director Clark. Using a roll-call vote, the motion passed with a vote of 3/1, with Directors Parks voting no. Mr. Easterday said he is happy to reach out to Cal Water to see if they would be willing to help.
- H. **Invoice Review/Approval:** A motion was made by Director Clark to approve the invoices listed below. The motion was seconded by Director Elconin. The motion passed with a vote of 4/0 (Elliott absent).
1. JTS Construction – App. #19 – Emergency Generator - \$68,687.85
 2. Greenbough Design – Inv. #1016 – NPC5 Water Supply - \$7,852.00
 3. Greenbough Design – Inv. #1017 – NPC5 Water Supply - \$6,190.00
- I. **Adjournment:** The meeting was adjourned at approximately 1:58pm by Director Blythe.

Submitted By: _____

Approved By: _____



**MINUTES FOR FINANCE COMMITTEE MEETING
ADMINISTRATIVE CONFERENCE ROOM
Wednesday, January 28, 2026 – 1:00pm**

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

PRESENT: Katheryn Elconin, Board Member (for FC)
Gene Parks, Committee Chair (remote)
John Lovrich, Chief Executive Officer
Mark Gordon, Chief Nursing Officer
Cary Zuber, Chief Information Officer
Amy Smith, Controller
Sally Emery, Compliance Officer
Greg Davis, Director of Population Health
Sherry Jordan, Revenue Cycle Manager
Cassandra Coleman, Human Resources Manager

B. CHANGES TO AGENDA: The agenda was approved as distributed.

C. APPROVAL OF MINUTES: The minutes of the October 29, 2025 meeting were approved as distributed.

D. PUBLIC COMMENT: No public comment.

E. FINANCIAL STATEMENT – December 2025:

Unaudited Financial Statements: For the month of December, there was a surplus of \$59,937, leaving a YTD loss of \$973. Mr. Lovrich reported that volumes were up for December, with the exception of the clinic. The clinic is continuing with provider recruitment efforts. Our cash position is better this month due to the receipt of IGT that was funded last month. Accounts Receivable are up due to wound care expenses as we have not yet been paid for those claims. Supply costs are up, but that is primarily because of wound care and retail pharmacy.

Narrative Summary:

Positive takeaways for the month:

- Long Term Care revenue was over budget.
- Net patient revenue was over budget.
- Outpatient revenue was over budget.
- Inpatient revenue was over budget.
- Retail pharmacy revenue was over budget.

Negative takeaways for the month:

- Operating expenses were over budget.
- Gross AR days increased by 2.
- Clinic revenue was under budget.

13-Month Statistics: Reviewed and discussed.

Local Vendor Aging Report: The Local Vendor Aging Report was presented by Ms. Smith. As of 1/20/26, the balance was \$35,592.81, with none over 30 days.

F. OLD BUSINESS: None

G. NEW BUSINESS:

1. Contract Review/Renewal Summary:

Sally Emery, Compliance Officer

- a. Alcor Scientific, Inc. – Lab ESR Analyzer Service
- b. BioMed Guy – BioMed/Anesthesia
- c. Clark Pest Control – Pest Control in Dietary
- d. GE Healthcare – Ultrasound Logiq S8 R4.5
- e. GE Healthcare – Optima Powerware AMX Flashpad Proteus
- f. Go Daddy – Secure Certificates SSL for ADFS
- g. Good Samaritan Hospital – Family Medicine Resident Education
- h. HPSI Menu 2 U – Online Menu Service for Residents
- i. Motion Picture Licensing Corp (MPLC) – SNF Movie Viewing
- j. Nectar – Employee Recognition Software Service
- k. Nwestco (Confidence UST Services) – PM Underground Storage
- l. Otis Maintenance – Elevator PM & Certification
- m. Quest Diagnostics – Outside Lab Results
- n. Quinn – Preventative Maintenance on Equipment
- o. RCPALS – Advanced Life Support Training Center
- p. Stericycle – Waste Disposal
- q. UEI College Training Affiliation – Medical Assistant/Medical Biller
- r. Ugly Duck Marketing – Web Development Support/Maintenance

The contracts were reviewed, discussed, and approved by this committee and will be placed on the Board consent agenda for full Board consideration.

2. Capital Expenditure Request – Ultrasound Table: This request is to replace the existing ultrasound table that does not go low enough, creating a safety risk and access barrier for patients. This new table has a height adjustment range of 22” to 38”, significantly improving patient safety and accessibility. After brief discussion, this request was approved and will be placed on the Board consent agenda for full Board consideration.

3. Capital Expenditure Request – Bladder Scanner: This item was requested by one of the providers in the SNF. This bladder scanner would provide a quick diagnosis and potentially prevent resident trips to the ER. Per Sally Markman, the Foundation has agreed to fund this purchase. This item was approved by the committee and will be placed on the Board consent agenda for full Board consideration.

4. Capital Expenditure Request – PT All-In-One Trainer Plus Leg Press: The capital expenditure request for the PT Trainer Plus Leg Press was presented by Lindsay Krusich, PT Manager. Mrs. Krusich stated this equipment would replace the existing machine that has become problematic and potentially dangerous for the clinicians. After brief discussion, the committee approved the request. This item will be placed on the Board of Directors consent agenda for full Board consideration.

5. **Advanced Practice Provider Supervisory Agreement – S. Lopez, DO:** This supervisory agreement for Dr. Lopez is a continuation of an existing agreement. Greg Davis, Director of Population Health, stated this agreement is still necessary until we find a family practitioner. The committee approved the agreement. The agreement will be placed on the Board of Directors consent agenda for full Board consideration.
6. **Employee Pension Contributions:** The employee pension contributions were presented by Amy Smith, Controller. Maintaining the 4% threshold, it would be \$14,351.23 per pay period. The committee approved the recommendation, and this item will be placed on the Board consent agenda for full Board consideration.
7. **Thrive Provider EHR Cost Analysis:** Mr. Zuber presented the cost analysis for the conversion from eMD's for the clinic to CPSI for the electronic health record. This item today is informational only. Mr. Zuber provided a breakdown of costs considering two different options. As part of this project, a sole-source resolution will be presented at the Board of Directors meeting for action.

H. **ADJOURNMENT:** The meeting was adjourned at 1:43p.m.

Submitted by:

Heidi Sage, Executive Assistant

Approved By:

Gene Parks, Treasurer



Unaudited Financial Statements

for

Six Months Ending December 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

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**KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA
Six Months Ending December 31, 2025**

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Patient Statistics

**KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA
Six Months Ending December 31, 2025**

	Current Month				STATISTICS	Year-To-Date			
	Actual 12/31/25	Budget 12/31/25	Positive/ (Negative) Variance	Prior Year 12/31/24		Actual 12/31/25	Budget 12/31/25	Positive/ (Negative) Variance	Prior Year 12/31/24
					Discharges				
[1]	32	30	2	27	Acute	150	176	(26)	151
[2]	2	2	(0)	4	Swing Beds	14	13	1	17
[3]	0	0	0	0	Psychiatric/Rehab	0	0	0	0
[4]	0	0	0	0	Respite	0	0	0	0
[5]	34	32	2	31	Total Adult Discharges	164	189	(25)	168
[6]	0	0	0	0	Newborn	0	0	0	0
[7]	34	32	2	31	Total Discharges	164	189	(25)	168
					Patient Days:				
[8]	122	98	24	102	Acute	572	582	(10)	519
[9]	35	46	(11)	54	Swing Beds	149	272	(123)	283
[10]	0	0	0	0	Psychiatric/Rehab	0	0	0	0
[11]	0	0	0	0	Respite	0	0	0	0
[12]	157	144	13	156	Total Adult Patient Days	721	854	(133)	802
[13]	0	0	0	0	Newborn	0	0	0	0
[14]	157	144	13	156	Total Patient Days	721	854	(133)	802
					Average Length of Stay (ALOS)				
[15]	3.8	3.3	(0.5)	3.8	Acute	3.81	3.3	(0.5)	3.4
[16]	17.5	20.8	3.3	13.5	Swing Bed	10.6	20.8	10.1	16.6
[17]	0.0	0.0	0.0	0.0	Psychiatric/Rehab	0.0	0.0	0.0	0.0
[18]	4.6	4.5	(0.1)	5.0	Total Adult ALOS	4.4	4.5	0.1	4.8
[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]	3.9	3.2	0.8	3.3	Acute	3.1	3.2	(0.1)	2.8
[21]	1.1	1.5	(0.4)	1.7	Swing Beds	0.8	1.5	(0.7)	1.5
[22]	0.0	0.0	0.0	0.0	All Other Adult	0.0	0.0	0.0	0.0
[23]	5.1	4.6	0.4	5.0	Total Adult ADC	3.9	4.6	(0.7)	4.4
[24]	0.0	0.0	0.0	0.0	Newborn	0.0	0.0	0.0	0.0
					Long Term Care:				
[25]	1,667	1,637	30	1,463	SNF/ECF Resident Days	9,655	9,715	(60)	8,596
[26]	0	3	(3)	1	SNF/ECF Resident Discharges	0	15	(15)	16
[27]	0	0	0	0	CBRF/Assisted Living Days	0	0	0	0
[28]	53.8	52.8	1.0	47.2	Average Daily Census	52.5	52.8	(0.3)	46.7
					Emergency Room Statistics				
[29]	30	26	4	22	ER Visits - Admitted	143	156	(13)	138
[30]	323	290	33	355	ER Visits - Discharged	2,063	1,740	323	2,217
[31]	261	355	(94)	278	ER - Urgent Care Visits	1,644	2,108	(464)	1,673
[32]	614	671	(57)	655	Total ER Visits	3,850	4,004	(154)	4,028
[33]	4.89%	3.92%		3.36%	% of ER Visits Admitted	3.71%	3.90%		3.43%
[34]	88.24%	88.71%		81.48%	ER Admissions as a % of Total	95.33%	88.71%		91.39%
					Outpatient Statistics:				
[35]	929	931	(2)	874	Total Outpatients Visits	6,031	5,526	505	5,782
[36]	19	17	2	16	Observation Bed Days	107	99	8	106
[37]	864	1,260	(396)	1,145	Clinic Visits - Primary Care	5,874	7,478	(1,604)	7,466
[38]	207	270	(63)	228	Clinic Visits - Specialty Clinics	1,383	1,601	(218)	1,436
[39]	0	0	0	0	IP Surgeries	0	0	0	0
[40]	0	0	0	0	OP Surgeries	0	0	0	0
[41]	0	0	0	0	Outpatient Scopes	0	0	0	0
[42]	7,096	6,489	607	5,360	Retail Pharmacy Scripts	42,593	38,516	4,077	29,196
[43]	0	0	0	0	Clinic Visits-Mobile Van	0	0	0	12
					Productivity Statistics:				
[44]	214.91	212.97	(1.94)	211.30	FTE's - Worked	222.40	212.97	(9.43)	210.63
[45]	247.08	242.06	(5.01)	234.69	FTE's - Paid	247.76	242.06	(5.70)	234.87
[46]	0.9107	1.0550	0.14	0.9632	Case Mix Index -Medicare	0.9543	1.0550	0.10	1.0433
[47]	0.8898	0.9968	0.11	0.9527	Case Mix Index - All payers	0.9421	0.9968	0.05	1.0049

KERN VALLEY HEALTHCARE DISTRICT

EXECUTIVE FINANCIAL SUMMARY

Six Months Ending December 31, 2025

BALANCE SHEET		
	12/31/2025	6/30/2025
ASSETS		
Current Assets	14,874,499	7,584,064
Assets Whose Use is Limited	8,744,027	15,669,268
Property, Plant and Equipment (Net)	11,817,685	11,735,542
Other Assets	624,276	624,276
Total Unrestricted Assets	36,060,488	35,613,150
Restricted Assets	0	0
Total Assets	36,060,488	35,613,150
LIABILITIES AND NET ASSETS		
Current Liabilities	5,903,901	5,508,276
Long-Term Debt	9,653,417	9,790,571
Other Long-Term Liabilities	2,867,456	2,677,318
Total Liabilities	18,424,774	17,976,165
Net Assets	17,635,714	17,636,985
Total Liabilities and Net Assets	36,060,488	35,613,150
STATEMENT OF REVENUE AND EXPENSES - YTD		
	ACTUAL	BUDGET
Revenue:		
Gross Patient Revenues	70,488,312	68,897,966
Deductions From Revenue	(47,749,628)	(47,875,627)
Net Patient Revenues	22,738,684	21,022,339
Other Operating Revenue	198,058	173,016
Total Operating Revenues	22,936,742	21,195,354
Expenses:		
Salaries, Benefits & Contract Labor	13,112,142	12,145,212
Purchased Services & Physician Fees	3,233,434	3,226,369
Supply Expenses	4,834,315	3,886,679
Other Operating Expenses	1,746,714	1,837,554
Bad Debt Expense	0	0
Depreciation & Interest Expense	353,973	484,417
Total Expenses	23,280,577	21,580,230
NET OPERATING SURPLUS	(343,835)	(384,876)
Non-Operating Revenue/(Expenses)	342,862	608,703
TOTAL NET SURPLUS	(973)	223,827
KEY STATISTICS AND RATIOS - YTD		
	ACTUAL	BUDGET
Total Acute Patient Days	572	582
Average Acute Length of Stay	3.8	3.3
Total Emergency Room Visits	3,850	4,004
Outpatient Visits	6,031	5,526
Total Surgeries	0	0
Total Worked FTE's	222.40	212.97
Total Paid FTE's	247.76	242.06
Productivity Index	0.9770	1.0000
EBITDA - YTD	-0.52%	-0.13%
Current Ratio		
Days Expense in Accounts Payable	39.54	

Balance Sheet - Assets

**KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA
Six Months Ending December 31, 2025**

						ASSETS	
	34.5%	35.4%			34.5%		
[1] Net to Gross AR %							
[2] CASH -ALL SOURCES	17,198,914	9,435,980	7,762,934		20,764,508		
	Current Month	Prior Month	Positive/ (Negative) Variance	Percentage Variance	Prior YR. AUDITED	6/30/2025	
	12/31/2025	11/30/2025					
Current Assets							
[3] Cash and Cash Equivalents	9,380,906	651,954	8,728,952	1338.89%	6,160,678		
[4] Gross Patient Accounts Receivable	26,488,691	25,497,985	990,706	3.89%	25,088,793		
[5] Less: Bad Debt and Allowance Reserves	(17,345,575)	(16,462,219)	(883,356)	-5.37%	(16,444,711)		
[6] Net Patient Accounts Receivable	9,143,116	9,035,767	107,350	1.19%	8,644,083		
[7] Interest Receivable	0	0	0	0.00%	0		
[8] Other Receivables	(2,238,717)	5,416,201	(7,654,918)	-141.33%	(4,756,524)		
[9] Inventories	382,111	385,218	(3,107)	-0.81%	388,816		
[10] Prepaid Expenses	763,343	757,957	5,385	0.71%	453,271		
[11] Due From Third Party Payers	(2,556,260)	(2,556,260)	0	0.00%	(3,306,260)		
[12] Due From Affiliates/Related Organizations	0	0	0	0.00%	0		
[13] Other Current Assets	0	0	0	0.00%	0		
[14] Total Current Assets	14,874,499	13,690,837	1,183,662	8.65%	7,584,064		
Assets Whose Use is Limited							
[15] Auxillary Cash	331,186	317,930	13,256	4.17%	498,591		
[16] Investments -LAIF	293,006	293,006	0	0.00%	286,699		
[17] Debt Payment Fund	594,834	494,005	100,829	20.41%	566,847		
[18] UBS Funds	4,276,887	5,251,887	(975,000)	-18.56%	11,126,887		
[19] Cash Westamerica	52,610	52,609	1	0.00%	52,605		
[20] Project Fund	3,195,504	3,186,523	8,981	0.28%	3,137,639		
[21] Covid Stimulus Cash Assets	0	0	0	0.00%	0		
[22] Total Limited Use Assets	8,744,027	9,595,961	(851,933)	-8.88%	15,669,268		
Property, Plant, and Equipment							
[23] Land and Land Improvements	383,800	383,800	0	0.00%	383,800		
[24] Building and Building Improvements	14,947,912	14,947,912	0	0.00%	14,947,912		
[25] Equipment	23,786,849	23,778,166	8,683	0.04%	23,478,028		
[26] Construction In Progress	7,593,570	7,571,519	22,052	0.29%	7,466,276		
[27] Capitalized Interest	0	0	0	0.00%	0		
[28] Gross Property, Plant, and Equipment	46,712,131	46,681,396	30,735	0.07%	46,276,015		
[29] Less: Accumulated Depreciation	(34,894,446)	(34,834,958)	(59,488)	-0.17%	(34,540,473)		
[30] Net Property, Plant, and Equipment	11,817,685	11,846,439	(28,754)	-0.24%	11,735,542		
Other Assets							
Unamortized Loan Costs	0	0	0	0.00%	0		
[31] Assets Held for Future Use	0	0	0	0.00%	0		
Investments in Subsidiary/Affiliated Org.	0	0	0	0.00%	0		
Other	624,276	624,276	0	0.00%	624,276		
[32] Total Other Assets	624,276	624,276	0	0.00%	624,276		
[33] TOTAL UNRESTRICTED ASSETS	36,060,488	35,757,512	302,975	0.85%	35,613,150		
Restricted Assets							
[34] TOTAL ASSETS	36,060,488	35,757,512	302,975	0.85%	35,613,150		

Balance Sheet - Liabilities and Net Assets

**KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA
Six Months Ending December 31, 2025**

	LIABILITIES AND FUND BALANCE				Prior Yr. AUDITED 6/30/2025
	Current Month 12/31/2025	Prior Month 11/30/2025	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
[1] Accounts Payable	2,447,288	2,432,435	(14,853)	-0.61%	1,688,097
[2] Notes and Loans Payable	0	0	0	0.00%	0
[3] Accrued Payroll	1,041,646	858,266	(183,380)	-21.37%	881,879
[4] Accrued Payroll Taxes	231,438	213,250	(18,189)	-8.53%	211,249
[5] Accrued Benefits	1,384,180	1,414,343	30,163	2.13%	1,342,995
[6] Accrued Pension Expense (Current Portion)	(198,475)	(167,583)	30,892	-18.43%	(1,089)
[7] Other Accrued Expenses	314,037	210,991	(103,046)	-48.84%	295,335
[8] Patient Refunds Payable	858,238	812,236	(46,002)	-5.66%	828,636
[9] Property Tax Payable	0	0	0	0.00%	0
[10] Due to Third Party Payers	(691,835)	(658,427)	33,408	-5.07%	(652,210)
[11] Advances From Third Party Payers	0	0	0	0.00%	0
[12] Current Portion of LTD (Bonds/Mortgages)	458,000	458,000	0	0.00%	910,000
[13] Current Portion of LTD (Leases)	59,385	85,954	26,569	30.91%	3,384
[14] Other Current Liabilities	0	0	0	0.00%	0
Total Current Liabilities	5,903,901	5,659,464	(244,437)	-4.32%	5,508,276
Long Term Debt					
[15] Bonds/Mortgages Payable	8,712,000	8,712,000	0	0.00%	9,164,000
[16] Leases/Notes Payable	1,458,802	1,513,272	54,470	3.60%	1,539,955
[17] Less: Current Portion Of Long Term Debt	517,385	543,954	26,569	4.88%	913,384
Total Long Term Debt (Net of Current)	9,653,417	9,681,318	27,901	0.29%	9,790,571
Other Long Term Liabilities					
[18] Deferred Revenue	0	0	0	0.00%	0
[19] Accrued Pension Expense (Net of Current)	345,951	312,485	(33,466)	-10.71%	148,849
[20] Long Term Settlements	2,521,505	2,528,469	6,964	0.28%	2,528,469
Total Other Long Term Liabilities	2,867,456	2,840,954	(26,502)	-0.93%	2,677,318
[21] TOTAL LIABILITIES	18,424,774	18,181,735	(243,038)	-1.34%	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)	995,413	935,475	59,937	6.41%	996,683
[26] TOTAL NET ASSETS	17,635,714	17,575,777	(59,937)	-0.34%	17,636,985
[27] TOTAL LIABILITIES AND NET ASSETS	36,060,488	35,757,512	(302,975)	-0.85%	35,613,150

Statement of Revenue and Expense
KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA
Six Months Ending December 31, 2025

	CURRENT MONTH				Prior Year 12/31/24
	Actual 12/31/25	Budget 12/31/25	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
[1] Inpatient Revenue	1,301,785	1,197,198	104,587	8.74%	1,306,206
[2] Clinic Revenue	1,336,905	1,530,341	(193,437)	-12.64%	1,464,884
[3] Outpatient Revenue	5,598,512	5,509,427	89,085	1.62%	4,968,077
[4] Long Term Care Revenue	2,984,831	2,803,508	181,323	6.47%	2,622,111
[5] Retail Pharmacy Revenue	687,725	567,335	120,390	21.22%	485,298
[6] Total Gross Patient Revenue	<u>11,909,758</u>	<u>11,607,809</u>	<u>301,948</u>	<u>2.60%</u>	<u>10,846,577</u>
Deductions From Revenue	65%	69%			68%
[7] Discounts and Allowances (incl IGTs)	(7,664,622)	(7,903,428)	238,806	3.02%	(7,153,760)
[8] Bad Debt Expense (Governmental Providers Only)	(122,829)	(162,575)	39,745	24.45%	(237,723)
	0	0	0	0.00%	0
[9] Charity Care	0	0	0	0.00%	0
[10] Total Deductions From Revenue	<u>(7,787,451)</u>	<u>(8,066,002)</u>	<u>278,551</u>	<u>3.45%</u>	<u>(7,391,483)</u>
[11] Net Patient Revenue	<u>4,122,307</u>	<u>3,541,807</u>	<u>580,500</u>	<u>16.39%</u>	<u>3,455,094</u>
[12] Other Operating Rev (Incl HHS Stimulus)	20,062	28,836	(8,774)	-30.43%	16,291
[13] Total Operating Revenue	<u>4,142,369</u>	<u>3,570,643</u>	<u>571,726</u>	<u>16.01%</u>	<u>3,471,386</u>
Operating Expenses					
[14] Salaries and Wages	1,741,873	1,661,664	(80,209)	-4.83%	1,528,996
[15] Fringe Benefits	364,001	321,810	(42,191)	-13.11%	305,656
[16] Contract Labor	80,731	62,730	(18,001)	-28.70%	120,093
[17] Professional & Physician Fees	406,358	400,464	(5,894)	-1.47%	382,994
[18] Purchased Services	163,716	143,109	(20,607)	-14.40%	97,464
[19] Supply Expense	982,808	654,821	(327,987)	-50.09%	604,025
[20] Utilities	70,970	78,379	7,409	9.45%	83,915
[21] Repairs and Maintenance	18,030	5,843	(12,187)	-208.55%	6,888
[22] Insurance Expense	105,425	87,559	(17,866)	-20.40%	66,818
[23] All Other Operating Expenses	103,443	103,722	279	0.27%	102,655
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[25] Leases and Rentals	37,110	34,084	(3,026)	-8.88%	35,006
[26] Depreciation and Amortization	59,488	81,614	22,125	27.11%	63,250
[27] Interest Expense (Non-Governmental Providers)	0	0.00	0	0.00%	0
[28] Total Operating Expenses	<u>4,133,954</u>	<u>3,635,800</u>	<u>(498,154)</u>	<u>-13.70%</u>	<u>3,397,761</u>
Net Operating Surplus/(Loss)	8,415	(65,157)	73,571	-112.91%	73,625
Non-Operating Revenue:					
[29] Contributions/Grants/PPP/ERC	0	14,007	(14,007)	-100.00%	67,285
[30] Investment Income	35,963	79,434	(43,471)	-54.73%	72,436
[31] Income Derived from Property Taxes	29,931	28,511	1,421	4.98%	27,974
[32] Interest Expense (Governmental Providers Only)	(27,627)	(21,403)	6,224	-29.08%	(30,435)
[33] Other Non-Operating Revenue/(Expenses)	13,256	2,005	11,252	561.27%	(56,167)
[34] Total Non Operating Revenue/(Expense)	<u>51,522</u>	<u>102,553</u>	<u>(51,031)</u>	<u>-49.76%</u>	<u>81,093</u>
Total Net Surplus/(Loss)	59,937	37,397	22,541	60.27%	154,718
[35] Operating Margin	0.20%	-1.82%			2.12%
[36] Total Profit Margin	1.45%	1.05%			4.46%
[37] EBITDA	0.97%	-0.14%			3.07%
[38] Cash Flow Margin	3.55%	3.93%			7.16%

Statement of Revenue and Expense
KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA
Six Months Ending December 31, 2025

	YEAR-TO-DATE				
	Actual 12/31/25	Budget 12/31/25	Positive (Negative) Variance	Percentage Variance	Prior Year 12/31/24
Gross Patient Revenue					
[1] Inpatient Revenue	6,642,686	7,105,950	(463,264)	-6.52%	6,795,041
[2] Clinic Revenue	8,758,422	9,083,316	(324,894)	-3.58%	9,056,810
[3] Outpatient Revenue	33,915,829	32,701,115	1,214,714	3.71%	31,810,809
[4] Long Term Care Revenue	17,269,729	16,640,176	629,553	3.78%	15,382,303
[5] Retail Pharmacy Revenue	3,901,645	3,367,409	534,237	15.86%	2,592,541
[6] Total Gross Patient Revenue	<u>70,488,312</u>	<u>68,897,966</u>	<u>1,590,346</u>	<u>2.31%</u>	<u>65,637,504</u>
Deductions From Revenue	68%	69%			70%
[7] Discounts and Allowances (incl IGTs)	(46,880,052)	(46,910,668)	30,615	0.07%	(44,769,966)
[8] Bad Debt Expense (Governmental Providers Only)	(869,576)	(964,960)	95,384	9.88%	(981,484)
[9] Charity Care	0	0	0	0.00%	0
[10] Total Deductions From Revenue	<u>(47,749,628)</u>	<u>(47,875,627)</u>	<u>125,999</u>	<u>0.26%</u>	<u>(45,751,450)</u>
[11] Net Patient Revenue	<u>22,738,684</u>	<u>21,022,339</u>	<u>1,716,345</u>	<u>8.16%</u>	<u>19,886,054</u>
[12] Other Operating Rev (Incl HHS Stimulus)	198,058	173,016	25,043	14.47%	177,176
[13] Total Operating Revenue	<u>22,936,742</u>	<u>21,195,354</u>	<u>1,741,388</u>	<u>8.22%</u>	<u>20,063,230</u>
Operating Expenses					
[14] Salaries and Wages	10,458,795	9,862,780	(596,014)	-6.04%	9,082,312
[15] Fringe Benefits	2,157,776	1,910,098	(247,679)	-12.97%	1,796,022
[16] Contract Labor	495,571	372,334	(123,236)	-33.10%	647,552
[17] Professional & Physician Fees	2,289,731	2,376,947	87,216	3.67%	2,169,775
[18] Purchased Services	943,703	849,421	(94,281)	-11.10%	840,126
[19] Supply Expense	4,834,315	3,886,679	(947,635)	-24.38%	3,410,269
[20] Utilities	413,800	465,218	51,418	11.05%	487,131
[21] Repairs and Maintenance	63,465	34,684	(28,781)	-82.98%	42,632
[22] Insurance Expense	483,181	519,705	36,524	7.03%	444,112
[23] All Other Operating Expenses	582,940	615,640	32,700	5.31%	517,128
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[25] Leases and Rentals	203,329	202,307	(1,022)	-0.51%	182,681
[26] Depreciation and Amortization	353,973	484,417	130,444	26.93%	376,804
[27] Interest Expense (Non-Governmental Providers)	0	0.00	0	0.00%	0
[28] Total Operating Expenses	<u>23,280,577</u>	<u>21,580,230</u>	<u>(1,700,347)</u>	<u>-7.88%</u>	<u>19,996,545</u>
Net Operating Surplus/(Loss)	(343,835)	(384,876)	41,041	-10.66%	66,685
Non-Operating Revenue:					
[29] Contributions/Grants/PPP/ERC	238,694	83,141	155,552	187.09%	80,597
[30] Investment Income	221,292	471,476	(250,185)	-53.06%	467,415
[31] Income Derived from Property Taxes	179,587	169,224	10,363	6.12%	167,845
[32] Interest Expense (Governmental Providers Only)	(129,306)	(127,038)	(2,268)	1.79%	(144,283)
[33] Other Non-Operating Revenue/(Expenses)	(167,405)	11,899	(179,303)	-1506.94%	(5,216)
[34] Total Non Operating Revenue/(Expense)	<u>342,862</u>	<u>608,703</u>	<u>(265,840)</u>	<u>-43.67%</u>	<u>566,357</u>
Total Net Surplus/(Loss)	(973)	223,827	(224,800)	-100.43%	633,042
	ACTUAL YTD	BUD YTD	ACT FYE 24	PROJ FYE 25	Prior YTD
[35] Operating Margin	-1.50%	-1.82%			0.33%
[36] Total Profit Margin	0.00%	1.06%			3.16%
[37] EBITDA	-0.52%	-0.13%			1.49%
[38] Cash Flow Margin	2.10%	3.94%			5.75%

Statement of Revenue and Expense - 13 Month Trend

KERN VALLEY HEALTHCARE DISTRICT
LAKE ISABELLA, CALIFORNIA

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	31	30	31	30	31	31	30	31	30
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	12/31/25	11/30/25	10/31/25	09/30/25	08/31/25	07/31/25	06/30/25	05/31/25	04/30/25
Gross Patient Revenue									
[1] Inpatient Revenue	1,301,785	916,902	993,847	1,043,247	973,987	1,412,918	878,031	919,766	1,178,765
[2] Clinic Revenue	1,336,905	1,380,389	1,507,686	1,484,378	1,434,986	1,614,079	1,443,923	1,506,100	1,454,900
[3] Outpatient Revenue	5,598,512	5,687,840	5,284,368	5,901,662	5,484,908	5,958,538	5,822,291	5,131,157	4,937,503
[4] Long Term Care Revenue	2,984,831	2,841,120	2,907,090	2,716,734	2,857,113	2,962,842	2,813,800	2,794,698	2,657,872
[5] Retail Pharmacy Revenue	687,725	456,862	674,168	625,071	739,348	718,471	716,476	594,645	528,898
[6] Total Gross Patient Revenue	11,909,758	11,283,113	11,367,159	11,771,092	11,490,342	12,666,849	11,674,521	10,946,365	10,757,938
Deductions From Revenue									
[7] Discounts and Allowances (incl IGTs)	65% (7,664,622)	66% (7,263,153)	68% (7,626,640)	69% (7,923,166)	67% (7,555,625)	71% (8,846,846)	69% (7,964,781)	68% (7,294,455)	68% (7,225,317)
[8] Bad Debt Expense (Governmental Providers Only)	(122,829)	(163,337)	(131,266)	(146,919)	(153,678)	(151,546)	(95,513)	(108,897)	(140,024)
[7B] Medi-Cal Deductions due to IGTs	0	0	0	0	0	0	0	0	0
[9] Charity Care	0	0	0	0	0	0	0	0	0
[10] Total Deductions From Revenue	(7,787,451)	(7,426,491)	(7,757,906)	(8,070,085)	(7,709,303)	(8,998,392)	(8,060,294)	(7,403,352)	(7,365,340)
[11] Net Patient Revenue	4,122,307	3,856,622	3,609,253	3,701,007	3,781,038	3,668,456	3,614,226	3,543,013	3,392,597
[12] Other Operating Rev (Incl HHS Stimulus)	20,062	13,656	16,934	14,349	57,207	75,849	12,398	13,869	15,316
[13] Total Operating Revenue	4,142,369	3,870,278	3,626,188	3,715,357	3,838,245	3,744,306	3,626,624	3,556,882	3,407,913
Operating Expenses									
[14] Salaries and Wages	1,741,873	1,729,861	1,731,138	1,662,964	1,829,589	1,763,370	1,656,279	1,648,035	1,654,167
[15] Fringe Benefits	364,001	360,838	354,691	355,301	376,530	346,415	326,522	326,902	332,810
[16] Contract Labor	80,731	104,784	92,882	80,271	71,738	65,166	78,264	79,951	95,657
[17] Professional & Physician Fees	406,358	361,262	378,156	391,393	375,135	377,397	354,404	384,120	377,024
[18] Purchased Services	163,716	170,788	157,456	158,577	143,475	149,690	119,935	169,025	150,363
[19] Supply Expense	982,808	890,936	692,858	627,492	838,255	801,965	785,215	677,345	583,304
[20] Utilities	70,970	65,742	62,128	74,699	73,972	66,288	61,519	92,322	67,955
[21] Repairs and Maintenance	18,030	5,082	11,403	8,287	9,808	10,855	11,241	(1,411)	20,186
[22] Insurance Expense	105,425	67,428	70,271	105,200	67,428	67,428	106,726	67,043	39,371
[23] All Other Operating Expenses	103,443	85,330	76,037	105,490	98,026	114,613	93,575	125,211	89,736
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0
[25] Leases and Rentals	37,110	29,952	30,044	39,484	29,950	36,790	24,052	21,687	33,523
[26] Depreciation and Amortization	59,488	59,435	59,183	59,183	58,910	57,774	59,348	60,983	61,216
[27] Interest Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0
[28] Total Operating Expenses	4,133,954	3,931,468	3,716,248	3,668,341	3,972,816	3,857,750	3,677,079	3,651,213	3,505,312
Net Operating Surplus/(Loss)	8,415	(61,190)	(90,060)	47,015	(134,570)	(113,445)	(50,455)	(94,331)	(97,399)
Non-Operating Revenue:									
[29] Contributions/Grants/PPP/ERC	0	0	171,089	54,552	13,053	0	11,335	50,000	35,372
[30] Investment Income	35,963	37,933	35,714	37,810	37,278	36,594	24,384	73,241	71,937
[31] Income Derived from Property Taxes	29,931	29,931	29,931	29,931	29,931	29,931	57,491	27,974	27,974
[32] Interest Expense (Governmental Providers Only)	(27,627)	(20,009)	(20,049)	(20,301)	(20,201)	(21,117)	(29,005)	(23,657)	(21,252)
[33] Other Non-Operating Revenue/(Expenses)	13,256	8,793	(155,179)	(48,902)	(352)	14,979	185	(26,297)	10,157
[34] Total Non Operating Revenue/(Expense)	51,522	56,648	61,505	53,091	59,708	60,387	64,390	101,261	124,187
Total Net Surplus/(Loss)	59,937	(4,542)	(28,555)	100,107	(74,862)	(53,058)	13,935	6,930	26,789
[35] Operating Margin	0.20%	-1.58%	-2.48%	-3.51%	-3.51%	-3.03%	-1.39%	-2.65%	-2.86%
[36] Total Profit Margin	1.45%	0.12%	0.79%	-1.95%	-1.95%	-1.42%	0.38%	0.19%	0.79%
[37] EBITDA	0.97%	-0.56%	-1.40%	-2.50%	-2.50%	-2.05%	-0.55%	-1.60%	-1.69%
[38] Cash Flow Margin	3.55%	1.94%	1.40%	0.11%	0.11%	0.69%	2.82%	2.57%	3.21%

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

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	31	28	31	31
	Actual	Actual	Actual	Actual
	03/31/25	02/28/25	01/31/25	12/31/24
Gross Patient Revenue				
[1] Inpatient Revenue	1,284,233	1,211,376	1,135,510	1,306,206
[2] Clinic Revenue	1,455,217	1,337,711	1,539,352	1,464,884
[3] Outpatient Revenue	5,087,083	4,787,593	5,179,894	4,968,077
[4] Long Term Care Revenue	2,731,394	2,484,620	2,678,085	2,622,111
[5] Retail Pharmacy Revenue	488,497	494,336	512,293	485,298
[6] Total Gross Patient Revenue	<u>11,046,425</u>	<u>10,315,637</u>	<u>11,045,134</u>	<u>10,846,577</u>
Deductions From Revenue	68%	68%	68%	68%
[7] Discounts and Allowances (incl IGTs)	<u>(7,333,013)</u>	<u>(6,828,153)</u>	<u>(7,373,039)</u>	<u>(7,153,760)</u>
[8] Bad Debt Expense (Governmental Providers Only)	<u>(133,860)</u>	<u>(141,973)</u>	<u>(129,120)</u>	<u>(237,723)</u>
[7B] Medi-Cal Deductions due to IGTs	0	0	0	0
[9] Charity Care	0	0	0	0
[10] Total Deductions From Revenue	<u>(7,466,872)</u>	<u>(6,970,126)</u>	<u>(7,502,159)</u>	<u>(7,391,483)</u>
[11] Net Patient Revenue	<u>3,579,553</u>	<u>3,345,511</u>	<u>3,542,974</u>	<u>3,455,094</u>
[12] Other Operating Rev (Incl HHS Stimulus)	<u>14,822</u>	<u>13,026</u>	<u>37,551</u>	<u>16,291</u>
[13] Total Operating Revenue	<u>3,594,375</u>	<u>3,358,537</u>	<u>3,580,525</u>	<u>3,471,386</u>
Operating Expenses				
[14] Salaries and Wages	1,702,621	1,449,506	1,596,692	1,528,996
[15] Fringe Benefits	338,337	309,541	333,485	305,656
[16] Contract Labor	92,401	92,061	90,138	120,093
[17] Professional & Physician Fees	381,284	345,689	346,313	382,994
[18] Purchased Services	136,423	144,838	177,262	97,464
[19] Supply Expense	610,130	657,134	587,830	604,025
[20] Utilities	71,311	87,258	69,307	83,915
[21] Repairs and Maintenance	13,905	2,474	3,498	6,888
[22] Insurance Expense	102,241	67,042	143,408	66,818
[23] All Other Operating Expenses	126,676	122,447	116,907	102,655
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0
[25] Leases and Rentals	19,438	48,534	30,076	35,006
[26] Depreciation and Amortization	62,599	62,511	63,250	63,250
[27] Interest Expense (Non-Governmental Providers)	0	0	0	0
[28] Total Operating Expenses	<u>3,657,368</u>	<u>3,389,037</u>	<u>3,558,166</u>	<u>3,397,761</u>
Net Operating Surplus/(Loss)	<u>(62,992)</u>	<u>(30,499)</u>	<u>22,359</u>	<u>73,625</u>
Non-Operating Revenue:				
[29] Contributions/Grants/PPP/ERC	0	0	60,239	67,285
[30] Investment Income	71,922	75,712	76,592	72,436
[31] Income Derived from Property Taxes	27,974	27,974	27,974	27,974
[32] Interest Expense (Governmental Providers Only)	<u>(21,219)</u>	<u>(21,357)</u>	<u>(22,295)</u>	<u>(30,435)</u>
[33] Other Non-Operating Revenue/(Expenses)	<u>12,755</u>	<u>10,214</u>	<u>10,738</u>	<u>(56,167)</u>
[34] Total Non Operating Revenue/(Expense)	<u>91,431</u>	<u>92,543</u>	<u>153,247</u>	<u>81,093</u>
Total Net Surplus/(Loss)	<u>28,439</u>	<u>62,043</u>	<u>175,606</u>	<u>154,718</u>
[35] Operating Margin	-1.75%	-0.91%	0.62%	2.12%
[36] Total Profit Margin	0.79%	1.85%	4.90%	4.46%
[37] EBITDA	-0.60%	0.32%	1.77%	3.07%
[38] Cash Flow Margin	3.12%	4.34%	7.29%	7.16%

Statement of Cash Flows

KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Six Months Ending December 31, 2025

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	CASH FLOW	
	Current Month 12/31/2025	Current Year-To-Date 12/31/2025
CASH FLOWS FROM OPERATING ACTIVITIES:		
[1] Net Income (Loss)	59,937	(973)
[2] Adjustments to Reconcile Net Income to Net Cash		
[3] Provided by Operating Activities:		
[4] Depreciation	59,488	353,973
[5] (Increase)/Decrease in Net Patient Accounts Receivable	(107,350)	(499,034)
[6] (Increase)/Decrease in Other Receivables	7,654,918	(2,517,807)
[7] (Increase)/Decrease in Inventories	3,107	6,705
[8] (Increase)/Decrease in Pre-Paid Expenses	(5,385)	(310,071)
[9] (Increase)/Decrease in Other Current Assets	0	0
[10] Increase/(Decrease) in Accounts Payable	14,853	758,893
[11] Increase/(Decrease) in Notes and Loans Payable	0	0
[12] Increase/(Decrease) in Accrued Payroll and Benefits	140,514	23,755
[13] Increase/(Decrease) in Accrued Expenses	103,046	18,702
[14] Increase/(Decrease) in Patient Refunds Payable	46,002	29,602
[15] Increase/(Decrease) in Third Party Advances/Liabilities	(33,408)	(789,626)
[16] Increase/(Decrease) in Other Current Liabilities	0	0
[17] Net Cash Provided by Operating Activities:	7,935,721	(2,925,881)
CASH FLOWS FROM INVESTING ACTIVITIES:		
[18] Purchase of Property, Plant and Equipment	(30,735)	(436,116)
[19] (Increase)/Decrease in Limited Use Cash and Investments	(13,256)	161,098
[20] (Increase)/Decrease in Other Limited Use Assets	865,189	6,764,143
[21] (Increase)/Decrease in Other Assets	0	0
[22] Net Cash Used by Investing Activities	821,199	6,489,125
CASH FLOWS FROM FINANCING ACTIVITIES:		
[23] Increase/(Decrease) in Bond/Mortgage Debt	0	(452,000)
[24] Increase/(Decrease) in Capital Lease Debt	(54,470)	(81,153)
[25] Increase/(Decrease) in Other Long Term Liabilities	26,502	190,138
[26] Net Cash Used for Financing Activities	(27,968)	(343,015)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0
[27] Net Increase/(Decrease) in Cash	8,728,952	3,220,229
[28] Cash, Beginning of Period	651,954	6,160,678
[29] Cash, End of Period	9,380,906	9,380,906

**Kern Valley Healthcare District
Financial Report**

For the month of December 2025 (6th month in FY 26)

Profit/Loss Summary

Net Income in December was \$ 59,937 (a 1.45%) total profit margin, and \$ 22,541 above budget.

Net Patient Revenue- MTD positive-YTD positive

Month-The Net Patient Revenue in December was \$4,122,307 (16.39% above budget). The volume was higher in the acute areas where patient days were up by 66 from November and over budget (13 days above budget), Gross Inpatient Revenues were above budget (\$104,587). Skilled Nursing revenues increased in December (\$143,711 above prior month) (days were up by 83, and census was up by 2.7 days and revenues were over budget by \$181,323. Outpatient revenues were \$89,085 above budget (1.62%) Outpatient visits were under budget by 2 and ER Visits were under budget by 57. Retail Pharmacy revenue was 21.22% over budget for the month (prescriptions were 607 over budget, and 876 above prior month).

YTD-Net Patient Revenue is over budget by \$1,716,345 (8.16%). Volumes are under budget in the acute (133 days) and Skilled Nursing (60 days) and ER (154 visits). Volumes are over budget in the Outpatient (505 visits) and the retail pharmacy (4,077 prescriptions). Inpatient (\$463,264) and Clinic revenue (\$324,894) are under budget. Outpatient revenue (\$1,214,714), Skilled nursing revenue (\$629,553) and Retail pharmacy (\$534,237) are over budget.

Operating Expenses- MTD Negative YTD Negative

Month-Operating Expenses in December were \$498,154 (13.70%) above budget (unfavorable). Labor expenses were over budget with December salaries and wages and fringe benefits above budget by \$122,310 and contract labor was \$18,001 above budget. Supply expense was over budget by \$327,987 primarily due to the retail pharmacy drug expenses being over budget by \$160,585 and wound care supplies of \$165,326 being unbudgeted.

YTD- Operating Expenses are \$1,700,347 (7.88%) above budget (unfavorable). Labor expenses are over budget with salaries and wages and fringe benefits above budget by \$843,693 and contract labor is \$123,236 above budget. Supply expense is over budget by \$947,635 primarily due to the retail pharmacy drug expenses being over budget by \$529,562, due to prescriptions filled being over budget by 4,077, and wound care supplies being over budget by \$512,977.

Balance Sheet/Cash Flow

Patient cash collections in December were up from \$1,718,367 in November to \$2,846,909 in December. The Gross AR Days increased to 70 days in December from 68 in November. Gross AR increased by \$990,796 primarily due to Wound Care program billings.. We are still reviewing all of the accounts to get the AR days down. Cash Balances (all sources) increased to \$17,198,914 compared to \$9,435,980 in November primarily due to the \$8.1 million IGT payment.

The Accounts Payable balances increased by \$14,853 in December.

Concluding Summary

Positive takeaways for the month:

- 1) Long Term Care revenue was over budget.
- 2) Net patient revenue was over budget.
- 3) Outpatient revenue was over budget.
- 4) Inpatient revenue was over budget.
- 5) Retail pharmacy revenue was over budget.

Negative takeaways for the month:

- 1) Operating expenses were over budget.
- 2) Operating expenses increased.
- 3) Gross AR days increased by 2.
- 4) Clinic revenue was under budget.

Prepared by John Lovrich, CEO
January 24, 2026

KVHD

Patient Statistics

Thirteen Months Ended December 31, 2025

STATISTICS	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	Actual 9/30/2025	Actual 10/31/2025	Actual 11/30/2025	Actual 12/31/2025
Discharges													
[1] Acute	26	31	27	28	29	24	22	27	21	23	27	20	32
[2] Swing Beds	4	1	2	1	1	0	0	4	1	3	2	2	2
[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	30	32	29	29	30	24	22	31	22	26	29	22	34
[6] Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
[7] Total Discharges	30	32	29	29	30	24	22	31	22	26	29	22	34
Patient Days:													
[8] Acute	102	90	84	103	93	73	79	109	76	91	88	86	122
[9] Swing Beds	54	24	20	34	13	0	0	39	17	14	39	5	35
[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] Total Adult Patient Days	156	114	104	137	106	73	79	148	93	105	127	91	157
[13] Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
[14] Total Patient Days	156	114	104	137	106	73	79	148	93	105	127	91	157
Average Length of Stay (ALOS)													
[15] Acute	3.8	2.9	3.1	3.7	3.2	3.0	3.6	4.0	3.6	4.0	3.3	4.3	3.8
[16] Swing Bed	13.5	24.0	10.0	34.0	13.0	0.0	0.0	9.8	17.0	4.7	19.5	2.5	17.5
[17] Psychiatric/Rehab	0	0	0	0	0	0	0	0	0	0	0	0	0
[18] Total Adult ALOS	5.2	3.6	3.6	4.7	3.5	3.0	3.6	4.8	4.2	4.0	4.4	4.1	4.6
[19] Newborn ALOS	0	0	0	0	0	0	0	0	0	0	0	0	0
[1]													
Average Daily Census (ADC)													
[20] Acute	3.3	2.9	3.0	3.3	3.1	2.4	2.6	3.5	2.5	3.0	2.8	2.9	3.9
[21] Swing Beds	1.7	0.8	0.7	1.1	0.4	0.0	0.0	1.3	0.5	0.5	1.3	0.2	1.1
[22] All Other Adult	0	0	0	0	0	0	0	0	0	0	0	0	0
[23] Total Adult ADC	5.0	3.7	3.7	4.4	3.5	2.4	2.6	4.8	3.0	3.5	4.1	3.0	5.1
[24] Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
Long Term Care:													
[25] SNF/ECF Resident Days	1463	1487	1393	1531	1487	1571	1573	1662	1593	1521	1628	1584	1667
[26] SNF/ECF Resident Discharges	1	1	1	1	1	2	1	0	3	2	2	1	0
[27] CBRF/Assisted Living Days	0	0	0	0	0	0	0	0	0	0	0	0	0
[28] Average Daily Census	47.2	48.0	49.8	49.4	49.6	50.7	52.4	53.6	51.4	50.7	52.5	51.1	53.8
Emergency Room Statistics													
[29] ER Visits - Admitted	22	29	22	28	25	23	22	27	23	23	24	19	30
[30] ER Visits - Discharged	355	308	302	343	311	324	344	381	328	364	360	307	323
[31] ER - Urgent Care Visits	299	330	288	310	322	310	312	316	304	270	241	274	261
[32] Total ER Visits	676	667	612	681	658	657	678	724	655	657	625	600	614
[33] % of ER Visits Admitted	3.36%	4.35%	3.59%	4.11%	3.80%	3.50%	3.24%	3.73%	3.51%	3.50%	3.84%	3.17%	4.89%
[34] ER Admissions as a % of Total	70.97%	85.29%	75.86%	87.50%	86.21%	79.31%	75.86%	96.43%	95.83%	85.19%	88.89%	86.36%	88.24%

KVHD
Patient Statistics
Thirteen Months Ended December 31, 2025

STATISTICS	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	Actual 9/30/2025	Actual 10/31/2025	Actual 11/30/2025	Actual 12/31/2025
Outpatient Statistics:													
[35] Total Outpatients Visits	874	1001	846	868	1047	1025	1055	1135	955	1082	1090	840	929
[36] Observation Bed Days	16	22	18	11	27	19	25	17	21	17	15	18	19
[37] Clinic Visits - Primary Care	1145	1276	1138	1253	1054	1145	976	1168	975	922	1039	906	864
[38] Clinic Visits - Specialty Clinics	228	223	228	248	264	222	261	264	224	235	263	190	207
[39] IP Surgeries	0	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	5360	5620	5167	5101	5541	5858	6654	7799	7499	6858	7121	6220	7096
[43] Clinic Visits-Mobile Van	0	0	0	0	0	0	0	0	0	0	0	0	0
[44] FTE's - Worked	211.30	221.42	217.79	222.25	223.42	220.81	216.58	220.73	227.94	222.87	224.62	223.66	214.91
[45] FTE's - Paid	234.69	240.10	239.27	241.63	247.25	246.07	242.25	248.21	248.35	247.12	248.82	246.99	247.08
[46] Case Mix Index -Medicare	0.9632	0.8510	0.9070	1.0770	1.1230	1.3689	1.0734	0.9978	0.9270	1.0765	0.9313	0.8826	0.9107
[47] Case Mix Index - All payers	0.9527	0.9030	0.9520	1.0170	0.9990	1.1085	0.9517	1.0036	0.9840	0.9601	0.9654	0.9045	0.8898

**KERN VALLEY
HEALTHCARE DISTRICT**

Jan-26

CONTRACT	VEN #	CONTRACT TYPE	DESCRIPTION	COST		BEGIN	RENEW	NEXT FINANCE REVIEW	TERMS	DEPT	MANAGER
ALCOR SCIENTIFIC INC	53320	SERVICE	LAB-ESR ANALYZER SERVICE	\$ 675.00	ANN	03/31/24	03/30/27	01/01/26	RENEWS ANNUALLY - 30 DAY WRITTEN PRIOR TO TERM NON CANCELABLE DURING TERM	LABORATORY	
BIOMED GUY	04491	SERVICE	BIO MED/ANESTHESIA	\$ 15,000.00	ANN	05/01/16	04/30/19	01/01/26		MAINTENANCE	EASTERDAY
CLARK PEST CONTROL		SERVICE	PEST CONTROL IN DIETARY	\$ 260.00	MO	04/09/25	04/08/26	01/01/26		NUTRITIONAL SERVICES	FRIESON
GE HEALTHCARE	52631	SERVICE	ULTRASOUND LOGIQ S8 R4.5	\$ 12,324.00	ANNUAL	04/03/25	04/02/26	01/01/26		RADIOLOGY	CLINE
GE HEALTHCARE	52631	SERVICE	OPTIMA POWERWARE AMX FLASHPAD PROTEUS		ANNUAL	05/01/25	04/30/26	01/01/26		RADIOLOGY	CLINE
GO DADDY - ADFS	51827	SERVICE	SECURE CERTIFICATES SSL FOR ADFS	\$ 199.98	2 YRS	04/28/24	04/27/26	01/01/26		IS	ZUBER
GOOD SAMARITAN HOSPITAL		AGREEMENT	FAMILY MEDICINE RESIDENT EDUCATION			05/01/25	OPEN	01/01/26		MVHC	DAVIS
HPSI MENU 2 U	52842	SERVICE	ON LINE MENU SERVICE FOR RESIDENTS	\$ 1,650.00	ANN	04/01/25	03/31/26	01/01/26	MONTH TO MONTH AGREEMENT BILLS EVERY 6 MONTHS. AUTO RENEWS UNLESS TERMINATED WITH 120 DAY WRITTEN NOTICE	NUTRITIONAL SERVICES	FRIESON
MOTION PICTURE LICENSING CORP "MPLC"	52999	COMPLIANCE	ABILITY TO VIEW MOVIES WITH RESIDENTS IN SNF	\$ 177.44	ANN	04/15/25	04/14/26	01/01/26	AUTO RENEWAL	ADMINISTRATION	LOVRICH
NECTAR- EMP RECOGNITION	53345	SERVICE	SOFTWARE SERVICE	\$ 255.60	MO	05/25/25	04/25/26	01/01/26	30 DAY WRITTEN NOTICE	HUMAN RESOURCES	COLEMAN
NWESTCO (CONFIDENCE UST SERVICES INC)	53342	SERVICE	P.M. UNDER GROUND STORAGE	\$ 140.00	PER INSPECT	04/26/25	04/25/26	01/01/26	TO MEET TITLE 23 REQUIREMENTS MONTHLY AGREEMENT	PLANT OPERATIONS	EASTERDAY
OTIS MAINTENANCE/ELEVATOR	52517	SERVICE	ELEVATOR PM & CERTIFICATION	\$ 534.26/hr	QRTLY	11/01/24	04/30/26	01/01/26		PLANT OPERATIONS	EASTERDAY
QUEST DIAGNOSTICS	52018	SERVICE	OUTSIDE LAB RESULTS	VARIOUS		03/12/07	OPEN	01/01/26	PREMIUM TEST PRICING 12/1/2003/BROADLANE	LABORATORY	TALAMPAS
QUINN		AGREEMENT	PREVENTATIVE MAINTENANCE ON EQUIPMENT	VARIOUS		04/01/20	OPEN	01/01/26	30 DAY WRITTEN NOTICE	PLANT OPERATIONS	EASTERDAY
RCPALS		TRAINING	ADVANCED LIFE SUPPORT TRAINING CENTER	VARIOUS		04/17/24	OPEN	01/01/26		EDUCATION	DONOHO
STERICYCLE	01647	SERVICE	WASTE DISPOSAL	REGULATED FEE: 3,150.00 MONTHLY +8.29 PER SHIP MANIFEST	MO	04/01/21	03/31/26	01/01/26		PLANT OPERATIONS	EASTERDAY
UEI COLLEGE TRAINING AFFILIATION		TRAINING	MEDICAL ASSISTANT/MEDICAL BILLER			04/21/20	OPEN	01/01/26	REMAINS IN EFFECT UNTIL CANCELLED BY EITHER PARTY 30 DAY WRITTEN NOTICE	MVHC	DAVIS
UGLY DUCK MARKETING	53326	WEB DEVELOPMENT	SUPPORT AND MAINTENANCE	\$257.00	MO	04/11/22	OPEN	01/01/26	30 DAY WRITTEN NOTICE PRIOR TO THE DATE OF TERM	IS	ZUBER



**MINUTES FOR
BOARD PERSONNEL AND POLICY COMMITTEE
Monday, January 26, 2026 – 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
John Blythe, Board Member (for Director Elliott)
John Lovrich, Chief Executive Officer
Mark Gordon, Chief Nursing Officer
Cary Zuber, Chief Information Officer
Cassandra Coleman, Human Resources Manager
Greg Davis, Director of Population Health
Heidi Sage, Executive Assistant

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

3. **APPROVAL OF MINUTES:** The minutes of the December 29, 2025 meeting were approved as distributed.

4. **REPORTS:**

A. Human Resources Report: The HR report for December 2025 was presented by Cassandra Coleman. Ms. Coleman updated the committee on hires and terminations for the month. There were no workers compensation claims for the month.

B. FTE Report: The FTE reports for the pay periods ending 12/27/25 and 1/10/26 were reviewed and discussed. For PPE 12/27/20/25, the District was 12.59 FTEs under target based on actual volume. For PPE 1/10/26, the District was 16.09 FTEs under target based on actual volume. The positive variances are primarily related to the holidays and increased volumes.

C. Chief Nursing Officer Report: Mr. Gordon reported that the nursing shortages are much improved which helps decrease overtime. We no longer have a CNA program instructor as Kellee Clodt was recently accepted into the RN program. We are still waiting for the relicensing approval from CDPH for the program. Mr. Gordon continues to work on updated training for licensed nursing staff. The new nursing skills lab will require some investment in supplies. Mr. Gordon announced his retirement at the end of this month.

D. Chief Executive Officer Report: Mr. Lovrich reported that work continues on the new location for retail pharmacy. We are planning to take down the old bowling alley sign and replace it with new signage for the pharmacy. Suite C is almost ready for Medical Records so they should be moving in the next couple of weeks. The District has a new agreement with Regional Imaging, and Dr. Cook (the Radiology Medical Director) will begin attending the Medical Executive Committee meetings. Mr. Lovrich reported that Andy Werking is evaluating our payor contracts to see if there are any opportunities for improvement. The District was able to negotiate a reduced cost for wound care supplies but are still waiting to see what reimbursement looks like for this program. Mr. Lovrich will be meeting with department managers this week and next to discuss

the 3% reduction that was recently requested. Mr. Lovrich had an interview last week with KGET introducing KVHD to surrounding communities. The District is continuing with the SNF beautification project. The District will also be holding a ribbon-cutting ceremony with the Chamber of Commerce once the retail pharmacy moves to the new location.

5. POLICY/PROCEDURES FOR REVIEW:

Manuals: None

Policies:

Collections:

- Charity Care and Financial Assistance Approved – Will place on consent agenda

Health Information Management:

- Altering, Modifying, or Correcting Medical Records Approved – Will place on consent agenda
- Death Certificates/Coroner’s Autopsy Reports Approved – Will place on consent agenda
- Permanent Filing of Incomplete Medical Records Approved – Will place on consent agenda
- Subpoenas Approved – Will place on consent agenda

Human Resources

- Rehire of Former Employees Return to manager for changes

Pharmacy:

- Standard Insulin Infusion Protocol (Adults) Approved – Will place on consent agenda

SNF Social Services:

- Theft and Loss Control Approved – Will place on consent agenda

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. Staff was given direction to follow up with those that are out of compliance.

7. NEW BUSINESS:

A. Termination Trending Detail: This item was discussed under the HR Report.

B. Nectar Usage Report: The Nectar Usage reports were briefly reviewed and discussed.

C. KVHD Scholarship Program Application – K. Clodt: The committee reviewed and discussed the scholarship application for Kellee Clodt, who was just accepted into an RN program. The committee requested that Administration reach out to legal counsel regarding this program. Pending input from legal counsel, this item will be placed on the Board of Directors agenda for full Board further discussion and consideration.

8. ADJOURNMENT: The meeting was adjourned at 9:42am.

Submitted by: _____
Heidi Sage, Executive Assistant

Approved by: _____
Fred Clark, Committee Chair

**KERN VALLEY HALTCARE DISTRICT
HUMAN RESOURCES REPORT
DECEMBER 2025 – FY 25**

		DEC '25	NOV '25	OCT '25	DEC '24	
FULL TIME:						
		212	214	231	273	
PART TIME:						
		21	23	31	39	
PART TIME W/O BENEFITS:						
		7	8	12	28	
PER DIEM:						
		39	41	44	91	
TEMPORARY:						
		8	6	16	19	
HEADCOUNT:						
		274	275	273	265	
TURNOVER RATE:						
		2.4%	1.34%	1.34%	1.13%	
OPEN POSITIONS:	16	OPEN		DEPARTMENT	POSITION	STATUS
		1		SKILLED NURSING	CNA	FT
		2		SKILLED NURSING	LVN	PT
		1		ACUTE	LVN	FT
		1		ACUTE	RN	FT
		1		NURSE ADMIN	CNO	FT
		1		MVHC	CLINICAL PHYSICIAN	PT
		1		MVHC	MID-LEVEL PRACT	FT
		1		RADIOLOGY	RAD TECH	PD
		1		RETAIL	PHARMACIST	FT
		2		RETAIL	PHARM TECH	PT
		1		REHAB	PT ASSISTANT	PT
		2		RESPIRATORY	RCP	FT
		1		FINANCE	CFO	FT
NEW HIRES:	3	NEW				
		1		SNF	CNA	FT
		2		SNF	RESIDENT MONITOR	TEMP
SEPARATION FROM EMPLOYMENT:	7	VOL	INVOL	DEPARTMENT		
		1		HOUSEKEEPING	FLOOR TECH/MAINT	FT
		1		PFS	REPRESENTATIVE	FT
		1		RETAIL	PHARMACIST	FT
		1		SNF	ACTIVITIES LEAD	FT
		1		PR	PR MANAGER	FT
			1	HR	CLERK	FT
			1	SNF	CNA	PD
WORKERS' COMPENSATION NEW CLAIMS:				DEPARTMENT	LOST TIME?	RTW?
WC OPEN/CLOSED:		OPEN FY 24-30	CLOSED FY 24-30	TOTAL CLAIMS FY 24-30	TOTAL OPEN CLAIMS	
		15	8	23	15	
(FY24) 7/1/24 – 6/30/25		10	7	17		
(FY25) 7/1/25 – 6/30/26		5	1	6		



Chief of Staff Report – February 12 2026 Board of Directors Meeting

Pharmacy & Therapeutics (P&T) Committee– January 7, 2026

- Committee received reports and discussed issues specific to winter respiratory illnesses.
- Committee reviewed ED stats for December 2025.
- Committee reviewed 17 and approved 14 policies. (Protocol – Hypertonic Sodium Chloride 3% for IV Use, QA Program – Medication Error Management, Blood Usage, Monitoring and Evaluation, Collection of Blood by Venipuncture, Medical Director – Supervising Physician, Provider Response to Patients Who Do Not Keep Appointments, Informed Consent, Animal Bites-Reporting, Minors’ Rights and Sensitive Services, Walk-In Visits, Preparation & Transport of Soiled Instruments & Medical Devices for Reprocessing, Housekeeping – Clinic, Physician Orders – Required – Radiology, and Linen Usage.) The policies Child Abuse Reporting, Care Plan Development Process and Call Lights will remain on the agenda.
- Committee reviewed regular reports. (Blood Usage, Blood Culture Analysis, CAHPS, Temperature Alert Incidents, Medication Shortages, MERP, and Procedural Sedation Monthly Report).

Skilled Nursing Facility Continuous Quality Improvement (SNF CQI) Committee – January 22, 2026

- D. Griffith briefed the committee about some upcoming reporting that will be done through the Health Services Advisory Group (HSAG) for CMS. Initial assessment will be done in February, and more information to come.
- Committee reviewed regular reports (CDPH Plan of Correction Tracking, SNF QA Statistics, SNF Consultant Pharmacy QA Report, SNF HAI Monthly Report, Device Usage in SNF, SNF Hand Hygiene Compliance, SNF Environment of Care Rounds Checklist, and Fluorescent Marker Assessment).
- Committee reviewed the Antibiogram through December 2025 and the Antibiotic Usage for UTI, and Wound, Respiratory & GI Reports.

Antimicrobial Stewardship Committee – January 27, 2026

- Committee reviewed the current antibiogram and discussed changes in susceptibilities and recommendations.
- Committee reviewed regular reports. (Acute ABX Usage Reports for PNA/LRI, UTI, and Wound/GI; EOC Rounds for Pharmacy, HAI Reports Acute/SNF, SNF ABX Usage for UTI, Wound/Respiratory/GI)

Medical Quality Council – January 27, 2026

- Committee reviewed the 2026 Patient Safety Plan.
- Board members were given updates on regular reports – Risk Summary 4th quarter, SNF QA Studies 4th Quarter, MBQIP 3rd Quarter, NPSG 4th Quarter, Department QR 4th Quarter, SNF Plan of Corrections 4th Quarter, and HCAHPS 4th Quarter.

Medical Executive Committee (MEC) – January 28, 2026

- Committee reviewed and approved 14 policies from P&T above. Also approved were the policies Tickler File Maintenance, Brain Death Determination and Supervision of Advanced Practice Practitioners.
- Committee reviewed regular reports (ED Monthly Statistics, Physician QI/Risk Report Monthly, Medication Shortages)

Infection Control Committee – January 30, 2026

- Committee reviewed regular reports. (HAI Reports Acute/SNF, Blood Culture Quality Analysis, Hand Hygiene Compliance Acute/SNF, MRSA AST, Foley Catheter Usage, Device Usage on SNF, EOC Rounds for Acute, ED, Pharmacy, and SNF, Acute ABX Usage Reports for PNA/LRI, UTI, and Wound/GI; SNF ABX Usage for UTI, Wound/Respiratory/GI, Acute Facility Infection Control Risk Assessment and Antibiotic Stewardship)



CIO Report

Date: Thursday, February 12, 2026

Executive Summary

This report details the current operational status and the comprehensive progress of the 2025-2026 IT Strategic Plan. We have successfully modernized several core systems and are continuing the transition toward more integrated EHR solutions to enhance security and stability.

Current Operational Updates

The following updates represent activities from the most recent reporting period:

- **EHR Migrations & Upgrades:**
 - All BD (Pyxis) medstations and servers were successfully upgraded to the latest version during the week of January 19, 2026.
 - Tsystem (ER EHR) migration is currently in progress. Network configuration is complete and user access has been created.
 - Mapping for charges is currently being worked on with a target go-live in April 2026.
 - TruBridge servers were successfully upgraded to the latest Operating System on January 27, 2026, ensuring the system is up-to-speed with the latest security updates.
- **Facility Projects:**
 - All network work has been completed for the new Pharmacy and the new location for Medical Records.

- **Pending Actions:**

- Pending approval of the single-source bid today, the department will immediately begin migrating the clinic from EMDs to TruBridge.
- Staff (Greg) has already begun reviewing online training material for the new system.

2025-2026 IT Strategic Plan: Full Project Detail

Project Name	Summary	Timeline (Kick-Off / Go-Live)	Status
QIP Electronic Reporting	Implement vendor-supported electronic reporting to maintain \$2.7M in annual funding.	Aug 2024 / Feb 2025	Complete
Firewall EOL	Purchase 2 firewalls for redundancy as hardware reaches EOL Jan 2025.	Nov 2024 / Jan 2025	Complete
Pyxis Server Update	Update to latest version to allow for in-house security update management.	Mar 2025 / Jun 2025	Complete
SSL VPN Elimination	Migrate employees to Microsoft's Global Secure Access to close security holes.	Feb 2025 / Jun 2026	Nearing Completion
Microsoft Security	Migrate Email and Defender AV to Microsoft 365 services.	Jan 2025 / Aug 2025	Complete
Server Upgrade	Replace VMWare host servers reaching EOL in August.	Mar 2025 / Aug 2025	Complete
Windows 10 EOL	Migrate all PCs to Windows 11 prior to the Oct 2025 EOL date.	Sep 2024 / Oct 2025	Complete
New Admin Building	Infrastructure for Medical Records and Mesa Clinical Pharmacy.	Apr 2025 / Nov 2025	Complete

Project Name	Summary	Timeline (Kick-Off / Go-Live)	Status
Access Point Upgrade	Refresh wireless system to replace failing, unsupported hardware.	May 2025 / Nov 2025	On Hold
Apple Health	Establish connection between patient portal and Apple Health.	Jul 2025 / Nov 2025	On Hold
eRad Migration	Move eRad to virtual environment to patch vulnerabilities.	Aug 2025 / Dec 2025	Complete
Email Encryption (Zix)	Migrate encryption to Microsoft to save \$11k annually.	Sep 2025 / Dec 2025	Complete
TruBridge Eval	Evaluate EMRs to consolidate workflows into TruBridge.	Jul 2025 / Jan 2026	In Planning
TruBridge IMS	Move Shasta interfaces to TruBridge IMS for stability and cost reduction.	Aug 2025 / June 2026	In Planning
Tsystem EVolVed EHR	Migrate for better remote access and charge interface features.	Oct 2025 / April 2026	In Process
Tsystem Charge Int.	Eliminate manual ER charge entry; dependent on EVolVed migration.	Feb 2026 / Jun 2026	In Planning
SharePoint Intranet	Migrate intranet before Healthstream site is discontinued.	Jul 2025 / Sep 2026	In Planning
Self-Service Password	Implement resets in AD, TruBridge, and PCC to reduce on-call costs.	Oct 2025 / Oct 2026	In Process
Microsoft Entra	Move on-premises Domain Controllers to Entra for modern security.	Oct 2025 / Oct 2026	Cancelled

Upcoming Milestones (Next Quarter)

- **Tsystem Go-Live (April 2026):** Finalizing charge mapping and completing the full migration for the Emergency Department.
 - **Clinic EHR Transition:** Following board approval, initiation of the migration from EMDs to TruBridge.
 - **IMS Stability Improvements:** Transitioning primary interfaces to TruBridge IMS to reduce issues and monthly expenditures.
 - **SSL VPN Decommissioning:** Finalizing the transition to Microsoft's Global Secure Access.
-

Status Definitions

- **In Planning:** Project has been evaluated and is now in the planning stage.
- **In Process:** The project is underway.
- **Nearing Completion:** The project is over 75% completed.

Board Report: December & January Marketing & PR Summary

This report outlines the successful initiatives completed through the holiday season and early January, alongside our strategic roadmap for the first quarter of 2026.

Community & Resident Engagement	Strategic & Operational Growth
<p>• Wine and Chocolate Mixer: Launched a promotional campaign to generate community excitement and secure early headcounts for the upcoming event.</p>	<p>• SNF Expansion: The New Year digital ad campaign in Bakersfield—targeting all demographics and the Spanish-speaking community—we are hoping these ads will attract new residents to the SNF.</p>
<p>• Local Publications: Finalized placements in the Scenic 395 and Visitor’s Guide featuring updated marketing materials and brand messaging.</p>	<p>• Case Manager Outreach: Nic has initiated direct outreach to Bakersfield case managers using newly designed brochures to drive referrals and SNF growth.</p>
<p>• Pink Ladies Spotlight: Currently working with KV Sun newspaper to feature highlighting the Pink Ladies’ accomplishments to drive volunteer recruitment and boost morale.</p>	<p>• Auxiliary Modernization: Equipping the Pink Ladies with a credit card machine to capture more sales and prepare for the surge in tourist foot traffic.</p>
<p>• Blood Drive: A drive is scheduled for late January; however, we anticipate modest sign-ups due to the Bakersfield-based incentive (Rusty’s Pizza).</p>	<p>• Digital Infrastructure: SEO work is ongoing to improve our search rankings, which have already begun to rise following increased social media activity.</p>

Patient Experience & Feedback	January & 2026 Strategic Focus
<ul style="list-style-type: none"> • Survey Optimization: Redesigned the community survey layout to improve data collection and establish a more accurate baseline of community needs. 	<ul style="list-style-type: none"> • KGET Broadcast: Finalizing a TV special with John Lovrich to showcase our "hometown feel" and hospital capabilities to the broader Kern County area.
<ul style="list-style-type: none"> • CAH Education: Launched marketing efforts to educate the community on our Critical Access Hospital (CAH) status, highlighting our role in "mending the gaps" in local care. 	<ul style="list-style-type: none"> • Spring Campaigns: Planning a return to digital billboards for the spring season, specifically targeting spring break travelers.
<ul style="list-style-type: none"> • Website Readiness: Continually optimizing the website to handle the anticipated traffic increase following the upcoming KGET media coverage. 	<ul style="list-style-type: none"> • Event Planning: Evaluating Spring partnership opportunities, including potential involvement in the Whiskey Flats festivities.

VALIC RETIREMENT PLAN
 PAY DATE 07/03/25-12/19/25
 TO BE PAID FEBRUARY 2026 - JULY 2026

EMPLOYEE NUMBER	TOTAL GROSS WAGES	TOTAL CONTRIBUTION	4.00%	MATCH 1.00 FOR 1.00 MAXIMUM ALLOWED	% OF ALLOWED	CONTRIBUTION 14351.23
			TOTAL CONTRIBUTION PERCENT BASED ON GROSS WAGES			
	49,346.20		1,973.85	1,973.85	0.98%	140.99
	0.00	4,550.00	0.00			
	0.00		0.00	0.00	0.00%	0.00
	0.00	0.00	0.00			
	11,121.60		444.86	444.84	0.22%	31.77
	0.00	444.84	0.00			
	38,281.30		1,531.25	1,531.25	0.76%	109.38
	0.00	1,531.25	0.00			
	30,105.59		1,204.22	689.00	0.34%	49.21
	0.00	689.00	0.00			
	48,111.29		1,924.45	1,924.45	0.96%	137.46
	0.00	2,886.65	0.00			
	13,935.82		557.43	557.43	0.28%	39.82
	0.00	836.14	0.00			
	90,866.70		3,634.67	3,634.67	1.81%	259.62
	0.00	9,086.69	0.00			
	71,488.68		2,859.55	2,859.55	1.42%	204.25
	0.00	2,859.55	0.00			
	18,605.56		744.22	744.22	0.37%	53.16
	0.00	1,100.00	0.00			
	20,729.49		829.18	715.00	0.36%	51.07
	0.00	715.00	0.00			
	0.00		0.00	0.00	0.00%	0.00
	0.00	0.00	0.00			
	98,234.79		3,929.39	3,929.39	1.96%	280.67
	0.00	3,929.39	0.00			
	25,655.63		1,026.23	1,026.23	0.51%	73.30
	0.00	2,565.58	0.00			
	45,162.55		1,806.50	1,806.50	0.90%	129.04
	0.00	5,407.51	0.00			
	10,798.81		431.95	431.95	0.21%	30.85
	0.00	431.95	0.00			
	52,494.52		2,099.78	0.00	0.00%	0.00
	0.00	0.00	0.00			
	59,937.80		2,397.51	2,397.51	1.19%	171.25
	0.00	8,968.20	0.00			
	0.00		0.00	0.00	0.00%	0.00
	0.00	0.00	0.00			
	56,569.65		2,262.79	2,262.79	1.13%	161.63
	0.00	5,656.98	0.00			
	26,340.51		1,053.62	1,053.62	0.52%	75.26
	0.00	3,928.57	0.00			
	94,954.88		3,798.20	3,798.20	1.89%	271.30
	0.00	6,500.00	0.00			
	43,563.82		1,742.55	1,742.55	0.87%	124.47
	0.00	4,356.38	0.00			
	0.00		0.00	0.00	0.00%	0.00
	0.00	0.00	0.00			
	52,086.02		2,083.44	2,083.44	1.04%	148.82
	0.00	2,604.28	0.00			
	45,680.48		1,827.22	0.00	0.00%	0.00
	0.00	0.00	0.00			
	38,513.73		4440.55	1,540.54	0.77%	110.04

0.00	1,540.54	0.00			
31,937.71		1,277.51	1,277.51	0.64%	91.25
0.00	1,300.00	0.00			
8,656.40		346.26	346.26	0.17%	24.73
0.00	431.57	0.00			
28,314.72		1,132.59	650.00	0.32%	46.43
0.00	650.00	0.00			
113,400.32		4,536.01	4,536.01	2.26%	324.00
0.00	10,001.00	0.00			
7,686.57		307.46	120.00	0.06%	8.57
0.00	120.00	0.00			
32,920.86		1,316.83	1,316.83	0.66%	94.06
0.00	3,292.09	0.00			
25,702.14		1,028.09	1,028.09	0.51%	73.43
0.00	1,156.59	0.00			
21,576.48		863.06	863.06	0.43%	61.65
0.00	1,300.00	0.00			
8,480.71		339.23	0.00	0.00%	0.00
0.00	0.00	0.00			
54,773.98		2,190.96	2,190.96	1.09%	156.50
0.00	10,934.80	0.00			
70,819.53		2,832.78	2,832.78	1.41%	202.34
0.00	4,240.17	0.00			
23,814.33		952.57	529.13	0.26%	37.80
0.00	529.13	0.00			
81,640.40		3,265.62	3,265.62	1.63%	233.26
0.00	6,500.00	0.00			
23,366.74		934.67	934.67	0.47%	66.76
0.00	3,250.00	0.00			
43,537.74		1,741.51	1,741.51	0.87%	124.39
0.00	10,500.00	0.00			
46,779.31		1,871.17	1,871.17	0.93%	133.66
0.00	2,338.97	0.00			
106,676.96		4,267.08	4,267.08	2.12%	304.79
0.00	11,700.00	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
62,829.93		2,513.20	2,513.20	1.25%	179.51
0.00	3,132.74	0.00			
43,240.51		1,729.62	1,729.62	0.86%	123.54
0.00	6,486.08	0.00			
67,588.22		2,703.53	2,703.53	1.35%	193.11
0.00	2,945.54	0.00			
28,048.24		1,121.93	325.00	0.16%	23.21
0.00	325.00	0.00			
9,199.50		367.98	367.98	0.18%	26.28
0.00	919.96	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
106,897.48		4,275.90	4,275.90	2.13%	305.42
0.00	8,800.00	0.00			
33,822.12		1,352.88	1,352.88	0.67%	96.63
0.00	3,600.00	0.00			
6,735.63		269.43	150.00	0.07%	10.71
0.00	150.00	0.00			
23,274.96		931.00	650.00	0.32%	46.43
0.00	650.00	0.00			
68,048.30		2,721.93	2,721.93	1.35%	194.42
0.00	3,250.00	0.00			
26,284.90		1,051.40	780.00	0.39%	55.71
0.00	780.00	0.00			
0.00		0.00	0.00	0.00%	0.00

0.00	0.00	0.00				
25,580.71		1,023.23	1,023.23	0.51%	73.09	
0.00	1,276.53	0.00				
56,380.06		2,255.20	2,255.20	1.12%	161.09	
0.00	6,500.00	0.00				
0.00		0.00	0.00	0.00%	0.00	
0.00	0.00	0.00				
49,491.11		1,979.64	1,300.00	0.65%	92.86	
0.00	1,300.00	0.00				
21,640.15		865.61	390.00	0.19%	27.86	
0.00	390.00	0.00				
28,030.08		1,121.20	1,121.20	0.56%	80.09	
0.00	1,950.00	0.00				
12,409.91		496.40	496.40	0.25%	35.46	
0.00	744.60	0.00				
31,045.02		1,241.80	1,241.80	0.62%	88.70	
0.00	1,862.70	0.00				
47,465.68		1,898.63	1,898.63	0.94%	135.62	
0.00	9,483.11	0.00				
70,075.07		2,803.00	2,803.00	1.40%	200.21	
0.00	3,335.41	0.00				
21,216.09		848.64	0.00	0.00%	0.00	
0.00	0.00	0.00				
28,363.09		1,134.52	1,134.52	0.56%	81.04	
0.00	1,134.52	0.00				
12,523.22		500.93	500.93	0.25%	35.78	
0.00	2,499.64	0.00				
97,572.70		3,902.91	3,902.91	1.94%	278.78	
0.00	11,600.00	0.00				
36,331.39		1,453.26	1,453.26	0.72%	103.80	
0.00	3,633.14	0.00				
98,557.03		3,942.28	3,942.28	1.96%	281.59	
0.00	11,749.92	0.00				
25,039.88		1,001.60	650.00	0.32%	46.43	
0.00	650.00	0.00				
0.00		0.00	0.00	0.00%	0.00	
0.00	0.00	0.00				
0.00		0.00	0.00	0.00%	0.00	
0.00	0.00	0.00				
32,448.17		1,297.93	1,292.90	0.64%	92.35	
0.00	1,292.90	0.00				
64,723.13		2,588.93	2,588.93	1.29%	184.92	
0.00	3,250.00	0.00				
24,525.57		981.02	981.02	0.49%	70.07	
0.00	1,716.78	0.00				
0.00		0.00	0.00	0.00%	0.00	
0.00	0.00	0.00				
58,955.84		2,358.23	2,358.23	1.17%	168.45	
0.00	2,947.79	0.00				
128,898.50		5,155.94	5,155.94	2.57%	368.28	
0.00	9,000.00	0.00				
0.00		0.00	0.00	0.00%	0.00	
0.00	0.00	0.00				
79,456.57		3,178.26	3,178.26	1.58%	227.02	
0.00	9,924.02	0.00				
0.00		0.00	0.00	0.00%	0.00	
0.00	0.00	0.00				
29,725.22		1,189.01	1,189.01	0.59%	84.93	
0.00	1,718.26	0.00				
43,513.09		1,740.52	1,740.51	0.87%	124.32	
0.00	1,740.51	0.00				
142,812.80		5,712.51	5,712.51	2.84%	408.04	
0.00	13,000.00	0.00				
9,138.45		365.54	365.54	0.18%	26.11	

0.00	456.92	0.00			
36,361.09		1,454.44	1,454.44	0.72%	103.89
0.00	3,636.12	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
174,631.51		6,985.26	6,985.26	3.48%	498.95
0.00	14,478.95	0.00			
12,761.70		510.47	510.46	0.25%	36.46
0.00	510.46	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
18,547.45		741.90	741.90	0.37%	52.99
0.00	1,854.75	0.00			
21,727.60		869.10	865.11	0.43%	61.79
0.00	865.11	0.00			
26,887.43		1,075.50	1,075.50	0.54%	76.82
0.00	1,607.26	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
26,047.87		1,041.91	800.00	0.40%	57.14
0.00	800.00	0.00			
63,062.64		2,522.51	2,522.51	1.26%	180.18
0.00	3,150.64	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
22,919.12		916.76	916.76	0.46%	65.48
0.00	1,145.98	0.00			
23,857.60		954.30	954.30	0.47%	68.16
0.00	1,192.88	0.00			
50,186.32		2,007.45	2,007.45	1.00%	143.39
0.00	9,900.00	0.00			
42,952.13		1,718.09	1,718.09	0.86%	122.72
0.00	2,577.12	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
34,916.01		1,396.64	1,396.64	0.70%	99.76
0.00	3,900.00	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
31,005.71		1,240.23	1,240.23	0.62%	88.59
0.00	1,300.00	0.00			
24,640.83		985.63	985.63	0.49%	70.40
0.00	1,470.95	0.00			
17,772.58		710.90	500.00	0.25%	35.71
0.00	500.00	0.00			
14,380.20		575.21	575.21	0.29%	41.09
0.00	575.21	0.00			
104,926.93		4,197.08	4,197.08	2.09%	299.79
0.00	9,360.00	0.00			
51,495.47		2,059.82	2,059.82	1.03%	147.13
0.00	6,500.00	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
26,585.29		1,063.41	1,063.41	0.53%	75.96
0.00	1,329.28	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
38,181.02		1,527.24	1,527.24	0.76%	109.09
0.00	1,527.25	0.00			
59,048.11		2,361.92	1,300.00	0.65%	92.86
0.00	1,300.00	0.00			
3,578.63		143.15	0.00	0.00%	0.00
0.00	0.00	0.00			
64,871.99		2,594.88	2,594.88	1.29%	185.35

0.00	5,850.00	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
10,327.08		413.08	413.08	0.21%	29.51
0.00	413.09	0.00			
30,869.99		1,234.80	1,234.80	0.61%	88.20
0.00	1,300.00	0.00			
14,359.12		574.36	574.35	0.29%	41.03
0.00	574.35	0.00			
58,492.18		2,339.69	0.00	0.00%	0.00
0.00	0.00	0.00			
42,338.65		1,693.55	325.00	0.16%	23.21
0.00	325.00	0.00			
35,181.83		1,407.27	1,407.27	0.70%	100.52
0.00	2,600.00	0.00			
50,030.96		2,001.24	2,001.22	1.00%	142.94
0.00	2,001.22	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
118,246.72		4,729.87	0.00	0.00%	0.00
0.00	0.00	0.00			
0.00		0.00	0.00	0.00%	0.00
0.00	0.00	0.00			
48,941.22		1,957.65	1,950.00	0.97%	139.29
0.00	1,950.00	0.00			
61,970.38		2,478.82	1,300.00	0.65%	92.86
0.00	1,300.00	0.00			
50,671.93		2,026.88	1,300.00	0.65%	92.86
0.00	1,300.00	0.00			
29,137.70		1,165.51	1,165.50	0.58%	83.25
0.00	1,165.50	0.00			
41,536.11		1,661.44	1,661.44	0.83%	118.67
0.00	1,661.45	0.00			
27,772.93		1,110.92	1,110.92	0.55%	79.35
0.00	1,666.36	0.00			
19,137.46		765.50	260.00	0.13%	18.57
0.00	260.00	0.00			
68,249.09		2,729.96	2,729.96	1.36%	195.00
0.00	6,500.00	0.00			
9,392.44		375.70	372.69	0.19%	26.62
0.00	372.69	0.00			
75,605.26		3,024.21	3,024.21	1.51%	216.02
0.00	7,545.52	0.00			
8,404.48		336.18	336.18	0.17%	24.01
0.00	336.18	0.00			
73,243.39		2,929.74	2,929.74	1.46%	209.27
0.00	3,662.17	0.00			
12,540.88		501.64	376.22	0.19%	26.87
0.00	376.22	0.00			
39,336.60		1,573.46	1,573.46	0.78%	112.39
0.00	2,600.00	0.00			
49,043.39		1,961.74	1,716.51	0.85%	122.61
0.00	1,716.51	0.00			
24,001.55		960.06	960.06	0.48%	68.58
0.00	1,200.08	0.00			
75,970.39		3,038.82	3,038.82	1.51%	217.06
0.00	4,549.26	0.00			

5,590,705.60 393,736.45 223,628.22 200,917.26 100.00% 14,351.23

5,984,442.05

7.04%

3.59%

14,351.23 PER PAY PERIOD AMOUNT

Objectives

The objectives of the Patient Safety Plan are to:

- Encourage organizational learning about medical/health care errors and patient safety.
- Incorporate recognition of patient safety as an integral job responsibility.
- Provide education of patient safety into job specific competencies.
- Encourage staff recognition and reporting of medical/health care errors, **instances of racism and discrimination**, and risks to patient safety without judgement or placement of blame.
- Involve patients/residents in decisions about their health care and promote open communication about medical errors/consequences which occur.
- **Receive and review reports of patient safety events.**
- Collect and analyze data, **including monitoring for sociodemographic disparities in patient safety events**, developing interventions to remedy known disparities and evaluating care processes for opportunities to reduce risk.
- Develop and implement or recommend development and implementation of actions to eliminate future patient safety events.
- Monitor implementation of corrective actions for patient safety events.
- Report internally what has been learned and the action taken with a focus on processes and systems to reduce risk.
- Provide annual review and approval of the Patient Safety Plan by the Patient Safety Committee.

Organization and Functions

The Patient Safety Committee is a standing interdisciplinary group that manages the organization's Patient Safety Program through a systematic, coordinated, continuous approach. The committee will meet regularly to ensure the maintenance and improvement of Patient Safety in establishment of plans, processes and mechanisms involved in the provision of patient care.

- A. The scope of the Patient Safety Committee includes medical/healthcare errors or concerns and patient safety events involving the population of all ages, race, ethnicity, preferred language spoken, disability, payor and sex. Safety events may be reported anonymously by anyone including, but not limited, to healthcare practitioners, facility employees, patients, visitors, students and volunteers. Aggregate data*from internal (data collection, incident reports, questionnaires, Core Measure reports, etc.) and external resources (Sentinel Event Alerts, evidence-based medicine, etc.) will be used for review and analysis in prioritization of improvement efforts, implementation of action steps and follow-up monitoring for effectiveness.

The severity categories of medical/health care errors include:

- **Near Miss –**
 - Circumstance or unsafe condition that had the capacity to cause a safety event (Category A – No Harm).

- Event did **not** reach the person (because of an action or intervention) (Category B – No Harm).
- **No Harm** –
 - Event reached the person and caused no harm, and required **no** monitoring to confirm and **no** intervention to preclude harm (Category C – No Harm).
 - Event reached the person and caused no harm, and required monitoring to confirm and/or intervention to preclude harm (Category D – No Harm).
- **Mild/Moderate Harm** –
 - Event reached the person and caused mild harm, and may have required minimal intervention or care (Category E – Mild).
 - Event reached the person and caused moderate harm, and required moderate intervention or care (Category F – Moderate).
- **Severe Harm** –
 - Event reached the person and caused severe harm, and required significant intervention (Category G – Severe).
 - Event reached the person and caused severe harm, and required intervention to sustain life (Category H – Severe).
- **Sentinel Event** –
 - Event reached the person and contributed to or caused death (Category I – Death).
 - Person’s death due to admitting diagnosis or unrelated disease, not caused by a safety event (Category X – Death).

Medication errors will be categorized by the MERP index listed below:

- A – Circumstance or unsafe condition that has the capacity to cause a safety event
- B – Event occurred but did not reach the person (because of an action or intervention) (Errors of omission are listed here)
- C – Event reached the person but caused no harm, and no intervention or monitoring was required
- D – Event increased the need for monitoring or evaluation but caused no harm
- E – Event caused mild temporary harm but did not require significant intervention or care (e.g. no more than bandage, ointment, etc.)
- F – Event contributed or resulted in temporary harm, AND required additional intervention or care
- G – Event may have contributed or resulted in permanent harm but did NOT require intervention to sustain life
- H – Event resulted in permanent harm, AND required intervention to sustain life
- I – Event caused and/or contributed to death
- X - Death due to admitting diagnosis or unrelated disease (i.e., not caused by or related to a safety event)

* **The Patient Safety Committee** will only evaluate aggregate data/processes and NOT specific clinical details related to individual occurrences. Clinical details will be reviewed/addressed through the established Medical Staff Peer Review process.

- B. The Patient Safety Committee will be chaired by the Chief Nursing Officer or designee.
1. A Patient Safety Officer will be assigned by the Chief Nursing Officer. The responsibilities of the Patient Safety Officer include compliance with patient safety standards and initiatives, evaluation of work performance as it relates to patient safety, reinforcement of the expectations of the Patient Safety Plan, and acceptance of accountability for measurably improving safety and reducing errors. These duties may include listening to employees' and patient concerns, interviews with staff to determine what is being done to safeguard against occurrences, and immediate response to reports concerning workplace conditions.
 2. The Patient Safety Committee members will include, but are not limited to, the manager or designee of the following departments: Risk Manager/Risk Management, QI Coordinator/Quality Improvement, Nursing, Preventionist RN/Infection Control, Director of Staff Development/Education, Manager/Housekeeping/Plant Operations, Utilization Review Coordinator/Utilization Review. Other departments may be invited as needed.
- C. The mechanism to ensure all components of the organization are integrated into the safety program is through a collaborative effort of multiple disciplines. This is accomplished by:
- Reporting of potential or actual occurrences utilizing the RL Datix Safety and Risk Management software tool, with an anonymous reporting option, by healthcare practitioners, facility employees, students and volunteers. Patients, visitors or any person without access to the RL Datix program or who elect not to report electronically, may report anonymously utilizing the *Patient Safety Event or Incident paper form*.
 - Communication between the Patient Safety Officer and the Operational Safety Leader to assure a comprehensive knowledge of not only clinical, but also environmental factors involved in providing an overall safe environment.
 - Additional reporting of patient safety events and operational safety measurements/activity to the performance improvement oversight group, Medical Quality Council, a board of directors committee.
- D. The mechanism for identification and reporting a Sentinel Event/other medical error is in effect, and a root cause analysis of hospital processes conducted on either Sentinel Events or near misses will be submitted for review/recommendations to the Patient Safety Committee, Medical Quality Council and the Medical Executive Committee.
- E. As this organization supports the concept that errors may occur due to a breakdown in systems and processes, staff involved in an event with an adverse outcome will be supported by:

- Use of Just Culture – an organizational philosophy that promotes accountability and learning by encouraging open reporting of errors and near misses without fear of punishment.
- Trust that information obtained through open reporting of errors and near misses will be used for improvement purposes.
- Voluntary participation into the root cause analysis for educational purposes and prevention of further occurrences.
- Providing resources such as Pastoral Care, Social Services, and Employee Assistance Programs.

- F. As a member of an integrated healthcare system and in cooperation with system initiatives, the following Patient Safety Measures will be the focus of Patient Safety activities:
1. Adverse Drug Events
 2. Hospital Acquired Infection (HAI)
 3. Blood Reactions
 4. Slips and Falls
 5. Serious Event Reports

- G. Implementation of new processes, or redesign of current processes, will incorporate patient safety principles and an emphasis on the important hospital and patient care functions of:

Patient Rights	Patient/Family Education	Improving Organizational Performance
Patient Assessment	Continuum of Care	Management of Information
Care of the Patient	Leadership	Management of Human Resources
Infection Control	Patient Dietary Needs	Management of Environment of Care
Radiation Exposure		

- H. The procedures for immediate response to medical/health care errors, reports of suspected instances of racism and discrimination, and patient safety events are as follows:
1. Staff will immediately report the event to the supervisor (either the nursing manager or the house supervisor if the event occurs during off-hours).
 2. The supervisor will immediately communicate the event to the Patient Safety Officer to initiate investigation and follow-up actions. Should this occur during off-hours, the administrator on-call should be notified and a voice message left on the Patient Safety Officer’s voice mail.
 3. Staff will complete an Incident report in RL Datix to preserve information.
 4. Staff will obtain required orders to support the patient’s clinical condition.
 5. The Plant Operation Safety Leader will be notified of any situation of potential risk to others.
 6. If an occurrence happens with significant consequences to the patient, the Chief Nursing Officer or Patient Safety Officer will begin discussions with the patient/resident/family/caregivers regarding adverse outcomes:
 - a. Events impacting the patient’s clinical condition – The Patient Safety Officer will notify the care-giving physician about informing the patient/resident/family/caregivers in a timely fashion (within 48-72 hours). Should the care-giving physician refuse or decline communication with the

patient/resident/family/caregivers, the Chief of Staff will be notified by the Patient Safety Officer. The patient/resident/family/caregivers will NOT be contacted without the permission and/or notification of the care-giving physician involved. The care-giving physician will determine the appropriateness of documentation of the occurrence in the medical record and will communicate this to the Patient Safety Officer.

- b. Events NOT impacting the patient clinical condition but causing a delay or inconvenience – The Patient Safety Officer will communicate with the Nursing Manager the need for communication with the patient/family/caregivers in the interest of patient satisfaction.

The Patient Safety Officer will follow usual protocols to investigate the error or suspected instances of racism and discrimination and coordinate the factual information/investigation for presentation, review and action by the Patient Safety Committee as applicable.

- I. Solicitation of input and participation from patients, residents, families, and caregivers in improving patient safety will be accomplished by:
 - 1. Conversations with patients, residents, families, and caregivers during nursing manager or administrative rounds.
 - 2. Comments from Patient Satisfaction surveys.
- J. Procedures used in communicating with patients, residents, families and caregivers regarding the organization’s role and commitment to meet the patient’s right to have unexpected outcomes or adverse events explained to them in an appropriate, timely fashion include:
 - 1. Patient’s rights statements.
 - 2. Patient responsibilities – A list of patient responsibilities will be included in the admission information packet. These responsibilities include the patient providing correct information about perceived risks and changes in their condition, asking questions, following instructions, accepting consequences, following facility rules, etc.
 - 3. Annual assessment for information barriers to effective communication among caregivers.
- K. Methods to assure ongoing in-services, education and training programs for maintenance and improvement of staff competence and support to an interdisciplinary approach to patient care is accomplished by:
 - 1. Providing information and reporting mechanisms to new staff in orientation training.
 - 2. Providing ongoing education, including reporting mechanisms, through the Learning Management System.
 - 3. Providing facility staff annual education, through the Learning Management System, on racism and discrimination to identify and report suspected instances of racism and discrimination.
 - 4. Evaluating staff knowledge levels and participation of patient safety principles in annual performance evaluations.
 - 5. Patient Safety Surveys conducted biennially.
- L. Internal reporting – To provide a comprehensive view of both the clinical and operational safety activity of the organization:

Patient Safety Plan

| 2026

- A monthly report of patient safety events will include (when reported by the patient) age, race, ethnicity, and sex. Additionally, gender identity, sexual orientation, preferred language spoken, disability status, and payor may be provided as needed.
 - The minutes/reports of the Patient Safety Committee will be submitted to the Medical Quality Council.
 - These regular reports will include ongoing activities including data collection presented in statistical process control charts, analysis, actions taken and monitoring for the effectiveness of actions.
- M. External reporting will be completed in accordance with all state, federal and regulatory body rules, regulations and requirements.
- N. The Patient Safety Officer will submit an Annual Report to the Board of Directors through the Medical Quality Council and may include:
1. Detail of activities that demonstrate the patient safety program has a proactive component by identifying the high-risk process selected.
 2. A description of how the function of process design that incorporates patient safety has been carried out using specific examples of process design or redesign that include patient safety principles.
 3. The results of how input is solicited and participation from patients and families in improving patient safety is obtained.
 4. The results of the program that assesses and improves staff willingness to report medical/health care errors and **suspected instances of racism and discrimination**.
 5. A description of the procedures used and examples of communication occurring with families about adverse events or unanticipated outcomes of care.
 6. A description of the examples of ongoing in-service, and other education and training programs that are maintaining and improving staff competence and supporting an interdisciplinary approach to patient care.

Review of the Patient Safety Plan

The Patient Safety Plan will be evaluated annually, or as changes occur, by the Patient Safety Committee. The plan will be forwarded for additional review by the Medical Quality Council, a board of directors committee. The Board of Directors will have final approval of the Patient Safety Plan.

Capital Expenditure Request

Exhibit B

Hospital: KVHD	CER#	Date Submitted <u>10-25-2025</u>
	Department: Ultrasound	Vendor: Medical Positioning, Inc

A. DEPARTMENT HEAD OR MANAGER Stuart Cline

Budgeted: Yes No

Budgeted project cost \$ 12000

B. HOSPITAL APPROVALS:

Equipment \$10,225.35

Purchasing Agent _____ Date: _____

Construction 0

Department Head *Stuart Cline* Date: 10-25-2025

Shipping, Tax, Etc. \$1,667.00

CFO _____ Date: _____

Discounts, Trade In \$769.65

Total amount requested \$ \$11,892.35

Administrator _____ Date: _____

C. JUSTIFICATION: Write a brief narrative describing use or purpose of project and justification of request. Attach catalog or brochure, if available.

See line 13

D. CLASSIFICATION:

E. SUBSTITUTIONS

NOTE: Indicate those items in the current budget that have been used as a substitute.

- Improve profit New
- Improve patient care Used
- Required by regulations
- Marketing
- Emergency
- Replacement

Item Number	Description	Amount

F. CAPITAL EXPENDITURE REQUEST SUMMARY

	Current Year	Carryover
Total Budget for Current Year	\$	\$
Total Requested to Date	\$	\$
Total Approved to Date	\$	\$

G. EFFECT ON PROFITS:

Estimated average annual increase/(decrease) in pre-tax \$ UNK

Average pre-tax and interest return on original investment _____ %

?????? and interest payback period _____

CAPITAL EQUIPMENT PRICE QUOTATION SUMMARY

Date: 10/25/2025

Item: 092 UltraScan Versa Table

Quote Line 1

Manufacturer: Medical Positioning, Inc. Model #: MPIUSV-092-0011

VENDORS	PRICE	DEL. DATE	TERMS	F.O.B.	
Medical Positioning, Inc.	\$11,892.35	4 days transit	Net 30	Pre-Pay and Add, FOB Destination	Desired Purch. "Full" dual use design
Mirion Technologies (Capintec), Inc	\$10,225.00	6-month lead + shipping	Net 30		Single Use Design Limits use cases
Universal Medical Inc.	\$11,674.14	Not Provided in Quote		Pre-Pay	Multi- Use Limits Exam expansion

Remarks: Line 1 Price per Quote Number QUO026691, expires 12/08/2025

Line 2 Price per Quote Number Q-51925-1, expires 1/30/2026

Line 3 Price per Quote Number Q.065480, expires 11/20/2025

Administrator

Purchasing Agent/Other

NOTE: Please attached copies of all bids submitted by vendors.

PROJECT ANALYSIS - PAGE ONE

EXHIBIT D

1)

FACILITY NAME: KVHD	FACILITY NO.
DEPARTMENT NAME: Ultrasound	DEPARTMENT NO.
PROJECT NAME: Ultrasound Table	BUDGET ITEM NO.

2) WHAT DOES THE EQUIPMENT DO?

It is a multi-procedure ultrasound platform. It provides electric height adjustment (22"-38"), Fowler (0-90°), calf adjustment, and Trendelenburg (15°/25°) positioning to optimize patient access and positioning for a variety of ultrasound exams. Stirrups for OB/GYN use.

COMPLETE QUESTION 3 ONLY IF A CODE VIOLATION EXISTS

3) HAVE YOU BEEN CITED?

BY WHOM? _____

HOW LONG DO YOU HAVE TO CORRECT THE PROBLEM? _____

COMPLETE QUESTIONS 4 AND 5 IF THE PROJECT IS A MARKETING PROJECT

4) HOW WILL THIS PROJECT IMPROVE MARKET POSITION OR HELP MEETING MARKETING OBJECTIVES?

5) DOES THIS ITEM IMPROVE PUBLIC PERCEPTION OF THE FACILITY, IMPROVE PHYSICIAN RELATIONS, IMPROVE THE PROMOTION OF A SPECIFIC SERVICE, OR ACHIEVE A SPECIFIC MARKETING OBJECTIVE?

COMPLETE QUESTIONS 6 THROUGH 13 IF PROJECT IS TO REPLACE EQUIPMENT

6) AGE OF REPLACED EQUIPMENT? UNK old er gurney 7) USEFUL LIFE OF NEW EQUIPMENT? 2 year warranty, 7-10 years projected serviceable life.

8) REASONS FOR REPLACEMENT?

Current gurney is old, poses a patient safety risk due to its height, and causes poor staff ergonomics (tech strain). Increase ability to perform additional Imaging exams.

9) YEAR-TO-DATE REPAIR COSTS/DOWN TIME: n/a

10) COST OF REFURBISHMENT? \$ n/a

11) WOULD REFURBISHED UNIT BE GUARANTEED? NO

FOR HOW LONG? n/a

ADDED USEFUL LIFE AFTER REFURBISHMENT?

n/a

WHY IS REFURBISHMENT UNACCEPTABLE?

12) IF THE ORIGINAL EQUIPMENT HAS NOT REACHED THE END OF ITS USEFUL LIFE, EXPLAIN WHY IT SHOULD BE REPLACED?

EOL

WHAT IS THE REMAINING BOOK VALUE OF THE EQUIPMENT TO BE REPLACED? \$ 0

REMAINING LIFE: 0

13) ARE THERE SIGNIFICANT IMPROVEMENTS IN THE DESIGN OR CAPABILITIES OF THE NEW ITEM?

EXPLAIN THEM:

Patient Safety & Access: The current gurney does not go low enough, creating a safety risk and access barrier for patients. The UltraScan Versa has a height adjustment range of 22" to 38", significantly improving patient safety and accessibility.

Staff Ergonomics: The current gurney causes significant ergonomic strain on sonographers, particularly for OB/GYN studies. The new table's full range of positioning (0-90° Fowler, Trendelenburg, stirrups) provides better access angles, which will reduce strain on the techs' scanning arms and help prevent career-ending injuries

Expanded Department Capabilities: This table is the only option presented that satisfies the needs of *both* OB/GYN (comfort and specific positioning) and Vascular studies. Competing models typically focus on only one specialty. This versatility will expand our department's capabilities more than any other option.

PROJECT ANALYSIS - PAGE TWO

ANSWER QUESTIONS 14 THROUGH 16 IF THE PROJECT WILL INCREASE PROFIT

14) WHAT SERVICE DOES THIS EQUIPMENT PERFORM?

Provides a safe, ergonomic, and versatile platform for performing multiple ultrasound procedures, including OB/GYN and Vascular exams.

15) DOES IT: INCREASE VOLUME INCREASE REVENUE INCREASE RATES REDUCE COSTS?

HOW MUCH? This table will allow the department to expand its vascular capabilities, leading to new revenue streams and increased patient volume.

16) IF PROJECT REDUCES COST, ARE SAVINGS LABOR OR SUPPLIES? IF LABOR SAVINGS ARE EXPECTED, HOW DO YOU PLAN TO ENSURE SAVINGS ACTUALLY RESULT? IF SUPPLIES OR MATERIALS SAVINGS ARE EXPECTED, WHERE WILL THE SAVINGS OCCUR? ARE COST SAVINGS FIXED OR VARIABLE IN NATURE?

The improved ergonomics and correct positioning will reduce sonographer strain. This is expected to reduce costs associated with workplace injuries, sick time, and potential workers' compensation claims.

ANSWER QUESTIONS 17 THROUGH 20 IF PROJECT IMPROVES PATIENT CARE

17) WHAT SERVICES DOES THIS EQUIPMENT PERFORM?

It properly and safely positions patients for diagnostic ultrasound procedures.

18) HOW IS THIS FUNCTION BEING DONE NOW, AND HOW WILL THIS EQUIPMENT IMPROVE PATIENT CARE? HOW SIGNIFICANT IS THE IMPROVEMENT?

On an "older ER trauma gurney" that is not designed for ultrasound and has limited functionality.

19) WILL THE IMPROVEMENT RESOLVE A DOCUMENTED PROBLEM OR RESOLVE A PHYSICIAN COMPLAINT? WHAT?

Yes, it resolves two documented problems

Patient Safety: Addresses the access risk of the current high gurney.

Staff Ergonomics: Addresses complaints of tech scanning arm strain due to poor patient positioning.

20) WHAT FINANCIAL IMPLICATIONS WILL THE PROJECT HAVE?

Positive financial implications are expected from (1) increased revenue by expanding vascular and OB/GYN capabilities and (2) cost avoidance related to staff ergonomic injuries.

ANSWER QUESTION 21 ONLY IF THE PROJECT IS AN EMERGENCY ACTION

21) IDENTIFY WHAT HAPPENED AND WHY NORMAL APPROVAL COULD NOT WAIT. WAS VERBAL APPROVAL GIVEN?

BY WHOM? IDENTIFY WHAT WAS DONE.

Quote # 1 * Desired Purchase



QUOTATION

Medical Positioning, Inc.

800.593.3246

816.474.7755

9732 Pflumm Rd, Lenexa, KS 66215

Remittance Only:

P.O. Box 735605

Chicago, IL 60673-5605

Quote Number

QUO026691

Expires

12/08/2025

Date Created

05/04/2023

Summary of Terms

Payment

Net 30

Freight

Pre-Pay and Add, FOB Destination;
3rd Party, FOB Origin

*refer to complete terms and conditions for additional details

MPI Contact

Territory Executive:

Eric Bartley

Contact Email:

EBartley@medicalpositioning.com

Bill To

Kern Valley Hospital
6412 Laurel Ave.
Lake Isabella CA 93240
United States

Ship To

Kern Valley Hospital
6412 Laurel Ave.
Lake Isabella CA 93240
United States

Product Description MPIUSV-092-0011	Color	Discount	Extended Price	Quantity Quoted	Total USD
Product ID - 092 092_UltraScan Versa Table_ Height, Fowler and 15/25 Trendelenburg Height Adjustment: 22"-38" Fowler Adjustment: 0° - 90° Calf Adjustment: 0° - 88° Trendelenburg: 15° to 25° reverse Patient Weight Capacity: 500 lbs Control System: Hand Controller with Memory Positioning Foot Down Section: Electrically Adjustable Hideaway/Adjustable Stirrups Footboard: Included, Fold-away Warranty: 2 Years Product Surface Dimensions: 72.5" x 28.5" UL ANSI/AAMI ES60601-1 (2005) + AMD (2012), CAN/CSA C22.2 No. 60601 (2014) Must be purchased in conjunction with Base 8000 or Base 9000 Unit Price: \$10,995.00	Standard	\$769.65	\$10,225.35	1	\$10,225.35
Product ID - 8000_UV 8000_UltraScan Versa Individual Locking Caster Base UltraScan Versa and UltraMamm Individual Locking Caster Braking Individual Locking Caster Braking features individual lock and unlock brakes on each caster Compatible with UltraScan Versa models 087, 287, 987, 095, 295, 995, 092, 292 Must be purchased in conjunction with an above compatible model. Unit Price: \$0.00		\$0.00	\$0.00	1	\$0.00

Subtotal \$10,995.00
 Estimated Freight \$1,667.00
 (available upon request)
 Estimated Tax (available upon request)
TOTAL \$11,892.35

Quote Notes:

* Dual purpose. Satisfies 60 departmental needs for OB/GYN and Vascular additions.

Freight is an estimate and is subject to change when order ships. The LTL + Liftgate shipping cost is \$1667.00 (via FedEx Freight, transit time is 4 days);

Terms and Conditions of Premier Healthcare Alliance PP-IM-513 shall govern the quoted product purchase

Facilities must have a current approved Pricing Activation prior to submitting orders. Please include entity ID on all purchase orders for reporting.

Quote #2

Price Quote

Q-51925-1

CONFIDENTIAL Not to be shared outside Kern Valley Healthcare District



CAPINTEC

A MIRION MEDICAL COMPANY

* Single purpose. Vascular Table.
- No "Dual" purpose⁶² option available through
catalogs

Bill To

Kern Valley Healthcare District (Customer)

6412 Laurel Avenue
Lake Isabella, CA 93240
United States

Customer Contact

Stuart Cline
760-379-2681 Ext 228
stuartcline@kvhd.org

Ship To

Kern Valley Healthcare District

6412 Laurel Avenue
Lake Isabella, CA 93240
United States

Capintec Contact

Richard Schubert
+1 201 825 9500
rschubert@mirion.com

Quote Information

Quotation Number: Q-51925-1
Quotation Valid Until: 1/30/2026
Quotation Total: USD 10,225.00

Purchase Information

Please contact the sales team for lead times.
Pricing is contingent on receiving purchase order by 1/30/2026.
All Cabinet and Custom orders require a 25% deposit.
Our preferred method of payment is ACH. We also accept Wires and Checks.
Credit card payments will incur an additional 3% charge.
Please reference quote number Q-51925-1 on Purchase Order.

Is a PO required for the purchase or payment of the products on this order? Yes No
Payment Terms: Net 30 (customer to complete)

Terms and Conditions

This quotation shall be governed by the Mirion Medical Terms and Conditions of Sale and no other terms apply. The signatories below acknowledge they have authority to enter this agreement on behalf of the parties.

Acknowledged and agreed by:

Customer

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Mirion Technologies (Capintec), Inc.

7 Vreeland Rd. Florham Park, NJ 07932

By: _____
Name: _____
Title: _____
Date: _____

Part #	Description	Qty	Price
058-732	TABLE, VASCULAR U/S, VASC PRO, 115V	1	USD 9,500.00
SHIPPING	Shipping Charges	1	USD 725.00
		Subtotal	USD 9,500.00
		Shipping Charges	USD 725.00
		Total	USD 10,225.00

Quote total does not include the cost of shipping, training, or installation, unless listed as a line item.



Quote #3
UNIVERSAL MEDICAL

PO Box 1829
 Oldsmar, FL 34677

Quotation # Q.065480
 Quotation Created On: Oct 21, 2025
 Quotation Valid Until: Nov 20, 2025

Quote for:

stuart cline
 Kern Valley Healthcare District.
 6412 Laurel Ave. Lake Isabella,
 California, 93240
 United States
 T: 7603792681231

Shipping Details:

stuart cline
 Kern Valley Healthcare District.
 6412 Laurel Ave. Lake Isabella,
 California, 93240
 United States
 T: 7603792681231

Shipping Method:

Quoted Shipping - Quoted Shipping

 (Total Shipping Charges \$1,031.00)

Products	SKU	Price	Qty	Tax	Subtotal
Oakworks Multi-Specialty EA Ultrasound Table - 30" Width	84797	\$9,832.00	1	\$811.14	\$9,832.00

Choose Your Upholstery Color: Ocean (T20)

Remarks with quote:

Quoted pricing includes delivery by motor freight carrier with a liftgate truck. The standard procedure for common carriers is that liftgate delivery will be made with call ahead of arrival notice to the exterior of the building only. Liftgate delivery does not include bringing the parcel indoors. Any service that is outside of the "standard procedure" will result in additional charges and their need should be conveyed at the time of order placement.

Subtotal: \$9,832.00
Shipping & Handling: \$1,031.00
Tax: \$811.14
Grand Total: \$11,674.14

* Generic Multi-use design, limits ability to increase available exams offered.

For complete item details, please visit our website at www.UniversalMedicalinc.com. Quoted pricing is based on the purchase of the indicated skus and quantities. Revisions to quantity or skus purchased may necessitate re-quote. Please contact Customer Service with any questions. We can be reached by email, info@universalmedicalinc.com or by Phone, 800-423-2767. Quote is valid for 30 days unless otherwise noted.

3. Comparable Services Analysis

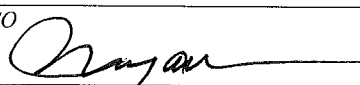
(Provide a breakdown of costs from comparable vendors Please attach quotes)

Vendor	Recommended Vendor (Y/N)	Amount \$
Bio cube bladder scanner	N	15,400.00
Medline	N	10,197.81
Verathon	y	12,015.00

4. Authorization

Involves Facilities: Yes* No Involves Nursing: Yes* No Involves Technology: Yes* No
 * Yes to either of the above requires Plant Operations Manager, CNO, and/or CIO approval.

Signatures:

<i>Legal Counsel</i>	<i>Date</i>
<i>Plant Operations Manager (if required)</i>	<i>Date</i>
<i>CIO (if required)</i>	<i>Date</i>
<i>CFO</i>	<i>Date</i>
<i>CNO (if required)</i>	<i>Date</i>
CEO  Department Manager	<i>Date</i> 1-20-26 <i>Date</i>

5. Administration Use Only

Finance Committee Approval Date: _____

Board of Directors Approval Date: _____

Notes:

biocube bladder s

Hand Held Bladder Scanner

Biocon 700 Bladder Scanner

Cubescan Biocon 900

Cubiscan Machine

Cubescan Biocon 750

Cubescan Biocon 700

Hand Held Bladder Scanner

Biocon 700 Bladder Scanner

Cubescan Biocon 900

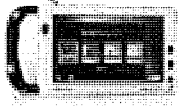
Cubiscan Machine

Cubescan Biocon 750

Cubescan Biocon 700

Cubescan Biocon 500

Related products

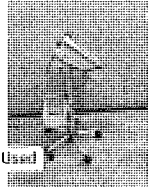


Used

Cubescan Biocon-700 Bladder Scan ...
\$150.00

eBay

Free shipping



Used

Medline Cubescan Biocon 500
\$1,199.00

eBay

★★★★★ 5.0 · 4



Used

Mcube Cubescan Cube Scan Biocon
\$399.00

eBay

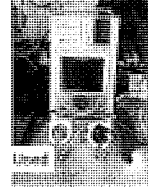


Used

Cubescan Biocon-700 Bladder
\$395.00

eBay

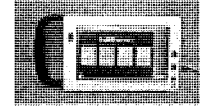
Free shipping



Used

Medline Cubescan Biocon 500
\$1,095.00

eBay



Used

Cubescan Biocon-700 Bladder
\$150.00

eBay

Free shipping



Used

Cubescan Biocon 500 Bladder
\$175.50

eBay

Free shipping

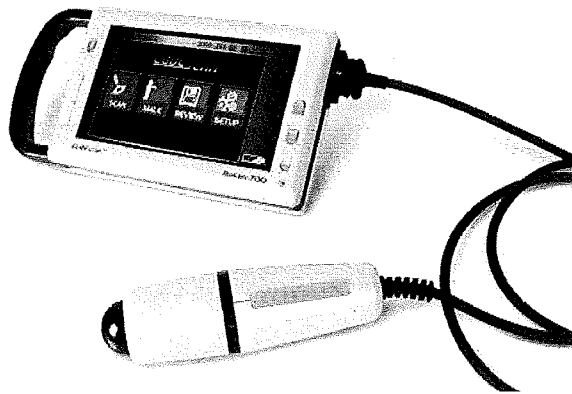


Biocon Cubescan 700 Bladder Sc

Amazon.com

Price is stable

eBay





Description

Quickly and confidently locate the bladder for accurate measurement with BladderPoint technology that puts a bull's eye in the middle of the bladder Dependable performance alert you of any hardware or maintenance issues Tough polycarbonate casing promotes consistent, uninterrupted service and is supported by a five-year warranty including bariatric patients with rear grip on probe and no need to fan probe Comes with training materials and competency testing in addition to continuous support through our

Buying options

- Hand Held Bladder Scanner
- Biocon 700 Bladder Scanner
- Cubescan Biocon 900
- Cubiscan Machine
- Cubescan Biocon 750
- Cubescan Biocon 700

 Amazon.com

 Price is stable

\$15,400⁰⁰



 eBay

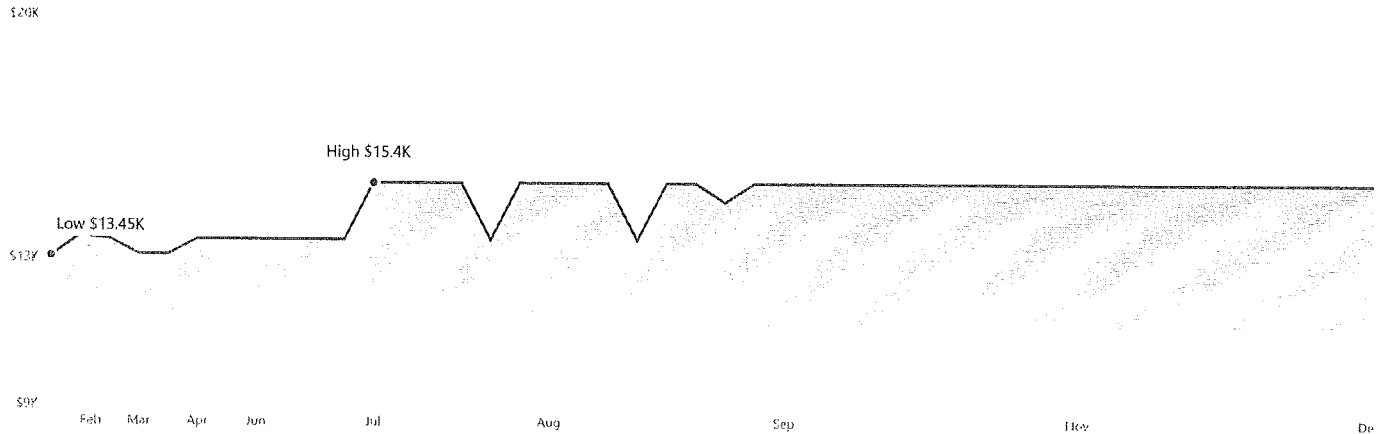
\$120⁰⁰

Specifications

Model	CUBEScan 700
Date First Available	February 21, 2013
ASIN	B00BKTIIDQ

Price history

 Price is stable 



Verathon Bladder Scanner | Simplifying Bladder Scans

<https://www.verathon.com/bladderscan/i10> :

Sponsored **Bladderscan i10™** Brings Incredible Accuracy and Intelligent Workflow to the Point-Of-Care. **Bladder Scanner** with On-Site Training and Fleet Management Services to Optimize Usage. Help Prevent CAUTI · What is ImageSense™?

Bladder Scanner on Amazon | Bladder Scanner

<https://www.amazon.com/shop> :

Sponsored Read Customer Reviews & Find Best Sellers. Free, Easy Returns On Millions Of Items. Free Shipping On Qualified Orders. Free, Easy Returns On Millions Of Items. Read Ratings & Reviews · Shop Best Sellers · Fast Shipping · Shop Our Huge Selection Amazon Deals · Amazon Home & Kitchen · Shop Kindle E-readers · Amazon Prime Benefits

BladderScan

verathon

To: Kern Valley Healthcare District
 Attn: Accounts Payable
 PO Box 1628
 Lake Isabella, CA 93240
 Name: Christine Pulido
 Phone: 7603796688
 Email: christinepulido@kvhd.org

Account Number 13172
 Quote Number 00350945
 Contract PP-NS-1780
 Created Date 10/22/2025
 Expiration Date 12/31/2025

To prevent delays, please do ensure the PO matches this quotation and includes the quotation number when ordering.

Please Email or Fax Purchase Order to:

Brandon Lodge
brandon.lodge@verathon.com
 Phone: 408-212-1067
 Fax: 408-212-1067

Quantity	Product	Product Code	Sales Price	Total Price
1.00	BladderScan i10 Printer Kit	0800-0640	USD 500.00	USD 500.00
1.00	BladderScan i10 Workstation	0800-0631	USD 926.00	USD 926.00
1.00	BladderScan i10™ System, US with Standard 5 Year Warranty	0270-1014	USD 10,300.00	USD 10,300.00
			Subtotal	USD 11,726.00
			Sales Price	USD 11,726.00
			Service	FedEx Ground®
			Freight	USD 289.00
			Grand Total	USD 12,015.00



www.Verathon.com

If applicable, taxes will be included on your invoice. Please do not pay from quote.

Unless otherwise expressly agreed in writing signed by the parties, Verathon's Standard Terms and Conditions shall apply to all sales, offers, quotes, and/or contracts.

Verathon Medical Corporate Headquarters
 20001 North Creek Parkway
 Bothell WA 98011



**We make
healthcare
run better**

Three Lakes Drive, Northfield, IL 60093 | 1.800.MEDLINE (633.5463) | medline.com


Customer: 0001002195

KERN VALLEY HOSPITAL DISTRICT
6412 LAUREL AVE
LAKE ISABELLA, CA 93240-9529

Date: 10/22/2025

Sales Rep: Frazier, Matthew (S0553)

Due to current market uncertainties related to new and modified tariffs currently in effect, or any that may be subsequently imposed, any pricing that Medline provides during the period such tariffs are in effect is not binding and is subject to change at any time by Medline upon notice. Medline is diligently working to understand the impact of the tariffs and will provide any updated pricing, or other information, when available.

Product Image	Product #	Product Name	Product Description	Pkg / Order UoM	Related Literature	New Price
	MDSB10750	DIAGNOSTIC INSTRUMENTS: BIOCON 750 BLADDER SCANNER WITH PRINTER	<ul style="list-style-type: none"> • QUICKLY AND CONFIDENTLY LOCATE THE BLADDER FOR ACCURATE MEASUREMENT WITH BLADDERPOINT TECHNOLOGY THAT PUTS A BULL'S EYE IN THE MIDDLE OF THE BLADDER<BR / • DEPENDABLE PERFORMANCE WITH BUILT-IN SELF DIAGNOSTICS TO ALERT YOU OF ANY HARDWARE OR MAINTENANCE ISSUES<BR / • TOUGH POLYCARBONATE CASING PROMOTES CONSISTENT, UNINTERRUPTED SERVICE AND IS SUPPORTED BY A FIVE-YEAR WARRANTY INCLUDING DROP PROTECTION<BR / • EASY TO USE ON BARIATRIC PATIENTS WITH REAR GRIP ON PROBE AND NO NEED TO FAN PROBE<BR / • COMES WITH TRAINING MATERIALS AND COMPETENCY TESTING IN ADDITION TO CONTINUOUS SUPPORT THROUGH OUR TECHNICAL SERVICE HOTLINE: TOLL-FREE 1-866-274-2131 	1 EA / EA	Link to Literature	\$10,197.81

3. Comparable Services Analysis

(Provide a breakdown of costs from comparable vendors Please attach quotes)

Vendor	Recommended Vendor (Y/N)	Amount \$
DoNow	Y	\$1,932.25 free shipping
PMax 5600 Home Gym Smith Machine	N	\$2,008.99 free shipping
Major Fitness	N	\$2,706.24 free shipping

Preferred : <https://extremetrainingequipment.com/products/single-station-gym>

4. Authorization

Involves Facilities: Yes* No

Involves Technology: Yes* No

** Yes to either of the above requires Plant Operations Manager and/or CIO approval.*

Signatures:

Plant Operations Manager (if required)

Date

CIO (if required)

Date

CFO

Date

CEO

Date

5. Administration Use Only

Finance Committee Approval Date: _____

Board of Directors Approval Date: _____

Notes:

Delivering to alexis seletzky

6412 LAUREL AVE, LAKE ISABELLA, CA, 93240-9529, United States

Add delivery instructions

Change

Place your order

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Paying with Visa

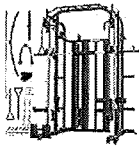
Select a payment plan

Use a gift card, voucher, or promo code

Change

Items:	\$2,099.99
Shipping & handling:	\$0.00
Promotion Applied:	-\$315.00
Estimated tax to be collected:*	\$147.26
Order total:	\$1,932.25

Arriving Jan 16, 2026 - Jan 21, 2026



DONOW Smith Machine with Weight Stacks, Multi Function Home Gym System Training Power Cage Squat Rack Dual Cable Crossover Machine All in One

➔ \$1,784.99

\$315.00 discount applied

Ships from DONOW FITNESS

Sold by DONOW FITNESS

🕒 Friday, Jan 16 - Wednesday, Jan 21

FREE

1

Gift options not available

Place your order

Order total: \$1,932.25

By placing your order, you agree to Amazon's [privacy notice](#) and [conditions of use](#).

Why has sales tax been applied? [See tax and seller information.](#)

Do you need help? Explore our [Help pages](#) or [contact us](#)

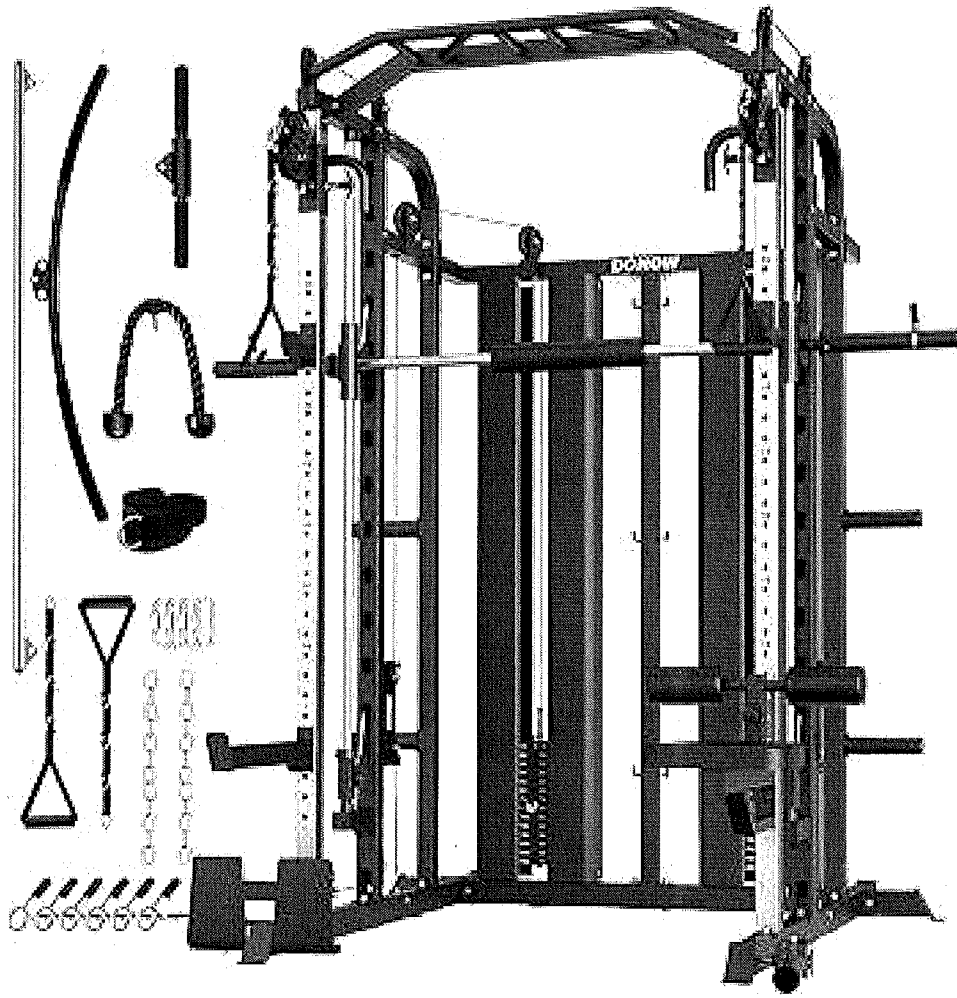
For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Colorado Purchasers: [Important information regarding sales tax you may owe in your State](#)

Most new, unused items sold by Amazon, or millions of third-party sellers are eligible for Free Returns, within 30 days of delivery. For the 2025 holiday season, most items purchased between November 1 and December 31, 2025 can be returned through January 31, 2026. Apple-branded products purchased between November 1 and December 31, 2025 can be returned through January 15, 2026. For exceptions see Amazon.com's [Returns Policy](#).

[Back to cart](#)

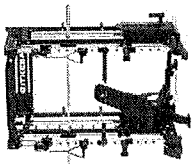
1 of 2



All items are included in the price.

PRODUCT

PMAX 5600 Home Gym Smith Machine - Integrated Weight System



Color: Black (2025 Version)

Weight Stack Option: 320 LB

Bench Option: RAB 3000 (Black)

\$2,008.99 ←

- 1 +

\$2,008.99

[Remove](#)

PRICE QUANTITY TOTAL

SPECIAL INSTRUCTIONS FOR SELLER

Special instructions for seller

SUBTOTAL \$2,008.99 USD

You're saving: \$1,140.01

Military, First Responder, Government Employee and Teacher discount available. Verify with GovX ID to instantly unlock your savings.



GOVX ID

What is GovX ID?

amazon pay

RYUJI

G

We process all orders in USD. While the content of your cart is currently displayed in USD, the checkout will use USD at the most current exchange rate.



SHOP

CUSTOMER SERVICE

OUR BRAND

NEWSLETTER

1 of 2



2 8 2



Order summary ▾

\$2,706.24 ←

Express checkout

PayPal

 amazon pay



Show more options ▾

OR

Contact

[Sign in](#)

Email

Email me with news and offers

Delivery


Country/Region
United States ▾

First name
lindsay

Last name
krusich


Company (optional)

Address


6412 Laurel Ave 

Apartment, suite, etc. (optional)

City
Lake Isabella

State
California 

ZIP code
93240

Phone 





Text me with news and offers


Shipping method

Economy **FREE**
5 to 8 business days 


Payment


All transactions are secure and encrypted.

 Credit card    +5

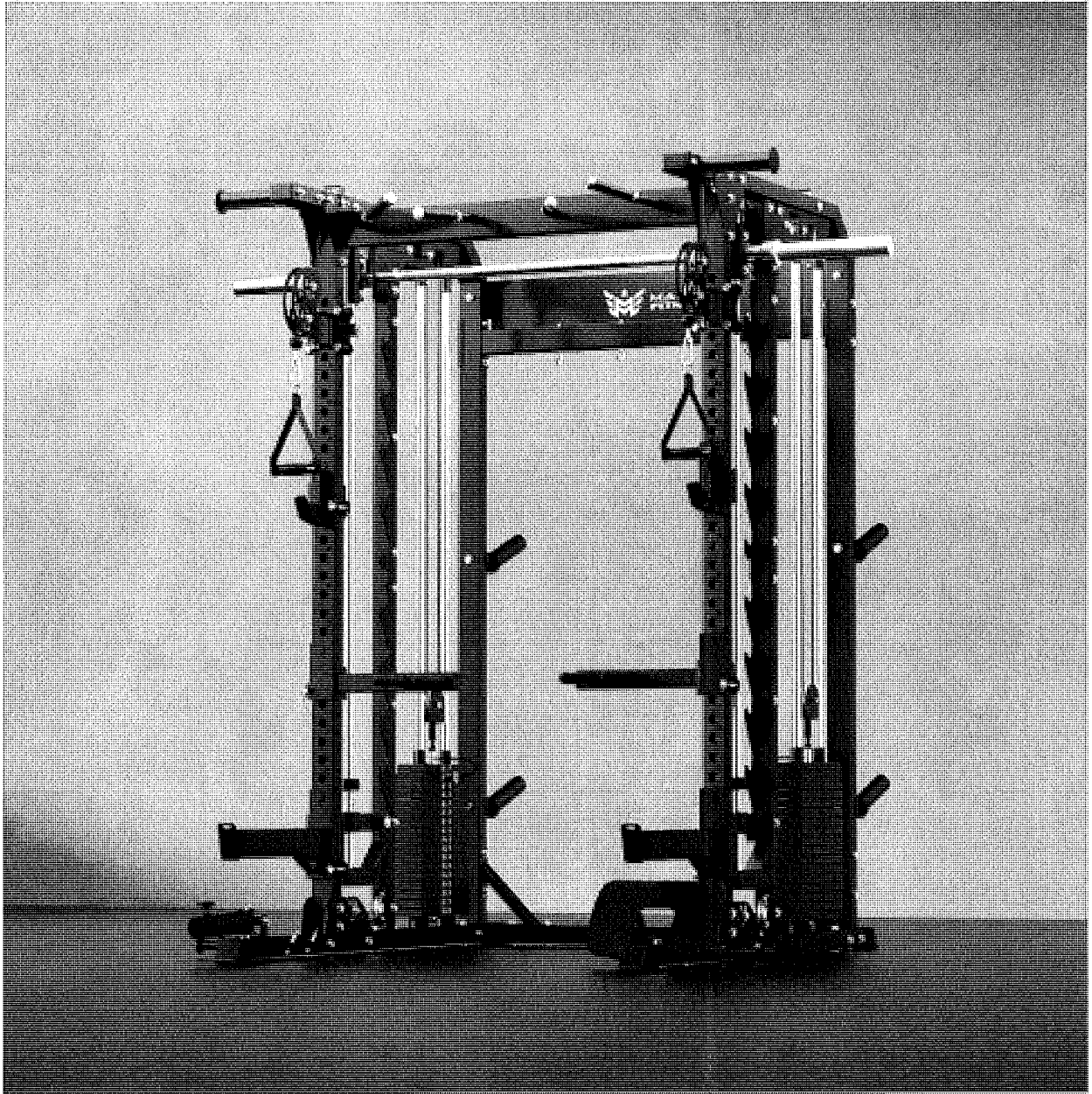
Card number 

Expiration date (MM / YY)

Security code 

Name on card
lindsay krusich 

2 of 3



3 6 3

3. Comparable Services Analysis

(Provide a breakdown of costs from comparable vendors Please attach quotes)

Vendor	Recommended Vendor (Y/N)	Amount \$
PL79111 Seated Leg Press Press by Extreme Training Equipment	Y	\$2199.00 with \$797 shipping. Pick up is in Ontario, CA
BodyKore Isolation Series Seated Leg Press GR614	N	\$4799.00 with free shipping
Gronk Fitness Selectorized Commercial Seated Leg Press	N	\$3896.03 with free shipping

The preferred leg press link: <https://extremetrainingequipment.com/products/seated-leg-press>

4. Authorization

Involves Facilities: Yes* No

Involves Technology: Yes* No

** Yes to either of the above requires Plant Operations Manager and/or CIO approval.*

Signatures:

_____ *Plant Operations Manager (if required)*

_____ *Date*

_____ *CIO (if required)*

_____ *Date*

_____ *CFO*

_____ *Date*

_____ *CEO*

_____ *Date*

5. Administration Use Only

Finance Committee Approval Date: _____

Board of Directors Approval Date: _____

Notes:

ETE FITNESS EQUIPMENT
 1600 S. Grove Ave. Ste 101-102
 Ontario, CA 91761
 Phone: (909) 443-5063
 www.extrafitnessingequipment.com

Estimate

Number	E244
Date	1/8/2026

Bill To
 Lindsay Krusich DPT, MBA
 Rehabilitation Manger
 lindsaykrusich@kvhd.org
 (517) 902-1506

•NO RETURN/NO REFUND on items received.
 Store credit only. •Warranty: 30 day limited
 warranty on all items unless otherwise
 stated. •Return Policy: No Refunds, store credit on
 new items only within 30 days. Custom orders
 excluded. •Time Frames: Estimated to the best of
 our ability. Adjustments may
 occur. •Deliveries/Installs: Dependent on job site
 conditions, additional charges may apply.

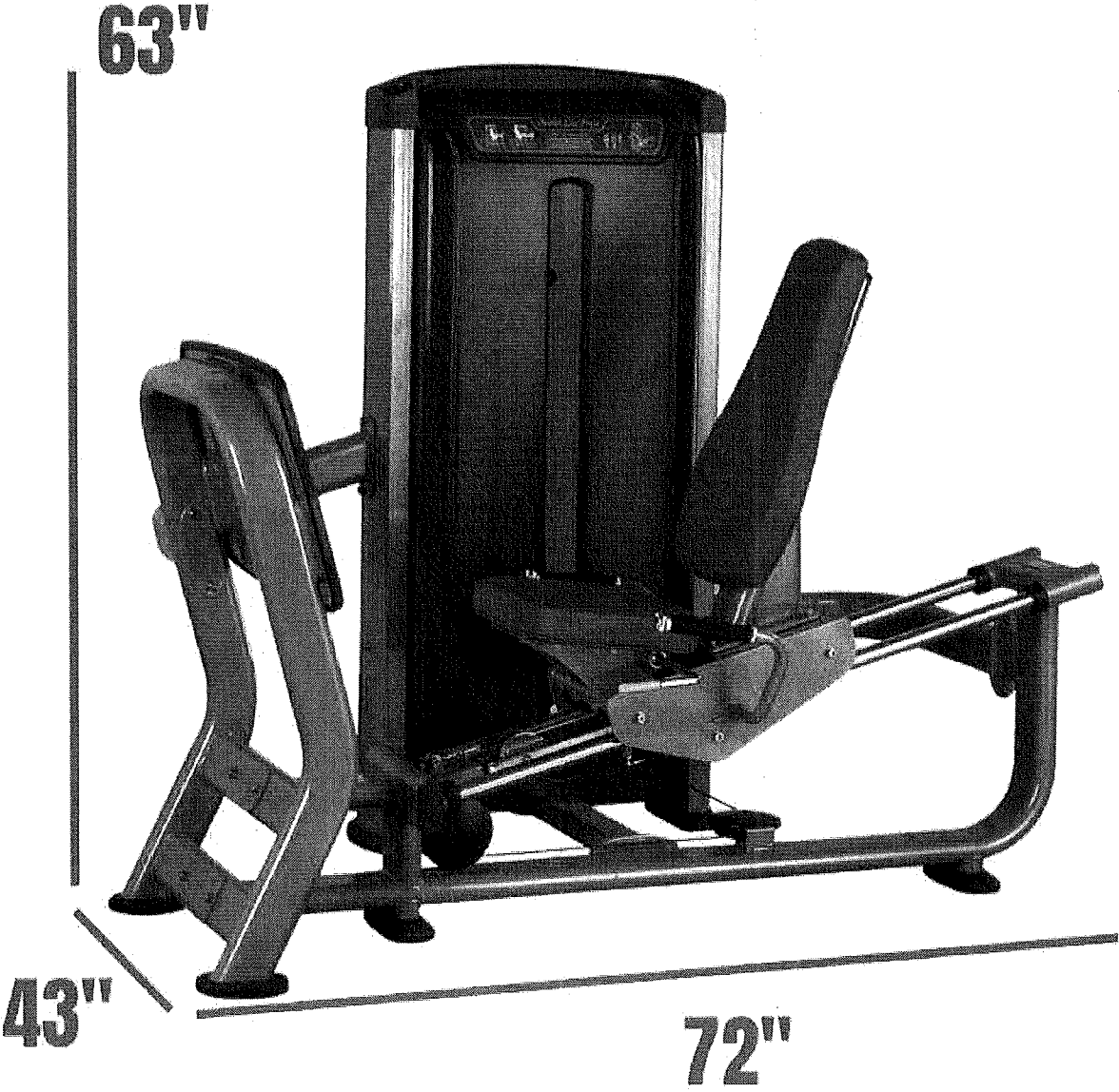
Ship To
 Kern Valley Healthcare District
 6412 Laurel Avenue
 Lake Isabella, CA, 93240

Item #	Description	Quantity	Price Each	Tax1	Amount
PRE ORDER	PL7911 Seated Leg Press	1.00	\$2,199.00	✓	\$2,199.00
	Freight Fee	1.00	\$797.00		\$797.00

Amount Paid	\$0.00	Discount	\$0.00
Amount Due	\$3,188.41	Shipping Cost	\$0.00
		Sub Total	\$2,996.00
		Sales Tax 8.75% on \$2,199.0	\$192.41
		Total	\$3,188.41

1 of 2

Seated Leg Press - ETE





Express checkout

PayPal

OR

Contact

Sign in

Email
lindsaykrusch@yahoo.com

Email me with news and offers

Delivery

Country/Region
United States

First name
Lindsay

Last name
Krusich

Company (optional)

Address
6412 Laurel Ave

Apartment, suite, etc. (optional)

City
Lake Isabella

State
California

ZIP code
93240

Phone

Save this information for next time

Shipping method

Free Shipping (Orders Over \$50)

FREE



Standard Shipping (Shipping is Free for Orders Over \$50)

\$10.00

Payment

All transactions are secure and encrypted.

Credit card

VISA Discover AMEX

Card number



Expiration date (MM / YY)

Security code



Name on card

Lindsay Krusich

Use shipping address as billing address

PayPal

PayPal

Synchrony Financing - Pay Over Time

Synchrony

Truemed - Pay with HSA/FSA

VISA HSA FSA

Pay now

[Return policy](#) [Privacy policy](#) [Terms of service](#)

2 2 3

PRODUCT SPECS:

Max Weight Capacity: 221

Machine Weight: 348 lbs

Footplate Length: 25in

Footplate Height: 20in

Seat Width: 15.5in Seat Length: 10.5in

Back Width: 14.5in Back Length: 29in

Built Dimensions: 77in x 43in x 66in

Width 44"



Length 76"

**Height
67"**

STRENGTH WAREHOUSE USA

What are you looking for?



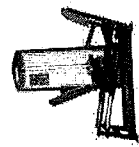
 +1 (844) 777-9754 | [Tap to Email](#) | [Tap to Chat](#) | info@strengthwarehouseusa.com
 Mon-Fri: 9am-5pm EST

 LOGIN

Your cart

88 Subtotal: \$4,799.00

CHECK OUT



BodyKore Isolation Series Seated Leg Press GR614

SKU GR614-B


Color: Black

Size: 220lb Stack

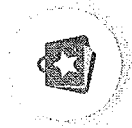
Price \$4,799.00

Quantity

-	1	+
---	---	---

\$4,799.00 

X



1 of 3

Subtotal

\$4,799.00



Free shipping to lower 48 United States. No sales taxes unless shipping to NJ or WY.

CHECKOUT



Athlete Owned

Our owner is a lifelong athlete, former collegiate football player and gym addict.



1,500+ Verified Reviews

Real reviews from verified buyers. Become our next happy customer!



Free & Fast Shipping

Free Shipping on all orders shipped within the continental United States



89

Chat With Us

We're here to assist you! Give us a call: [+1 \(844\) 777-9754](tel:+1(844)777-9754)

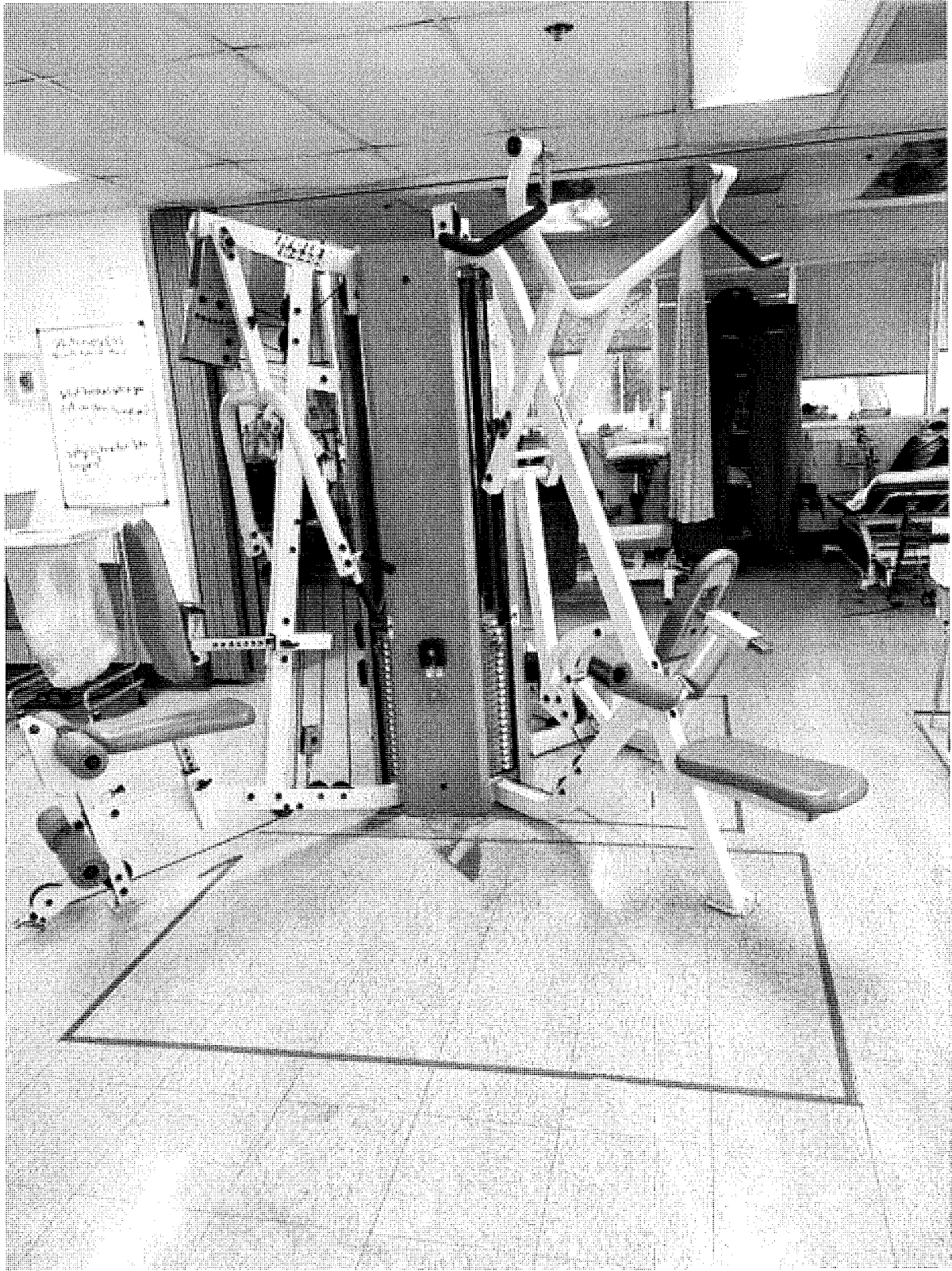
What Our Newest Customers are Saying...

☆☆☆☆☆ 1600 Reviews < >



BodyKore Isolation Series Seated Leg Press GR614

\$4,799.00







ADVANCED PRACTICE PROVIDERS SUPERVISORY AGREEMENT

This Agreement is made by Kern Valley Healthcare District (“District”) and Sarah Lopez, D.O. (“Supervisor”) as of February 1, 2026, pursuant to which Supervisor will provide supervisory oversight of Advanced Practice Providers (APP) – Physician Assistants (PA) and Nurse Practitioners (NP).

1. SERVICES

a. Supervisor Qualifications. Supervisor represents and warrants that Supervisor is a Licensed Physician in good standing with the Medical Board of California, holds an active and unrestricted medical license, and is qualified to provide supervision for Physician Assistants pursuant to Business and Professions Code Section 3500 et seq. and Nurse Practitioners pursuant to Business and Professions Code Section 2836.1 and California Code of Regulations Title 16, Section 1484, and shall maintain such licensure and qualifications throughout the term of this Agreement. Supervisor shall immediately notify District of any disciplinary action, investigation, restriction, or change in license status.

b. Supervisor Duties. Supervisor shall do all of the following:

1) Ensure that the extent, kind and quality of clinical work performed by the APP is consistent with the training and experience of the APP.

2) Review a minimum of 10 charts monthly of patient records monthly and monitor and evaluate assessment and treatment decisions of the APP, documenting such reviews in writing.

3) Monitor and evaluate the ability of the APP to provide services at the site(s) where the APP will be practicing and to the particular clientele being served.

4) Ensure compliance with all laws and regulations governing the practice of APP.

5) Supervisor and the APP shall develop a “Supervisory Plan” that considers the standardized procedures approved for nurse practitioners or practice agreement for PAs. The “Plan” shall evaluate the provider’s competence in the performance of these standardized procedure functions and shall be documented in writing, signed by both Supervisor and the APP, and updated at least annually or whenever there is a material change in the APP's scope of practice.

6) Supervisor shall complete an assessment of the ongoing strengths and limitations of the APP. The assessment shall be completed at least once a year and at the completion or termination of supervision. A copy of all assessments shall be provided to the APP and to the District by Supervisor within 10 business days of completion.

c. Additional Duties. Supervisor agrees to the following:

1) Access patient demographics and charts, as necessary, in compliance with HIPAA and all applicable state and federal privacy laws, and solely for the purpose of fulfilling supervisory obligations under this Agreement.

2) Be available for crisis intervention and consultation during the APP's scheduled clinical hours, with response times as follows: (i) immediate availability by telephone or other electronic means during normal business hours; and (ii) response within 30 minutes for urgent clinical matters. Supervisor shall provide District with contact information for emergency consultation.

3) Review a minimum of 10 charts monthly, documenting such reviews in writing with findings, recommendations, and date of review, and provide such documentation to the District by the 10th day of the following month.

2. COMPENSATION

a. District will pay Supervisor Five Hundred Dollars (\$500.00) per month for supervising the APP. Supervisor understands and agrees that Supervisor shall not be compensated by District for any supervisory services provided for an entity other than District.

b. Each month, Supervisor will submit to District an invoice detailing the time spent supervising APP and services performed. District will pay all undisputed amounts to Supervisor within 30 days of receipt of an invoice.

3. TERM

This Agreement shall remain in force for one year, and can be renewed for two additional one-year periods by mutual consent of the parties. Either party may terminate this Agreement without cause by providing 60 days prior written notice. Notwithstanding the foregoing, District may terminate this Agreement immediately upon written notice if:

(i) Supervisor's medical license is suspended, revoked, or subject to disciplinary action;

(ii) Supervisor is excluded from participation in Medicare, Medicaid, or other federal healthcare programs;

(iii) Supervisor fails to maintain required insurance coverage; or

(iv) Supervisor materially breaches any provision of this Agreement.

Upon termination, Supervisor shall cooperate with District to ensure continuity of care and orderly transition of supervisory responsibilities.

4. INSURANCE AND INDEMNIFICATION

a. District. District maintains Professional and Liability Insurance through BETA Healthcare Group ("BETA") for a minimum of \$1,000,000 per occurrence, \$3,000,000 aggregate. It is understood and agreed that BETA provides Continuous Coverage for departed providers, except the coverage is limited to claims made and reported against the provider for Services provided during the term of this Agreement.

b. Supervisor. Supervisor will be covered by the District's Professional and Liability Insurance through BETA Healthcare Group ("BETA") for a minimum of \$1,000,000 per

occurrence, \$3,000,000 aggregate, for the Services rendered under this Agreement. It is understood and agreed that BETA provides Continuous Coverage for departed providers, except the coverage is limited to claims made and reported against the provider for Services provided during the term of this Agreement.

c. Indemnification. Each party (“Indemnitor”) agrees to defend, indemnify and hold harmless the other party and its representatives, agents, successors, and assigns (collectively, “Indemnitee”) from any and all damages, claims, judgments, losses, costs and expenses, including reasonable attorney’s fees, that may hereinafter at any time be incurred, suffered, sustained by, or imposed upon Indemnitee or its representatives, agents, successors, or assigns, which may be due or required to be paid or performed by reason of, arising out of, by virtue of, or incident to the performance or the rendering of any of the obligations of Indemnitor hereunder, including but not limited to, any such damages, claims, judgments, losses, costs, or expenses attributable to bodily injury, sickness, disease, or death, or damage or destruction of tangible property which is caused in whole or in part by the negligent act or omission of Indemnitor or anyone directly employed by or acting on behalf of Indemnitor, but not as a result of the negligence of Indemnitee.

5. GENERAL PROVISIONS

a. Other Agreements. There are no other agreement that exists between the parties at this time.

b. Assignment. Neither party may assign, delegate or transfer any rights, obligations or duties hereunder without the express written approval of the other party, which approval shall not be unreasonably withheld.

c. Notice. All notices required by this Agreement shall be in writing, and shall be deemed effective when personally delivered; when mailed by certified or registered mail, return receipt requested; or when deposited with a comparably reliable postage delivery service (such as Federal Express); addressed to the other party as follows:

IF TO SUPERVISOR:

Sarah Lopez, D.O.


IF TO DISTRICT:

Kern Valley Healthcare District
Attn: CEO
P.O. Box 1628
Lake Isabella, CA 93240

d. Records. Until the expiration of four (4) years after the furnishing of any service pursuant to this Agreement, Supervisor shall make available upon written request, to the Secretary of the United States Department of Health and Human Services, or upon written request to the

United States Comptroller, or any of their duly authorized representatives, under 42 C.F.R. & 420.300 et seq., or the California Department of Health Services, this Agreement, and such books, documents and records of the Supervisor that are necessary to certify the nature and extent of the reasonable costs of services.

e. No Third-Party Beneficiaries. Nothing contained in this Agreement is intended, nor shall it be construed, to create rights running to the benefit of third parties.

f. Attorney's Fees. In the event of a legal action or proceeding between the parties arising from this Agreement, the prevailing party shall be entitled to receive reasonable attorney's fees, costs, and other expenses, including those incurred on appeal and in the enforcement of a judgment, in addition to whatever other relief may be awarded.

g. Force Majeure. Neither party shall be liable or deemed in default of this Agreement for any delay or failure to perform caused by acts of God, war, disasters, strikes, or any cause reasonably beyond the control of the non-performing party.

h. Severability. In the event any portion of this Agreement is declared invalid or void by a court or arbitrator, such portion shall be severed from this Agreement, and the remaining provisions shall remain in effect, unless the effect of such severance would be to substantially alter the agreement or obligations of the parties, or would place either party in violation of its articles of in District or its bylaws, in which case the Agreement may be immediately terminated.

i. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflict of laws principles, and is made and to be performed in the County of Kern, California.

j. No Referrals. Nothing in this Agreement is intended to obligate, and shall not obligate, any party to this Agreement to refer patients to any other party.

k. Waiver. Any failure of a party to insist upon strict compliance with any term, undertaking or condition of this Agreement shall not be deemed to be a waiver of such term, undertaking or condition. To be effective, a waiver must be in writing, signed and dated by the parties.

l. Entire Agreement; Modification. This Agreement contains the entire agreement of the parties relating to this subject matter. The Agreement may only be modified in writing, signed by both parties, effective on the date set forth therein.

m. Execution. By their signatures below, each of the following represent that they have authority to execute this Agreement and to bind the party on whose behalf their execution is made.

KERN VALLEY HEALTHCARE DISTRICT

SUPERVISOR

By _____
John Lovrich, CEO

Sarah Lopez, D.O.

Capital Expenditure Request

Exhibit B

Hospital: Kern Valley Healthcare District	CER#	Date Submitted 2/05/26
	Department: Retail Pharmacy	Vendor: Scripps Safe

A. DEPARTMENT HEAD OR MANAGER

Budgeted: Yes No

Budgeted project cost \$ 6,760.43

B. HOSPITAL APPROVALS:

Equipment <u>Narcotics Safe for new Retail Pharmacy</u>	Purchasing Agent _____	Date: _____
Construction <u>0.00</u>	Department Head _____	Date: _____
Estimated A&E/OSHPD <u>None</u>	CFO _____	Date: _____
Discounts, Trade In <u>\$0.00</u>		
Total amount requested \$ <u>6,760.43</u>	Administrator _____	Date: _____

C. JUSTIFICATION: Write a brief narrative describing use or purpose of project and justification of request. Attach catalog or brochure, if available.

Retail Pharmacies are required to maintain controlled Narcotics in a safe that meets the requirements of the Board of Pharmacy as well as the DEA federal (Drug Enforcement Agency). The safe must monitor who enters it, so has a software program that tracks this information and a report can be printed out for an inspecting agency. Currently they do not have a legal safe, they are using a hospital nursing unit narcotics lock box and locked drawers in a cabinet.

D. CLASSIFICATION:

E. SUBSTITUTIONS

NOTE: Indicate those items in the current budget that have been used as a substitute.

Improve profit	New
Improve patient care	Used
Required by regulations	
Marketing	
Emergency	
Replacement	

Item Number	Description	Amount

F. CAPITAL EXPENDITURE REQUEST SUMMARY

	Current Year	Carryover
Total Budget for Current Year	\$ Not Known	\$
Total Requested to Date	\$??	\$
Total Approved to Date	\$	\$

G. EFFECT ON PROFITS:

Estimated average annual increase/(decrease) in pre-tax \$ _____

Average pre-tax and interest return on original investment _____ %

????? and interest payback period _____

CAPITAL EQUIPMENT PRICE QUOTATION SUMMARY

Date: 2/05/26

Item: Narcotics Safe that meets state and federal requirements

Manufacturer: Scripps Safe Model #: TRXP-ELPS37DD

VENDORS	PRICE	DEL. DATE	TERMS	F.O.B.	
Scripps Safe	\$6760.43	TBD			X
Safe & Vault Store	\$5,236.59	TBD			

Remarks: The new retail pharmacy does not have an appropriate narcotics safe. This will bring the department into compliance with federal and state regulations. Staff requesting Scripps Safe unit that has additional shelf for greater storage capacity.

Administrator

Purchasing Agent/Other

NOTE: Please attached copies of all bids submitted by vendors.

1)

FACILITY NAME: Kern Valley Healthcare District	FACILITY NO.
DEPARTMENT NAME: Retail Pharmacy	DEPARTMENT NO. 050
PROJECT NAME: New Retail Pharmacy	BUDGET ITEM NO.

2) WHAT DOES THE EQUIPMENT DO?

Securely stores controlled medications.

COMPLETE QUESTION 3 ONLY IF A CODE VIOLATION EXISTS

3) HAVE YOU BEEN CITED? No

BY WHOM? _____

HOW LONG DO YOU HAVE TO CORRECT THE PROBLEM? Needed ASAP

COMPLETE QUESTIONS 4 AND 5 IF THE PROJECT IS A MARKETING PROJECT

4) HOW WILL THIS PROJECT IMPROVE MARKET POSITION OR HELP MEETING MARKETING OBJECTIVES?

5) DOES THIS ITEM IMPROVE PUBLIC PERCEPTION OF THE FACILITY, IMPROVE PHYSICIAN RELATIONS, IMPROVE THE PROMOTION OF A SPECIFIC SERVICE, OR ACHIEVE A SPECIFIC MARKETING OBJECTIVE?

COMPLETE QUESTIONS 6 THROUGH 13 IF PROJECT IS TO REPLACE EQUIPMENT

6) AGE OF REPLACED EQUIPMENT?

7) USEFUL LIFE OF NEW EQUIPMENT?

20 Years

8) REASONS FOR REPLACEMENT?

This is not a replacement currently the department does not have one.

9) YEAR-TO-DATE REPAIR COSTS/DOWN TIME:

10) COST OF REFURBISHMENT?

11) WOULD REFURBISHED UNIT BE GUARANTEED? YES NO

~~100~~ HOW LONG? _____

ADDED USEFUL LIFE AFTER REFURBISHMENT?

WHY IS REFURBISHMENT UNACCEPTABLE?

12) IF THE ORIGINAL EQUIPMENT HAS NOT REACHED THE END OF ITS USEFUL LIFE, EXPLAIN WHY IT SHOULD BE REPLACED?

WHAT IS THE REMAINING BOOK VALUE OF THE EQUIPMENT TO BE REPLACED? \$ N/A

REMAINING LIFE: N/A

13) ARE THERE SIGNIFICANT IMPROVEMENTS IN THE DESIGN OR CAPABILITIES OF THE NEW ITEM?

EXPLAIN THEM:

The new pharmacy currently does not have an appropriate narcotics safe, so this will bring the new location into compliance.

PROJECT ANALYSIS - PAGE TWO

ANSWER QUESTIONS 14 THROUGH 16 IF THE PROJECT WILL INCREASE PROFIT

14) WHAT SERVICE DOES THIS EQUIPMENT PERFORM?

Legal storage of controlled medications

15) DOES IT: INCREASE VOLUME? N/A INCREASE REVENUE INCREASE RATES? N/A REDUCE COSTS? N/A

HOW MUCH? \$ _____

16) IF PROJECT REDUCES COST, ARE SAVINGS LABOR OR SUPPLIES? IF LABOR SAVINGS ARE EXPECTED, HOW DO YOU PLAN TO INSURE SAVINGS ACTUALLY RESULT? IF SUPPLIES OR MATERIALS SAVINGS ARE EXPECTED, WHERE WILL THE SAVINGS OCCUR? ARE COST SAVINGS FIXED OR VARIABLE IN NATURE? N/A

ANSWER QUESTIONS 17 THROUGH 20 IF PROJECT IMPROVES PATIENT CARE

17) WHAT SERVICES DOES THIS EQUIPMENT PERFORM?

18) HOW IS THIS FUNCTION BEING DONE NOW, AND HOW WILL THIS EQUIPMENT IMPROVE PATIENT CARE? HOW SIGNIFICANT IS THE IMPROVEMENT?

19) WILL THE IMPROVEMENT RESOLVE A DOCUMENTED PROBLEM OR RESOLVE A PHYSICIAN COMPLAINT? WHAT?

20) WHAT FINANCIAL IMPLICATIONS WILL THE PROJECT HAVE?

ANSWER QUESTION 21 ONLY IF THE PROJECT IS AN EMERGENCY ACTION

21) IDENTIFY WHAT HAPPENED AND WHY NORMAL APPROVAL COULD NOT WAIT. WAS VERBAL APPROVAL GIVEN? BY WHOM? IDENTIFY WHAT WAS DONE.



Customer Quote/Order Form
QUOTE - 05FEB2026_KERN-CA

We Bring Innovation to Compliance *

Billing Information			Shipping Information		
Account #	KERN		Company Name	SAME	
Company	Kern Valley Health District		Contact	Christine Pulido	
Address	PO Box 1628		Address	12424 Mountain Mesa Road	
Address			Address	Suite E	
City	Lake Isabella		City	Lake Isabella	
State	CA	ZIP: 93240	State & ZIP	CA 93240	
Phone #	760-379-6688		Phone #	760-379-6688	
Payment Terms: 50% Paid in Advance (Online Bank Transfer, Wire, Check, Credit Card*). Balance Due to Ship.			Email	christinepulido@kvhhd.org	
Payment Method			Order Date		
Notes	We must have re-sale certificate and/or not-for-profit tax certificate on file to waive taxes.				
PO #			Ship Date	2-3 Weeks	
*Credit Cards will incur an additional 3% processing fee.					

Shipping Notes

Liftgate Delivery to outside Door. The client contacts the shipping depot to arrange for final delivery window. Client will handle their own installation.

Quantity	Scrrips Safe Part #	Ship Time		MSRP through 6/30/2026	Extended Price (10% off)	Unit Price	Net Price
10% Discount							
TRXP Series* ELPS37DD* - 2-Door, B-Rate Pharmacy Safe							
1	TRXP-ELPS37DD*	3-4 Weeks	Pharmacy Safe / Pharmacy White / 37.5" H x 42" W x 22" D / Est. Ship Weight 845 lbs. / 6 Pull Out Drawers Per Side (12 in Total). Magnetic Alarm Door Contacts (2) With Pigtail Wires Out Back	\$ 5,595.00	\$ 5,035.50	\$ 5,035.50	\$ 5,035.50
Hardware & Software Options							
1	LaGard703	Pre-Installed	Kaba LA GARD 703 Series - Digital Display UL Type 1 Hi-Security Access Control System With Audit (2 Per Unit), 28 Users/ 1 Mgr./ 1 Admin., \$425 Per Door	\$ 850.00	\$ 765.00	\$ 765.00	\$ 765.00
1	LaGard703	Pre-Installed	DISCOUNT - Kaba LA GARD 703 Series - Digital Display UL Type 1 Hi-Security Access Control System With Audit (2 Per Unit), 28 Users/ 1 Mgr./ 1 Admin., \$425 Per Door	\$ (850.00)	\$ (765.00)	\$ (765.00)	\$ (765.00)
	LaGard 703 Software	3-4 Weeks	OPTIONAL: LaGard 703 Audit & Administration Downloadable Software (Recommended Where Required By Law/ or For Multiple Users). Onetime License Fee	\$ 599.95	\$ 540.00	\$ 540.00	\$ 540.00
TRXP - Freight/Site Survey/Installation							
1	FREIGHT	FREIGHT*	Freight for TRXP Series* ELPS37DD* (To Most Locations- Door Entrance)	\$ 595.00	\$ 595.00	\$ 595.00	\$ 595.00
1	INSTALL	INSTALL*	Standard Install - 1st Floor - ELPS36DD*	\$ 895.00	\$ 895.00	\$ 895.00	
**Site Visits, Safe Removals, Clearing Shelves & 2nd Floor Installs will incur an extra charge							
Accessories							
1	Programming Support	Post Install	OPTIONAL: 1 HR of Remote (Zoom and/or Phone) Program Support & Training (per Site)	\$ 175.00	\$ 175.00	\$ 175.00	\$ 175.00
1							
**All Units will come with the UPDGRADED UL Listed Type 1 Hi-Security Kaba LaGard 703 Series - Digital Display Access Control System (28 users)							

*These estimates are provided at the time of quote. Additional fuel and transportation surcharges may apply at the actual time of shipment.

*Additional install costs may apply. Specifications subject to change without notice.

Scrrips Safe, Inc.
2338 Immokalee Road, Suite 372
Naples, FL 34110
844-472-3379

Order Sub-Total		\$6,345.00
*Estimated Sales Tax - Units to CA & FL ONLY	8.25%	\$415.43
Total		\$6,760.43
50% Deposit		\$3,380.22

SCRIPTS



ELPS72DD™



ELPS36DD™

ELPS37DD

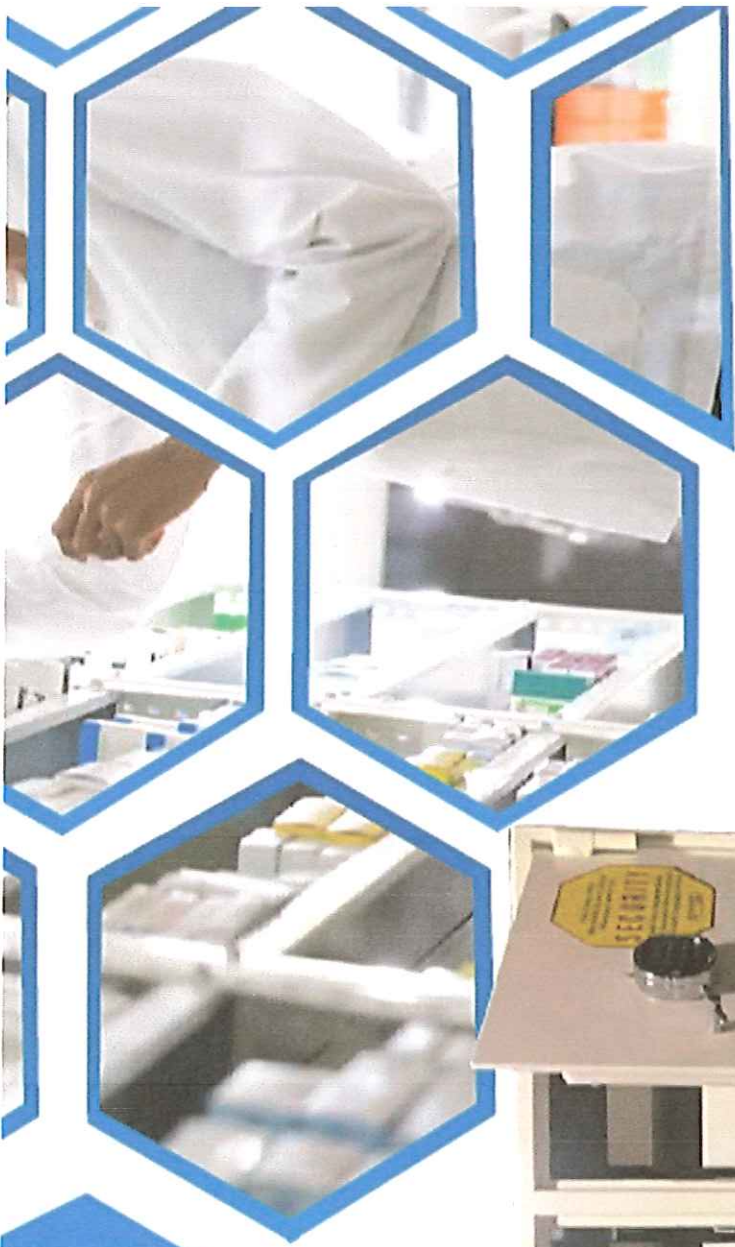
Scripts Safe

ONLY CENTRAL ALARM R
SAFE ON THE MARKE

Our TRXP Series®
Is Best Suited For

Total Rx Protection Series® (Schedule II-IV)

Large Pharmacy Safes For Controlled Substances





Quote

Date	Estimate #
2/4/2026	EST3529

SafeandVaultStore.com
 101 N University Rd
 Spokane Valley WA 99206
 United States

Bill To
Robert Easterday Robert Easterday 6412 Laurel avenue Lake Isabella CA 93240 760-379-2681 ext353 or ext354 United States

Ship To
Robert Easterday Robert Easterday 12424 Mountain Mesa Road Lake Isabella CA 93240 760-379-2681 ext353 or ext354 United States

Expires	Exp. Close	Project
2/11/2026	2/4/2026	

Item	Quantity	Units	Description	Rate	Amount	Tax Rate
AMSEC NARCO383 9 Double Door Narcotics Pharmacy Safe with 10 Roll Out Trays	1	Ea	AMSEC NARCO3839 Double Door Narcotics Pharmacy Safe with 10 Roll Out Trays	4,485.00	4,485.00	8.25%
Desktop PC Software w/ USB Flash Drive +\$30.00	1	Ea	Desktop PC Software w/ USB Flash Drive +\$30.00	45.00	45.00	8.25%
AMSEC 4505873 ESLAudit AC Power Supply with Alarm Module	1	Ea	AMSEC 4505873 ESLAudit AC Power Supply with Alarm Module	266.25	266.25	8.25%
System Configuration - Enroll Controller Keys	1	Ea	System Configuration - Enroll Controller Keys	41.25	41.25	8.25%
Subtotal						4,837.50
Shipping Price (2 - Business - Curbside Delivery with a Liftgate)						0.00
Tax Total						399.09
Total						\$5,236.59

Your purchase of goods and services from Safe & Vault Store.com will be governed by our Terms & Conditions and Terms and Conditions of Use for Third Party Delivery and Installation Services, which can be found online at <https://www.safeandvaultstore.com/pages/terms-of-use> and <https://www.safeandvaultstore.com/pages/terms-conditions-of-use-for-third-party-delivery-and-installation-services>. By placing an order, you agree to be legally bound by the Terms of Use and Terms and Conditions of Use for Third Party Delivery and Installation Services. If you have any questions about this Quote, or if you are not able to access our Terms of Use and Terms and Conditions of Use for Third Party Delivery and Installation Services on our website, please contact us at info@safeandvaultstore.com or call us at 800-207-2259. Quoted prices and lead times are current as of the date of this quote. This is not a guarantee that pricing and availability will remain the same after the expiration date unless expressly stated as a guarantee on the face of our quote.





What are you looking for?



CALL US 877-978-1291

HOURS: 8:00AM-5:00PM PST MON-FRI

AMSEC NARCO3839 Double Door Narcotics Pharmacy Safe with 10 Roll Out Trays

★★★★★ 0 Reviews

\$ 4,485.00 ~~\$ 5,999.00~~



Authorized Dealer

Model: NARCO3839

Availability: Usually Ships in 7-10 Business Days

Ships from factory warehouse. Transit time not included.

Dimensions:

- Outside: 38.00" H x 39.00" W x 22.00" D
- Inside: 37.75" H x 19.83" W x 19.13" D
- Interior Cubic Feet: 8.29
- Weight: 500
- Burglar Rating: B-Rate [What does this mean?](#)



\$ 4,485.00 ~~\$ 5,999.00~~

Starting at \$156/mo. See what you can spend with [affirm](#).



What are you looking for?



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\$ 4,485.00 ~~\$ 5,999.00~~

Starting at \$156/mo. See what you can spend with [affirm](#).

- 1 +

January 13, 2026

Board of Directors
Kern Valley Health Care District
6412 Laurel Avenue
Lake Isabella CA 93240

Dear Members of the Board,

I am writing to respectfully request your consideration and approval of my application for the current Employee Scholarship Program.

My name is Kellee Clodt, and I am currently employed as a Licensed Vocational Nurse at the Kern Valley Health Care District Skilled Nursing Facility. I am grateful to work for an organization that values professional development and supports its employees in advancing their education while continuing to provide excellent patient care.

I have been accepted into the Registered Nursing (RN) program at Bakersfield College. This program represents an important step in my professional growth and will allow me to further develop my skills, knowledge, and scope of practice as a nurse. Upon completion, I intend to continue contributing to the high standard of care provided by Kern Valley Health Care District.

I currently have an appointment to meet with financial aid next week to discuss other possible scholarship opportunities. The Employee Scholarship Program would provide essential support in allowing me to pursue this educational goal while remaining committed to my role and responsibilities within the organization.

I am dedicated to the mission of Kern Valley Health Care District and to the residents we serve. I sincerely appreciate your time, consideration, and continued support of employees who strive to advance their education and enhance patient care.

Thank you for your consideration. Please feel free to contact me should you require any additional information.

Respectfully,

Kellee Clodt
Licensed Vocational Nurse
Kern Valley Health Care District
Skilled Nursing Facility

TITLE: SCHOLARSHIP PROGRAM	
DEPARTMENT: ADMINISTRATION	PAGE 1 OF 2

SCOPE: Any Kern Valley Healthcare District employee who has been accepted into a trade program.

POLICY STATEMENT: It is the intent of Kern Valley Healthcare District (KVHD) to assist employees in furthering their professional development. The District Board gives final approval for participation in this program with a recommendation from the Hospital Administration.

JUSTIFICATION: Kern Valley Healthcare District supplements their qualified recruitment efforts through the development of a scholarship program available to existing interested full-time employees.

PROCEDURE:

- A. Applicant must be employed by KVHD and have been accepted into a trade program qualified as needed by the Administration of the Kern Valley Healthcare District.
 1. Applicant must be a full-time employee.
 2. Applicant can be employed in any position, in any department with KVHD.
 3. Applicant must be in 'good standing' with KVHD – no disciplinary infractions.
 4. Scholarship participants must maintain a full-time educational status, i.e., a minimum of 12 units per quarter or semester. The units must meet program requirements and count towards the applicable degree or certification.
 5. Scholarship participants must maintain a passing grade level of at least 2.5 GPA every quarter or semester.
- B. No Moonlighting
Applicant is not allowed to work elsewhere in an effort to contribute to the successful completion of the trade program.
- C. Scheduling
Employees are scheduled by their Department Managers while participating in the scholarship program.
- D. Hours Worked
Applicant must work approximately twenty-four (24) hours per week during the scholarship program. This will be two 12 hour shifts minimum per week for 12 hour employees and three 8 hour shifts minimum for 8 hour employees. PTO requires advanced approval of the Department Manager.
- E. Payroll Documentation
The applicant's manager will note the balance of the employee's non-worked hours per week as education hours on the employees time sheet up to the full-time equivalent hours of that employee. This would be 36 hours for a 12 hour employee and 40 hours for an 8 hour employee. There will be no premium time hours allowed during this scholarship program unless approved in advance by Hospital Administration.

TITLE: SCHOLARSHIP PROGRAM	
DEPARTMENT: ADMINISTRATION	PAGE 2 OF 2

F. Financing – Books, Tuition and Education Hours

1. Employee must apply for all available scholarships and grants for the chosen trade program from any other source available.
 - a) If awarded, any other grant received directly or indirectly by the applicant will be offset against the scholarship award from KVHD.
 - b) If other grants are not awarded, the full amount of the scholarship award is available from KVHD.
2. KVHD will allow a forgivable loan up to \$2,500.00 per semester.
 - a) Applicant will submit copies of receipts or invoices for books and tuition that they wish to be funded or reimbursed by KVHD. KVHD will issue a check to pay the invoice or reimburse the applicant as appropriate.
 - b) A copy of the declination or award amount of other grants and/or scholarships will be provided with the loan request from KVHD.
 - c) A record of the scholarship education hours paid to the applicant during the trade program will be maintained by the KVHD payroll department.
 - d) Successful applicants will be expected to work in the new position at KVHD the number of hours equivalent to the education hours paid during the scholarship program after the trade program is completed and the applicant is qualified, licensed and competent to fill that position.
 - e) KVHD will forgive the education hours paid during the scholarship program on an hour worked for education hour paid in the new position at KVHD.
 - f) KVHD will forgive the amount of the loan for books and tuition after all education hours have been repaid through hours worked.

G. Termination of Scholarship

1. The scholarship participant may terminate participation in the scholarship program at any time and for any reason. In the event the participant voluntarily terminates scholarship participation, all monies paid by KVHD for expenses or education hours will become due and payable at the time of termination.
2. KVHD may terminate the scholarship program at any time and for any reason. In the event KVHD terminates the scholarship, the participant will not be required to reimburse the District for scholarship expenses already paid.

REFERENCES:

APPROVAL	DATE	APPROVAL	DATE
Department/Division Manager	01/16	Interdisciplinary Team	N/A
Unit Medical Director (if applicable)	N/A	Governing Board	2/03/16
Medical Staff Committee (if applicable)	N/A	Administration	1/25/16
Reviewed By:		Reviewed By:	
Reviewed By:		Reviewed By:	



Kellee Clodt <[REDACTED]>

Official Acceptance – Advanced Placement for the Bakersfield College Registered Nursing Program (RNP) – Spring 2026

1 message

Caleb Reed <caleb.reed@bakersfieldcollege.edu>

Thu, Jan 15, 2026 at 3:15 PM

To: Kellee Clodt <[REDACTED]>

January 15, 2026

Kellee Clodt @00101160

Re: Official Acceptance – Advanced Placement for the Bakersfield College Registered Nursing Program (RNP) – Spring 2026

Dear Kellee,

Congratulations! You have been officially accepted into the Bakersfield College Registered Nursing Program as an Advanced Placement student for Spring 2026. Please continue with the completion of your intake requirements as outlined in your intake packet, including all immunization and documentation requirements for American DataBank, so that you are ready to begin on January 20th, 2026.

The faculty, staff, and I look forward to assisting you during your academic journey. Should you have any questions, please do not hesitate to contact us in the Nursing & Allied Health Office by phone at (661) 395-4281 or by email at be_nursing@bakersfieldcollege.edu.

Sincerely,

Carla M. Gard, RN, MSN, CCRN, ACNP, PHN

Executive Dean of Instruction, Director of Nursing Programs

CG/cr

Letter of Recommendation – Kern Valley Healthcare District Scholarship Program Letter of Recommendation – Kern Valley Healthcare District Scholarship Program
Kellee Clodt, LVN

To Whom It May Concern,

I am writing this letter in strong support of Kellee Clodt for the Kern Valley Healthcare District Scholarship Program. I am honored to recommend Kellee both as a lifelong friend of over 40 years and as a professional colleague who worked directly with her while she was employed as an LVN in my office.

On a personal level, Kellee is one of the most compassionate and selfless individuals I know. Despite maintaining an extremely demanding schedule, including long work hours, overtime shifts, and commuting one to two hours each way, she remains deeply committed to her family. She consistently puts others before herself, cooking for her family, caring for her grandchildren, assisting extended family members, and helping care for elderly relatives. She is the person everyone turns to in times of need, and she never hesitates to show up and help in any way she can.

Professionally, Kellee exemplifies the same dedication and integrity. As an LVN in my practice, she was dependable, hardworking, and consistently willing to go above and beyond for both patients and coworkers. She never took shortcuts and took great pride in her work, always ensuring that tasks were completed thoroughly, safely, and correctly. Her work ethic and professionalism made her an invaluable member of our healthcare team.

Kellee has a remarkable and rare ability to connect with elderly patients. She treats them with patience, dignity, and genuine compassion, qualities that cannot be taught and are essential in nursing. Patients trusted her, felt heard by her, and were comforted by her presence. It truly takes a special person to possess this gift, and Kellee embodies it fully.

For many years, both as her coworker and her friend, I have encouraged Kellee to further her education, as I firmly believe she will make an exceptional Registered Nurse. I am so glad she is now taking this important step for herself and her future. She is highly deserving of financial support to continue her education and advance her nursing career.

I give Kellee my highest recommendation for the Kern Valley Healthcare District Scholarship Program. I am confident that your investment in her education will result in a compassionate, skilled, and dedicated RN who will continue to give back to her community.

Please feel free to contact me if additional information is needed.

Sincerely,
Alessa Siler RN, MSN, FNP-BC

Alessa.siler@rrh.org; Ph: [REDACTED]

JAN 2026

To Whom it may concern,

My name is Joy Donoho, I have worked for the district for over 21 years as a Registered Nurse and House Supervisor. Currently, I hold the position as Director of Staff Development and Manager of the Education Dept. It is my pleasure to write this letter of reference to highly recommend you consider Kellee Clodt for the 20/20 program here at KVHD. Kellee has proven to be a reliable and a client-focused individual, consistently exceeding expectations in her role as a nurse and as an instructor. Her ability to meet challenges professionally, develop creative solutions to situations, and collaborating with interdisciplinary departments makes her an asset to us here at KVHD.

What sets Kellee apart as a nurse, instructor, and mentor is her ethical commitment to those under her care, her strong interpersonal skills, and her attention to details. She has a very empathetic heart and is always readily available to assist in any way possible to make sure her Residents get the care they need and deserve. Her co-workers perceive her as a team player and reliable to fulfill her commitments, often going above and beyond to assure coverage for the department she is working in. She is proactive in and committed to her own continuing education, as well as assisting others with theirs.

If you are looking for an employee who is hardworking, dependable, committed, and possesses excellent leadership skills, I highly encourage you to consider Kellee Clodt for the 20/20 program. Please don't hesitate to contact me if you require further insights or have any questions.

Sincerely,

Joy Donoho RN, DSD

6412 Laurel Ave, Lake Isabella Ca 93240

760 379-2681 ext 248

To Whom It May Concern,

I am pleased to write this letter of recommendation in support of Kellee Clodt for the Scholarship program offered through our organization. I have had the opportunity to work closely with Kellee for 2 years in my role as LVN in Skilled Nursing Facility, and during that time, I have consistently been impressed by her professionalism, dedication, and commitment to growth.

In her role as LVN, Kellee has demonstrated strong work ethic and a genuine desire to excel. They approach their responsibilities with focus and accountability, and they are someone colleagues can rely on to deliver high-quality work. One example that stands out is her willingness to help other staff and answer questions that may arise on the floor during a shift.

Beyond her technical abilities, Kellee brings a positive and collaborative attitude to the workplace. She communicates clearly, contributes thoughtfully in team settings, and is always willing to support others when needed. Her willingness to learn and seek feedback reflects a strong commitment to personal and professional development.

I believe this scholarship would be an excellent investment in Kellee's future. She has already shown to take full advantage of opportunities for growth and apply what she has learned to make meaningful contributions at work. I am confident she will continue to represent our organization with integrity and purpose.

I strongly recommend Kellee Clodt for this scholarship and am happy to provide additional information if needed.

Sincerely,

Karen Baird LVN

Karen Baird
Licensed Vocational Nurse
SNF/KVHD

RESOLUTION NO. 26-02

A RESOLUTION OF THE BOARD OF DIRECTORS AUTHORIZING ACQUISITION OF TRUBRIDGE THRIVE PROVIDER ELECTRONIC HEALTH RECORD (TPEHR) SOFTWARE BASED ON IMPRACTICABILITY OF COMPETITIVE PROCUREMENT

Whereas, the Kern Valley Healthcare District ("District") operates the Kern Valley Healthcare District Hospital ("Hospital") and Mountain View Health Center ("Clinic"); and

Whereas, the Hospital currently utilizes TruBridge as its electronic health record ("EHR") system across multiple departments, including but not limited to emergency services, inpatient care, laboratory services, radiology, pharmacy, and billing operations; and

Whereas, the District has made substantial financial and operational investments in the TruBridge system at the Hospital, including software licenses, hardware infrastructure, interface development, staff training, workflow customization, and ongoing technical support; and

Whereas, the Clinic currently utilizes eMDs as its electronic health record system; and

Whereas, operating separate EHR systems across District facilities creates operational inefficiencies, patient safety risks, duplicative costs, and barriers to integrated care coordination; and

Whereas, the District seeks to implement a unified EHR system across all District facilities and departments to achieve the following operational and clinical benefits:

1. Enhanced Patient Safety: A single system provides real-time alerts for potential drug interactions, allergies, and incorrect dosages based on the patient's entire medical history across all care settings. Integrated safety checks reduce preventable adverse drug events and medical errors that can occur when patient information is fragmented across multiple systems.
2. Seamless Care Coordination: A unified system eliminates information silos between the Hospital and Clinic, ensuring that every clinician has instant access to the same up-to-date treatment plans, medications, laboratory results, and imaging studies regardless of where services are provided within the District.
3. Reduction in Redundant Testing: When all departments and facilities share a single EHR, providers can view previous imaging scans and laboratory results from any District location, eliminating the need for expensive and time-consuming duplicate tests and reducing patient radiation exposure and unnecessary procedures.
4. Operational Efficiency and Workflow Integration: Unified systems enable streamlined workflows for appointment scheduling, patient registration, referrals between facilities, billing, coding, and revenue cycle management. Integration reduces manual data entry, administrative burden, and opportunities for documentation errors.
5. Comprehensive Patient Engagement: A single EHR enables deployment of a unified patient portal, allowing patients to view their entire health journey across all District

facilities, communicate with their complete care team, schedule appointments, request prescription refills, and take an active role in managing their health.

6. **Cost Efficiencies:** Consolidation eliminates duplicative licensing fees, reduces IT infrastructure costs, streamlines vendor management, and enables more efficient allocation of technical support resources;

Whereas, the District has evaluated the following alternative approaches for achieving EHR system unification:

- **Alternative 1:** Conduct competitive procurement for an entirely new third-party EHR system for both facilities. This alternative would require abandonment of the District's existing investment in TruBridge at the Hospital, implementation of a new system across all departments in both facilities simultaneously, complete data migration from two separate legacy systems, total workflow transformation across the entire District, and extended operational disruption affecting both facilities.
- **Alternative 2:** Expand the Hospital's existing TruBridge system to the Clinic by leveraging TruBridge's TPEHR. This alternative leverages the District's substantial existing investment in TruBridge, requires transition of only one facility (the Clinic), minimizes operational disruption, and enables phased implementation with reduced risk;

Whereas, based on analysis of these alternatives, expanding TruBridge to the Clinic represents the most cost-effective and operationally feasible approach to achieving system unification; and

Whereas, competitive procurement for EHR services under these circumstances would be impracticable for the following reasons:

- **Existing Infrastructure Investment:** The District has made substantial capital and operational investments in TruBridge at the Hospital. Competitive procurement of a different vendor would necessitate abandonment of these investments and require duplicative expenditures for system replacement, including costs that significantly exceed the cost of expanding the existing TruBridge system to the Clinic.
- **Proprietary System Integration:** TruBridge maintains proprietary data structures, interfaces, and workflow configurations specifically customized for the Hospital's operations. Migration to a competing system would require extensive custom interface development, data mapping, and workflow redesign that would be technically complex, costly, and operationally disruptive.
- **Operational Continuity:** The Hospital's clinical operations depend on continuous EHR functionality. Competitive procurement of a replacement system would require extended transition periods, parallel system operation, comprehensive staff retraining across all departments, and workflow disruption that would compromise patient care and operational efficiency during implementation.
- **Timeline Constraints:** The need for integrated care coordination between the Hospital and Clinic is immediate and ongoing. Competitive procurement followed by implementation of an alternative vendor would require 18-24 months or longer,

during which patient safety risks and operational inefficiencies would continue. Expansion of TruBridge to the Clinic can be accomplished in a significantly shorter timeframe.

- Staff Training and Expertise: Hospital staff have developed substantial expertise and workflow proficiency with TruBridge. Standardizing on TruBridge enables efficient cross-training between facilities, staff mobility between the Hospital and Clinic, and consistent protocols. Competitive procurement of a different system would require complete retraining of all staff across both facilities rather than training only Clinic staff on the existing Hospital system.
- Technical Support and Vendor Relationship: The District has established effective technical support relationships, service level agreements, and escalation procedures with TruBridge. Competitive procurement would require establishment of new vendor relationships, potentially resulting in gaps in technical support during critical implementation and operational periods;

Whereas, the District has determined that acquisition of TruBridge TPEHR for the Clinic through expansion of the existing Hospital contract is in the best interests of the District and its patients, and that competitive procurement under these circumstances would result in unnecessary costs, operational disruption, and delays in achieving critical patient safety and care coordination improvements; and

Whereas, Health and Safety Code section 32138 and other applicable provisions recognize that competitive bidding may be dispensed with when impracticable or impossible, and these circumstances present such a case where the District's existing proprietary system investment and integration requirements make competitive procurement impracticable; and

Whereas, the Board of Directors has reviewed the analysis of alternatives and finds that expanding TruBridge TPEHR to the Clinic represents the most prudent use of District resources and the best means of achieving unified EHR functionality across District facilities.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Kern Valley Healthcare District as follows:

1. Findings. The Board of Directors hereby makes the following findings:

a. The District has substantial existing investment in TruBridge TPEHR at the Hospital, including financial investment, technical infrastructure, workflow integration, and staff training and expertise.

b. Unification of EHR systems across District facilities is necessary to achieve critical patient safety improvements, care coordination, operational efficiency, and cost savings.

c. Expanding TruBridge TPEHR to the Clinic represents the most cost-effective approach to achieving EHR unification, as it leverages existing District investments and infrastructure rather than requiring replacement of functioning hospital systems.

d. Competitive procurement of EHR services under these circumstances is impracticable and impossible due to the proprietary nature of the Hospital's existing

TruBridge system, the substantial costs that would be incurred in abandoning existing investments, the operational disruption that would result from system replacement, the extended implementation timeline that would delay achievement of patient safety and care coordination improvements, and the unique technical integration requirements that only TruBridge can satisfy given the existing infrastructure.

e. The technical compatibility requirements, existing infrastructure dependencies, and operational continuity needs make expansion of the existing TruBridge system the only practicable means of achieving timely EHR unification across District facilities.

2. Determination of Impracticability. Based on the findings set forth above and the analysis of alternatives, the Board determines that competitive procurement of EHR services for purposes of achieving unified EHR functionality across District facilities is impracticable. The Board further determines that expansion of the existing TruBridge TPEHR system to the Clinic is in the best interests of the District and represents the most prudent and cost-effective means of achieving the operational and clinical benefits of EHR unification.

3. Authorization. The Chief Executive Officer is hereby authorized to:

a. Negotiate and execute contracts, amendments, or other agreements with TruBridge for expansion of TPEHR services to the Clinic in a manner that meets District needs and is within approved with a cost savings estimated at \$6900 per month.

b. Execute any necessary agreements, work orders, statements of work, and other documents required to effectuate the acquisition and implementation of TruBridge TPEHR at the Clinic, subject to review and approval as to form by District legal counsel; and

c. Take any and all actions reasonably necessary to implement this Resolution and achieve unified EHR functionality across District facilities, provided that such actions are consistent with applicable law and District policies.

PASSED AND ADOPTED this 12th day of February, 2026, by the following vote:

Ayes:

Noes:

Abstain:

Absent:

President, Board of Directors

ATTEST:

Secretary, Board of Directors



Thrive Provider EHR

Cost Analysis

Existing Cost		Cost to Purchase TPEHR		SaaS Bundle	
TruBridge EHR	\$15,679	TruBridge EHR w/TPEHR	\$17,181	TruBridge EHR w/TPEHR and Interfaces	\$19,129
EMDs	\$1,800	EMDs	(\$1,800)	EMDs	(\$1,800)
Shasta Interfaces	\$550	Shasta Interfaces	\$550	Shasta Interfaces	(\$550)
Updox Faxing	\$800	Updox Faxing	(\$800)	Updox Faxing	(\$800)
Patient Reminder	\$150	Patient Reminder	(\$150)	Patient Reminder	(\$150)
Ave Cost Interfaces	\$1,881	Ave Interface Cost	\$1,881	Ave Interface Cost	(\$1,881)
Total Monthly	\$20,860	Total Monthly	\$16,862	Total Monthly	\$13,948
		**Implementation fee	\$115,000	**Implementation fee	\$0

February 5, 2026

VIA EMAIL ONLY

Kern Valley Healthcare District
Attn: John Lovrich, CEO
6412 Laurel Avenue
Mountain Mesa, California 93240
Email: johnlovrich@kvhd.org

Re: Fee Arrangements for Kern Valley Healthcare District
Charity Carrington, et al. v. Kern Valley Healthcare District, et al.
Kern County Superior Court Case No. 25CUB00378

Dear Mr. Lovrich:

Thank you for selecting us to represent Kern Valley Healthcare District (“the District”) in connection with the litigation filed by Charity Carrington in the Kern County Superior Superior Court, Case No. 25CUB00378 This letter confirms our fee arrangements.

Our acceptance of this engagement does not involve an undertaking to represent the District or the District’s interests in any matter other than as described in this letter. Please let us know if you have questions about any aspect of these arrangements. We do not represent any other affiliates/constituents of the District, nor its respective shareholders, directors, officers, partners, members, or employees.

These services and all future services we render on The District’s behalf will be performed under the terms and conditions set forth in this letter and the enclosed *Standard Terms of Engagement*, unless otherwise agreed in writing.

The District may have insurance policies that could pay legal fees, costs or other amounts that the District may become obligated to pay. Please review the enclosed Addendum, *Insurance Coverage Procedures*, and return to us all information requested in the Addendum as soon as possible. Strict timelines apply to notifying insurance companies of claims or lawsuits, and the District could be precluded from obtaining insurance benefits if there is delay in notifying the District’s insurer of a claim or lawsuit.

Kern Valley Healthcare District
Attn: John Lovrich, CEO
Re: Fee Arrangements for Kern Valley Healthcare District
February 5, 2026
Page 2

The District agrees to pay the firm the hourly rates in effect at the time the fees are incurred, for all time spent on the District's matter by firm personnel. We base our fees on the time spent and the hourly rates of our personnel performing this work. Hourly rates vary among our professionals and staff and may increase periodically. My current rate is \$375 per hour, and the hourly rate of Anne K. Wilson the other attorney who will be working on this matter is \$315. The *Rate Summary* portion of each billing statement shows the hourly rates in effect for that billing period for firm personnel working on the account.

We will require an initial deposit ("initial deposit") of \$10,000 as an advance against fees and costs to be charged in this matter. At any time, we may request the District to deposit a supplemental amount to cover anticipated fees and costs. Any deposits will be held in a client trust account. Please review our *Standard Terms of Engagement* for the details concerning our handling of client trust funds.

Unless otherwise agreed, the District must reinstate the District's trust account upon receipt of our invoice to maintain the account balance at the agreed deposit level. The District is required to maintain a trust account balance to ensure payment of the District's account on a timely basis.

We have undertaken representation in anticipation of receiving both the initial deposit and this fee agreement in order to meet the time deadlines. If the conditions are not met, the agreement may not take effect but the attorney may still be entitled to recover a reasonable fee.

While we look forward to a mutually rewarding relationship, the District has the right to terminate our engagement at any time for any reason by simply giving us notice, although we request that the District provide any notice of termination in writing, addressed to the firm and the attorney working on this matter. We also have the right to terminate our engagement under certain circumstances, including, but not limited to, if the District fails to pay our billing statements timely or if we are unable to work together for any reason. If the District does not consent to our withdrawal from the District's representation, we are entitled to seek a court order relieving us as the District's counsel. Even if our engagement is terminated, the District is still obligated to pay our fees for services rendered and costs incurred on the District's behalf.

Unless previously terminated, our attorney-client relationship will terminate when we send our final billing statement for services rendered in this matter. If the District later retains us to perform further or additional services, our attorney-client relationship will be revived subject to the terms of engagement described in this letter, as such terms may be supplemented at that time.

Kern Valley Healthcare District
Attn: John Lovrich, CEO
Re: Fee Arrangements for Kern Valley Healthcare District
February 5, 2026
Page 3

Following termination, any confidential information retained by us will be kept confidential in accordance with applicable *Rules of Professional Conduct of the State Bar of California*.¹ The District's papers and property will be handled in accordance with the *Retention of Client Files* provision in the enclosed *Standard Terms of Engagement*. Our own files pertaining to the District's representation, such as administrative records, time and expense reports, personnel and staffing materials, credit and accounting records and internal lawyers' work product such as drafts, notes and internal memoranda, will be retained by us. All documents retained by us will be transferred to personnel responsible for administering our records retention program. To minimize unnecessary storage expenses, we reserve the right to destroy or otherwise dispose of any such documents or other materials we retain within a reasonable time after the termination of our engagement.

In addition to telephone and facsimile, as well as a cellular phone, our personnel have electronic e-mail addresses. These modes of communication may be accessed from mail accounts on the Internet and other electronic or cellular networks. Although we take appropriate measures to protect confidentiality, these communications may be subject to security risks. We will use these communication services with the District's understanding of those risks. If the District does not wish us to use these electronic communication services, please let us know immediately.

If any disputes arise concerning our engagement, we prefer to resolve those disputes in an arbitration proceeding. As a condition to accepting this engagement, we ask that the District agree to binding arbitration of disputes arising during the course of our engagement. All parties must read the enclosed *Dispute Resolution Agreement* and indicate agreement by signing and returning the *Dispute Resolution Agreement* to us.

Please confirm your acknowledgment and acceptance of our fee arrangements, our *Standard Terms of Engagement*, and the *Dispute Resolution Agreement* by returning signed copies of each document to us, either by mail or e-mail. We look forward to working with the District on these and other matters.


¹ A copy of the *Rules of Professional Conduct of the State Bar of California* can be obtained from the California State Bar Website at www.calbar.ca.gov/attorneys/conduct-discipline/rules or we will provide you with a copy on request.

Kern Valley Healthcare District
Attn: John Lovrich, CEO
Re: Fee Arrangements for Kern Valley Healthcare District
February 5, 2026
Page 4

If you have any questions about our fee arrangements, please call.

Very truly yours,

DUCKOR METZGER & WYNNE,
A Professional Law Corporation

By: 
ROSE HUELSKAMP SERRANO

RHS:cim

Enclosures as stated

Cc: Heidi Sage (via email only: heidisage@kvhd.org)
Scott Nave, Esq. (via email only: snave@navelawoffices.com)

ACCEPTED & AGREED:

The undersigned acknowledge that they have read and understand the Fee Letter, *Standard Terms of Engagement*, and *Dispute Resolution Agreement* and have been advised and given the opportunity to discuss the consequences of these fee arrangements with independent counsel, and having done so or elected not to do so, agree to these fee arrangements.

KERN VALLEY HEALTHCARE DISTRICT

By: John Lovrich

Its: CEO

STANDARD TERMS OF ENGAGEMENT
DUCKOR METZGER & WYNNE
A PROFESSIONAL LAW CORPORATION

Fees. Fees charged for our services are based upon the time devoted to the matter, including conferences, telephone calls, negotiations, factual investigations and analysis, legal research and analysis, document preparation and revision, appearances, travel away from the office, and other services rendered on your behalf.

Hourly Rates. The rates actually charged to you will be those in effect at the time services are rendered. By signing the fee agreement, you acknowledge that the hourly fees charged to you may increase and agree to pay the hourly rate in effect at the time services are rendered.

Fee Estimates. While we may be able to give an estimate of the range of fees and costs you can expect to incur, based on certain assumptions, an estimate of our total fees is not possible because of the uncertainties involved, the novelty or difficulty of the legal issues, the time required to ascertain the relevant facts and obtain the required information and documents from other parties, time limitations imposed by you and others and the continuing nature of the matter. As the work progresses, much of what we do will depend upon the responses of other parties or agencies. While we may render estimates of fees and costs which may be incurred, we cannot and do not guarantee that we will not exceed any fee estimate.

Monthly Statements and Timely Payment. Statements for services rendered and costs incurred will be prepared and sent to you on a monthly basis. Payment is due upon your receipt of our billing statement. Services rendered will be described in the billing statement and costs will be identified. Please review the statement carefully and contact us if you have any questions about the nature and extent of the services rendered or the costs incurred. Any misunderstandings or errors relating to our billing statement must be resolved immediately. If you do not raise any questions or objections to our statements within 30 days of receipt, you agree that we may rely upon that fact as your acceptance of the statement as accurate.

Credit Card Payments. You have the option of paying our fees by credit card. The payment form is included in our billing statement, or you may call (619) 209-3042 to arrange payment.

Retention of Professional Advisors. We are authorized to retain investigators, outside tax counsel, consultants and experts (collectively, "Professionals") that we reasonably deem necessary to represent your interests. Please be aware that the fees charged by Professionals can be substantial and are billed separately from our fees and costs. Even though we may engage Professionals directly, they are engaged and their fees are incurred on your behalf. You are responsible for timely payment of Professionals' fees and costs. If you fail to pay the fees and costs of Professionals, they may terminate their engagement, thereby jeopardizing our ability to represent your interests. We are not in a position to estimate the fees and costs of Professionals, but we encourage your involvement in their engagement and will provide you with their direct contact information.

Payment of Costs. In addition to our professional fees, our monthly billing statements show various costs incurred on your behalf, such as out of town travel and meals, bulk mailings and vendor costs for photocopies (large projects), couriers, conference calls, customized online research, overtime charges for support staff, patent and trademark searches, and the use of Professionals and other service providers. Costs also may include charges by independent attorney services firms used to file documents with the court, service of process and/or handle and deliver documents. In litigation and arbitration matters, costs also include filing fees, deposition costs, process server fees, court reporter fees, jury and witness fees, litigation support vendors, as well as fees of the mediators or arbitrators hired on your behalf. We will generally advance costs up to \$50. When cost items exceed that amount, we may ask you to either pay them directly or pay them in advance. To the extent that we advance payment of those costs on your behalf, however, you agree to reimburse us for those costs on a monthly basis.

Client Trust Funds. All advance payments are deposited by us in a non-interest bearing client trust account. Our current fees and any accrued and unpaid costs will be deducted automatically from your trust account balance at the time our monthly billing statements are prepared. Unless otherwise agreed, you must reinstate your trust account upon receipt of our invoice to maintain the account balance at the agreed level. Should there be substantially more or less activity than expected, the agreed level of an advance deposit will be adjusted accordingly. You are required to maintain a trust account balance to ensure payment of your account. The amount of the trust account requirement does not constitute an estimate or limitation on the total fees and costs to be incurred. We reserve the right to seek to withdraw from representation or decline representation in any new matters if we determine the increased level of services requires an increase in the advance deposit level, and the increased deposit is not paid by you promptly, as requested.

Prepayment of Trial/Arbitration Fees. In litigation matters, once a trial or arbitration hearing date is set, your account must be paid current, and unless otherwise agreed, you must deposit an advance trial deposit at least ninety (90) days before commencement of trial or arbitration, which must be maintained until the proceedings conclude. This deposit amount will represent estimated fees and costs to prepare for and complete the trial or arbitration, inclusive of jury or arbitration fees. If you do not deposit the trial deposit amount timely, we may cease performing further work and withdraw from representing you in any proceedings. Similarly, if any appeal is required, we may require an appropriate advance deposit to cover payment of estimated fees and costs through the appellate process.

Potential Liability for Payment of Attorneys' Fees of Third Parties. You should also be aware that if a litigation matter proceeds to trial or arbitration and the judge or arbitrator determines that you are not the prevailing party in the proceeding, in addition to the judgment against you, the judge or arbitrator may issue an award requiring you to pay the other party's attorneys' fees and/or costs incurred. It will be your sole responsibility to pay any such judgment and award.

Payment by Third Party or Defendant. Court orders and negotiated settlements sometimes provide that one party shall pay all or a portion of the other party's attorneys' fees and costs. We do not represent that any other party will, in fact, pay any portion of your fees or costs. Further, we have no obligation to collect fees or court-ordered payments from any person. You are responsible for full payment of our fees and costs, even if a court order states that another party is responsible for payment of all or any portion of our fees and costs. If we are required to incur time to enforce any court order requiring any other party to pay any portion of our fees and costs, you will be responsible for compensating us in accordance with this agreement.

Lien Rights. We will have a lien for the payment of fees and costs incurred under this fee agreement against any settlement, compromise, or judgment which may be obtained on your behalf.

Delegation of Work. There may be more than one attorney or paralegal who works on your matter. We make every effort to delegate work to the person, whether a partner, associate, or paralegal, whom we believe is best able to accomplish the particular task efficiently and effectively.

Extension of Professional Courtesies. We reserve the sole right to extend whatever professional courtesies to opposing counsel that we deem reasonable and within the standard of practice in the community. In doing so, we may grant continuations, stipulations, extensions of time, and other reasonable requests.

Clients' Responsibilities. You agree to keep us advised of your current contact information, to appear on reasonable notice at any meeting or court appearance which requires your attendance, and to comply with all reasonable requests from us in connection with our representation. You agree to be truthful, not withhold information, and keep us fully apprised of any relevant information and developments which come to your attention.

Outcome of Legal Representation. Although we will perform our professional services on your behalf to the best of our ability, we have not made and will not make any guarantees or assurances regarding the outcome of the matter for which you have engaged us. Our expressions about the outcome of the matter are our best professional estimates only and are limited by our knowledge at the time they are expressed.

Professional Liability Insurance. We maintain errors and omissions insurance coverage applicable to the legal services rendered on your behalf.

Retention of Client Files. At the conclusion of your case or business transaction or upon termination of our engagement, we will contact you to arrange for either the return or, if you prefer, the destruction, of your materials and property. At that time, we will also deliver to you any of your funds in our possession once our fees incurred on your behalf are paid in full. If you do not request the return of your materials and property then in our possession, we will retain portions of these records for a period of time, after which we will destroy them without further notice to you. Pursuant to the *Rules of Professional Conduct of the State Bar of California*, client "materials and property" include correspondence, pleadings, deposition transcripts, experts' reports and other writings, exhibits and physical evidence, whether intangible, electronic or other form, and other items reasonably necessary to the client's representation, whether or not the client has paid for such items.

No Tax Advice. We have not been retained to provide you with any tax advice. Any documents prepared by us may have specific tax ramifications. To be sure you understand all the potential tax consequences, you should consult with tax advisors regarding these matters.

Artificial Intelligence (AI) Use. You should know that we may use artificial intelligence (AI) tools in our representation of you. If we do so, we will not use your confidential information. Any writing, research, or analysis generated by AI is edited or confirmed by an attorney before use. If you have any questions or concerns about our use of AI tools, please let us know.

Entire Agreement. This Agreement contains the entire agreement of the parties. No other agreement, statement, or promise made on or before the effective date of this Agreement will be binding on the parties.

Severability in Event of Partial Invalidity. If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire Agreement will be severable and remain in effect.

Modification of Subsequent Agreement. This Agreement may be modified by subsequent agreement of the parties only by an instrument in writing signed by both of them.

Date: February 5, 2026

ACCEPTED & AGREED:

KERN VALLEY HEALTHCARE DISTRICT

By: John Lovrich

Its: CEO

DISPUTE RESOLUTION AGREEMENT
DUCKOR METZGER & WYNNE
A PROFESSIONAL LAW CORPORATION

DISPUTES ARISING UNDER OUR FEE AGREEMENT SHALL BE RESOLVED BY BINDING ARBITRATION. USE OF THE VOLUNTARY MEDIATION PROCESS IN AN EFFORT TO RESOLVE ANY DISPUTES SHALL IN NO WAY ABROGATE OUR MUTUAL OBLIGATIONS TO RELY ON BINDING ARBITRATION FOR THE RESOLUTION OF DISPUTES BETWEEN US, INCLUDING CLAIMS FOR FEES AND COSTS, MALPRACTICE, NEGLIGENCE, BREACH OF CONTRACT, BREACH OF FIDUCIARY DUTY, NEGLIGENT MISREPRESENTATION, FRAUD, BAD FAITH, OR ANY OTHER CLAIMS ARISING OUT OF OR RELATING TO OUR ENGAGEMENT. BY SIGNING THIS AGREEMENT, YOU HAVE WAIVED THE RIGHT TO FILE A LAWSUIT EXCEPT AS SUCH RIGHTS MAY BE PRESERVED BY THE MANDATORY FEE ARBITRATION STATUTES IN THE CALIFORNIA BUSINESS AND PROFESSIONS CODE (SECTION 6201 ET SEQ.) WHICH GOVERN CERTAIN DISPUTES RELATING TO THE RECOVERY OF ATTORNEYS' FEES AND COSTS.

If a dispute arises that involves a claim for recovery of fees and/or costs which is governed by the Mandatory Fee Arbitration Statutes cited above, then we will send you written notice advising you of your right to nonbinding arbitration and trial de novo pursuant to California Business and Professions Code section 6201 et seq.

If you choose within the time specified in such statutes to proceed with nonbinding arbitration of a fee dispute pursuant to the Mandatory Fee Arbitration Statutes, then the governing provisions of those statutes will control. Your failure or refusal to request arbitration under the Mandatory Fee Arbitration Statutes on a timely basis shall be deemed a waiver of your rights under such statutes and shall be deemed a consent by you to binding arbitration described herein.

As to any dispute arising out of or relating to your engagement, you have agreed to submit the dispute to nonbinding mediation before a retired judge or other independent third party acceptable to you and us. Commencement of the mediation process shall be deemed to occur upon written notice from either of us requesting mediation. Written submissions to the mediator, as requested by the mediator, shall set forth the specific issues to be mediated. The mediator will hear the matter as soon as the mediator's schedule permits and provide an informal opinion and advice, none of which shall be binding on you or us, but which is expected to help resolve the dispute. The mediator's fees shall be shared equally.

If we are unable to agree following mediation or one of us refuses to mediate the dispute by written statement of refusal or failure to respond to the request for mediation, the dispute shall be finally resolved by binding arbitration before the JAMS, Inc.'s San Diego office before one arbitrator who shall be a retired judicial officer. The arbitration shall be administered by JAMS, Inc. pursuant to its Comprehensive Arbitration Rules and Procedures. The laws of the State of California shall govern our substantive rights in the arbitration proceeding. By agreeing to arbitration, you are waiving all rights to seek remedies in court. This agreement shall survive termination of our engagement.

The decision of the arbitrator shall be final and binding upon you and us. Discovery shall be allowed in the arbitration in the discretion of the arbitrator for good cause shown. The arbitrator's award shall include the arbitrator's written reasoned opinion, and the arbitrator shall not have the power to commit errors of law or legal reasoning. At the request of either of us within 10 days after issuance of the award, the award shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed in accordance with the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following a court trial. Each of us will bear our own legal fees and costs, and the costs of the arbitration and arbitrator's fees will be shared equally. Judgment upon the arbitration award may be entered in any court having jurisdiction.

Date: February 5, 2026

ACCEPTED & AGREED:

KERN VALLEY HEALTHCARE DISTRICT

By: John Lovrich

Its: CEO

Duckor Metzger & Wynne is committed to responding promptly and efficiently to your needs. As we commence this working relationship please be sure to complete and return the information requested below. The more we understand your preferences, the better we can serve you. Thank you for your input.

Just a reminder:

1. DMW’s office hours are Monday through Friday, 8:30 a.m. – 5:00 p.m.
2. Individual attorney E-mail addresses can be found at our web site at www.dmwplc.com.
3. Our Director of Administration is Karen Lemmon; her direct number is (619) 209-3090.
4. Our Accounting Manager is Melinda Balsamo; her direct number is (619) 209-3042.
5. Payment of your invoice can be made by using your Visa, MasterCard, or American Express.

Please tell us, in order of preference, how you would like us to reach you. If there is a particular means of communication which you do **not** care for please so indicate.

Name: John Lovrich, CEO Company: Kern Valley Healthcare District

Principal Contact at DMW: Rose Huelskamp Serrano

<u>Preference Order</u>	<u>Means of Communication</u>
_____	Office telephone _____ (is there a direct dial number you prefer we use?): _____
_____	Cell phone _____
_____	Facsimile _____
_____	U.S. Mail _____
_____	Home telephone number _____
_____	Home facsimile number _____
_____	Work E-mail _____
_____	Home E-mail _____
_____	Pager _____

Would you prefer to receive copies of office-generated documents via U.S. mail or as an e-mail attachment? _____ E-mail _____ U.S. Mail

It is the policy of Duckor Metzger & Wynne to copy you on every document unless you instruct us in writing otherwise. If you would prefer not to receive copies of these documents, please so indicate here:

Other comments: _____

INSURANCE COVERAGE PROCEDURES

Most individuals and companies carry policies of insurance, some of which may provide benefits in the form of paying for defense costs and/or paying the sums that the insured becomes legally obligated to pay as damages as a result of a claim or lawsuit. To obtain any benefits that may be available under your insurance policy(ies), the insurance companies must first be notified of any claim or lawsuit. There are often strict timelines in place for notifying an insurance company of a claim or lawsuit, and you may be precluded from obtaining benefits if you delay in notifying your insurance companies. Further, if an insurance company agrees to pay defense costs, it will only be obligated to pay those costs from the date it was notified. Therefore, your insurance brokers or insurance companies must be notified promptly of any claim or lawsuit.

You may notify your insurer or broker or we can handle the notification for you. If you want us to handle this notification process, you must provide us with the following information promptly:

- Contact information for your insurance broker;
- Copies of all policies of insurance which are currently in force; and
- Copies of the policies of insurance which were in force at the time when the incident that is the subject of the claim or lawsuit took place and at the time you first received notice of such claim or lawsuit.

If you do not provide us this required information, we will not be able to notify your insurance company or broker on your behalf. If we are engaged to handle notification to your broker and insurance companies, our role in this representation will still be solely to represent your interests with regard to the claim or lawsuit. We will not be acting in the capacity of coverage counsel and will not be handling any disputes with the insurance company on your behalf, unless we are asked to do so and the scope of our engagement is revised to include these services.

In the event that your insurance provides for payment of your attorneys' fees and costs to defend you, and further, you arrange for us to represent you, you may be responsible for any difference in rates between those paid by your insurer and those rates charged by the attorneys of this firm.

In the event your insurance company agrees to provide you with legal counsel to represent you in any litigation, we will not be responsible for the day-to-day activities necessary to protect your interests in the litigation. That responsibility will fall upon the attorney hired by your insurance company to represent

you who will appear in any litigation as your attorney of record. However, we will continue to represent you as "*Cumis counsel*."

"*Cumis counsel*" is a term used in California state court litigation to refer to independent counsel retained by a defendant in a lawsuit where there is an insurance policy that allegedly covers the claim but there is a conflict of interest between the insurance company and the insured defendant. The term *Cumis counsel* is derived from the California Court of Appeal's decision in *San Diego Navy Federal Credit Union v. Cumis Insurance Society, Inc.*, 162 Cal.App.3d 358 (1984). The legislature codified the concept of *Cumis counsel* in California Civil Code section 2860.

A defendant may retain *Cumis counsel* when an insurer accepts the duty to defend but reserves its rights to challenge coverage. If the underlying action could affect the question of coverage, there may be a conflict of interest between the insurance company and the insured defendant. (Cal. Civ. Code § 2860(b); "when an insurer reserves its rights on a given issue and the outcome of that coverage issue can be controlled by counsel first retained by the insurer for the defense of the claim, a conflict of interest may exist".)

Under such circumstances, the insurance company retained defense attorney may be presented with a conflict of interest should one course of conduct lead to coverage, and another to no coverage, under the defendant's insurance policy. The primary role of *Cumis counsel* is to protect the insured's interests should such a conflict arise. *Cumis counsel* may work with the insurer's designated attorneys to manage the defense, but as stated above, will not be responsible for the day-to-day activities of the litigation. The insurer may bear the cost of *Cumis counsel*, though the insurer's duty to pay is limited to the rates it generally pays its attorneys in the ordinary course of business in the defense of similar actions (Cal. Civ. Code § 2860(c)).

We will seek to obtain maximum reimbursement of your attorneys' fees and costs from your insurer(s). However, should your insurer(s) refuse to pay our fees, or agree to pay less than our full hourly rates or reimburse us for costs incurred, it will be your responsibility to pay any amount which your insurer(s) refuse to pay.

**RULES OF PROFESSIONAL CONDUCT
OF THE STATE BAR OF CALIFORNIA
PAYMENT OF FEES/COSTS BY NONCLIENT**

Rule 1.8.6 Compensation from One Other than Client

A lawyer shall not enter into an agreement for, charge, or accept compensation for representing a client from one other than the client unless:

- (a) there is no interference with the lawyer's independent professional judgment or with the lawyer-client relationship;
- (b) confidential information is protected as required by Business and Professions Code section 6068, subdivision (e)(1) and rule 1.6; and
- (c) the lawyer obtains the client's informed written consent at or before the time the lawyer has entered into the agreement for, charged, or accepted the compensation, or as soon thereafter as reasonably practicable, provided that no disclosure or consent is required if:
 - (1) nondisclosure or the compensation is otherwise authorized by law or a court order; or
 - (2) the lawyer is rendering legal services on behalf of any public agency or nonprofit organization that provides legal services to other public agencies or the public.