



**PUBLIC NOTICE**  
**KERN VALLEY HEALTHCARE DISTRICT**  
**AGENDA FOR BOARD OF DIRECTORS**

**May 14, 2026 – 2:00 p.m.**

**Location: Administrative Conference Room**

**[www.kvhd.org](http://www.kvhd.org)**

**REMOTE PARTICIPATION: Microsoft Teams**  
**Meeting ID: 254 506 082 123 161      Passcode: YP94kx3S**

**A. CALL TO ORDER**

**B. APPROVAL OF AGENDA**

*(pages 1-5)*

**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 – April 9, 2026**

*(pages 6-10)*

*Recommendation – Approve minutes as presented*

**2. Board Governance Meeting Minutes – April 28, 2026**

*(pages 11-12)*

*Recommendation – Accept minutes pending committee approval*

3. **Compliance Committee Meeting Minutes – April 28, 2026** (pages 13-14)  
*Recommendation – Accept minutes pending committee approval*
4. **Building & Planning Meeting Minutes – April 28, 2026** (pages 15-16)  
*Recommendation – Accept minutes pending committee approval*
5. **Finance Committee Meeting Minutes – April 29, 2026** (pages 17-19)  
*Recommendation – Accept minutes pending committee approval*
6. **Unaudited Financial Statement – March 2026** (pages 20-30)  
*Recommendation – Accept financial statement as presented*
7. **Financial Report Narrative Summary – March 2026** (page 31)  
*Recommendation - Accept report as presented*
8. **13-Month Statistics – March 2026** (pages 32-33)  
*Recommendation - Accept report as presented*
9. **Contracts:** (page 34)  
*Recommendation – Continue with contracts*
  - a. Alliant Insurance Service – Fidelity (Crime)
  - b. Alliant Insurance Service – Property/Boiler
  - c. Azara Healthcare (i2i) – QIP Interface
  - d. Bakersfield Memorial Hospital – Technical Anatomical Pathology Services
  - e. Bruce Boehmer – Apartment Lease 6429 Park Avenue
  - f. Doximity – Telehealth
  - g. Duckor, Metzger & Wynne – Legal Counsel
  - h. Gary Finstad, MD – EKG Reading
  - i. Michael Green, MD – Emergency Service
  - j. Insight Direct (Mimecast) – Email Archiving/Recovery
  - k. Insight Direct (VMWare) – Servers
  - l. Language Line – Interpreter Service
  - m. Netflix – SNF Activities
  - n. Ortho Clinical Diagnostics Supply – Vitros
  - o. Pipeline Health Holdings – Remote Pharmacy Service
  - p. Regional Imaging, PC – Radiology Readings/Medical Directorship
  - q. Starlink – Internet for 6429 Park Ave. Apartments
  - r. WipFli – Audit/Cost Reports
10. **Board Personnel & Policy Meeting Minutes – April 27, 2026** (pages 35-37)  
*Recommendation – Accept minutes pending committee approval*
11. **Human Resources Report – March 2026** (page 38)  
*Recommendation – Accept report as presented*
12. **Policies:**  
*Recommendation – Approve policies as presented*  
Business Office:  
Charity Care and Financial Assistance  
Emergency Department:

- Pelvic Binder Application
- Triage
- Health Information Management:
  - Analysis, Quantitative and Qualitative, LTC Record
  - Content, Medical Record, Long Term Care
- Human Resources:
  - Social Media, Social Networking and Other Web-Based Communications
- Infection Control:
  - Clostridioides Difficile – Infection Control Practices
- Inpatient Pharmacy:
  - Hazardous Drugs: Storage Preparation Administration and Disposal
  - High Alert Medications and Independent Double Checks
  - Pharmaceutical Waste Management
  - Protocol – IV Heparin Administration
  - Single and Multiple Dose Medication Containers (SDV and MDV)
- Laboratory:
  - Sofia 2 SARS Antigen + FIA
- Medical Transportation:
  - Appointment Cancellation / No-Call, No-Show
- Nursing:
  - Bladder Scanner
  - Sepsis and Septic Shock – Diagnosis and Management
- Nutrition Services:
  - Calorie Count Monitoring
  - Communication of Diet Orders/Requests
  - Delineation of Cleaning Duties and Responsibilities
  - Diets
  - Dining Room Oversight, Test Tray Monitoring, and Kitchen Inspection
  - Damaged Dishware and Equipment Control
  - Dishmachine Operation
  - Eating and Dining Environment
  - Emergency and Disaster Foodservice Plan and Menu
  - Enteral Nutrition (Tube Feeding) Support
  - Food Cooling, Advance Preparation, and Leftover Food Management
  - Ice Machine and Ice Storage Sanitation
  - Inservice Education and Documentation
  - Kitchen Weights and Measures
  - Nutrition Services Job Descriptions
  - Nutrition Services Orientation and Training for New Hires
- Radiology:
  - Radiologic Technologist Licensure - Radiology
  - Radiologist Technologist Fluoroscopy License
- Rural Health Clinic:
  - Prescribing Guidelines for Drugs with Potential for Abuse
- Skilled Nursing Facility:
  - Call Lights
  - Personal Cup Use
- SNF – Infection Control:
  - Clostridioides Difficile – Isolation Control Practices
  - Surveillance Control Program/Plan

Utilization Review/Social Services:  
Patient Admission Process

**13. Manuals:**

*Recommendation – Approve manuals as presented*

Laboratory – General

Pulmonary

Pharmacy

Sterile Compounding

**14. Medical Appointments:**

*Recommendation – Approve appointments as presented*

Victor Suarez, MD – Provisional – Emergency Medicine

Omar Gadizi, DO – Provisional – Neurology

**15. Medical Reappointments:**

*Recommendation – Approve reappointments as presented*

Abbas Chamsuddin, MD – Telemedicine – Radiology

Steven DiLeo, MD – Telemedicine – Radiology

Jerald Hansing, MD – Telemedicine – Radiology

**16. Chief of Medical Staff Report**

*(pages 39-40)*

*Recommendation – Review report*

**17. Chief Information Officer Report**

*(pages 41-42)*

*Recommendation - Review report*

**18. Marketing Report**

*(pages 43-48)*

*Recommendation – Review report*

**19. Capital Expenditure Request – ER Gurney**

*(pages 49-53)*

*Recommendation – Approve request as presented*

**20. Capital Expenditure Request – Defibrillator ER/Radiology**

*(pages 54-61)*

*Recommendation – Approve request as presented*

**21. HealthStream Policy/Procedure System Upgrade**

*(pages 62-65)*

*Recommendation – Approve upgrade as presented*

**E. REPORTS:**

**1. Chief Nursing Officer**

Shannon Jimerson, Chief Nursing Officer

*Information*

*Recommendation – Hear report*

**2. Chief Executive Officer**

John Lovrich, Chief Executive Officer

*Information*

*Recommendation – Hear report*

**F. OLD BUSINESS: None**

**G. NEW BUSINESS:**

- 1. Capital Expenditure Request – HIM Copy Machine** *Action*  
Cary Zuber, Chief Information Officer *(pages 66-72)*  
*Recommendation – Approve request as presented*
  
- 2. East Kern Healthcare District Expansion to Annex Ridgecrest** *Discussion*  
Ross Elliott, Board Secretary *(pages*  
*Recommendation – Discuss potential impact*
  
- 3. Senior Management Compensation** *Discussion*  
Gene Parks, Board Treasurer  
*Recommendation – Discuss Director Parks concerns*

**H. DIRECTORS COMMENTS ON ITEMS NOT APPEARING ON THE AGENDA****I. CLOSED SESSION:**

- Medical Quality Report
- Existing Litigation – Benson/Lao v. KVHD
- Existing Litigation – Rostad v. KVHD
- Existing Litigation – Carrington v. KVHD
- Existing Litigation – Moudy v. KVHD
- Performance Evaluation: CEO

**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, April 9, 2026 – 2:00pm

- PRESENT:** John Blythe, Board Chair  
Katheryn Elconin, 1<sup>st</sup> Vice Chair  
Fred Clark, 2<sup>nd</sup> Vice Chair  
Ross Elliott, Secretary  
John Lovrich, Chief Executive Officer  
Shannon Jimerson, Chief Nursing Officer  
Cary Zuber, Chief Information Officer  
Amy Smith, Controller  
Dena Griffith, Risk Manager  
Scott Nave, Legal Counsel  
Greg Davis, Director of Population Health
- ABSENT:** Gene Parks, Treasurer

- 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 Elliott 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:** None
- D. CONSENT AGENDA:**
1. Board of Directors Meeting Minutes – March 12, 2026
  2. Board Governance Committee Meeting Minutes – March 24, 2026
  3. Building & Planning Meeting Minutes – March 24, 2026
  4. Finance Committee Meeting Minutes – March 25, 2026
  5. Unaudited Financial Statement – February 2026
  6. Financial Report Narrative Summary – February 2026
  7. 13-Month Statistics –February 2026

8. Contract Reviews:
  - a. Alliant Insurance Service (Great American) – Surety Bonds/SNF
  - b. Barton & Associates – Standby Emergency Locum Tenens
  - c. BETA Healthcare – Liability
  - d. BETA Healthcare – Auto
  - e. BETA Healthcare – Officers/Directors
  - f. BETA Healthcare – Workers Comp
  - g. C & R Pest Control – Pest Control
  - h. California Internet (GeoLinks) – Internet and VOIP Phones
  - i. Delta Dental – Employee Dental
  - j. Digital Pharmacist – Mobile RX Refill App
  - k. Dignity Telehealth Network (CommonSpirit) – Robot Telemedicine
  - l. ESP Personnel – Nurse Registry
  - m. Paul Giem, MD – RHC Peer Review (as needed)
  - n. HSS, Inc (Tarian) – Team Techniques for Aggression Management
  - o. JWT & Associates, LLP – CPA Annual Audit
  - p. J.M. Kent, DDS – Dental Work
  - q. New York Life – Life Insurance
  - r. PulseNet TV (Direct TV) – TV Service for Facility
  - s. Register.com (Domain) – Domain Hosting Registration (kvhd.org)
  - t. Sysmex America – Hematology x 2 Machines
  - u. Victig – Background Checks
  - v. VSP – Employee Vision Plan
9. Board Personnel & Policy Meeting Minutes – March 23, 2026
10. Human Resources Report – February 2026
11. Policies:
  - Health Information Management:
    - Access, Retrieval, Filing and Storage of Medical Records
  - Human Resources:
    - CA Family Leave of Absence
    - Employee Annual Evaluation
    - Payroll, Paydays, and Paychecks
    - Personnel Records (Employee)
    - Rehire of Former Employee
  - Infection Control:
    - ICP: Surveillance Program/Plan Acute Care Facility
  - Information Systems:
    - Telecommuting Policy
  - Mesa Clinical Pharmacy:
    - Hours of Operation
    - Return to Stock
  - Nutrition Services:
    - Catering Services
    - Communications
    - Cutting Board System – Color-Coded
    - Meal Count Record
    - Tray Cards

Radiology:

Referral of Radiologic Studies to Outside Facility

Reports Authenticated by Radiologists

Rehabilitation Services:

Assessments: Evaluation and Competency

Rural Health Clinic:

Child Abuse Reporting

Social Services/Discharge Planning:

Organizational Plan

12. Manuals:

Anesthesia

Materials Management

UR/Social Services

13. Medical Appointments and Reappointments: None

14. Chief of Medical Staff Report

15. Chief Information Officer Report

16. Marketing Report – *Pulled by Director Clark for further discussion*

17. Capital Expenditure Request – Telemetry Boxes

Director Clark requested that item 16, Marketing Report, be pulled from the consent agenda for further discussion. This item will be placed as item 4 under New Business. A motion was made by Director Clark to approve the consent agenda as amended. The motion was seconded by Director Elconin. Motion passed with a vote of 4/0 (Parks absent).

**E. REPORTS:**

**1. Chief Nursing Officer:** The CNO Report was given by Shannon Jimerson. Mrs. Jimerson reported that she is focusing on training and retention of nursing staff. Mrs. Jimerson, along with one of the House Supervisors, recently attended an ACLS and PALS instructor course so we can begin offering ACLS and PALS certification at KVHD. Mrs. Jimerson is working on implementing AHA's Get with the Guidelines. Get with the Guidelines is a quality improvement initiative for cardiovascular and stroke conditions.

**2. Chief Executive Officer:** The CEO Report was given by John Lovrich. Mr. Lovrich reported that the pharmacy is scheduled to move April 25<sup>th</sup> and 26<sup>th</sup>. The District recently signed an agreement with IPC for the purchase of generic drugs at reduced pricing. There has been a COVID outbreak in the Skilled Nursing Facility. We currently have 4 residents testing positive and are frozen to admissions until this passes. Medical Records has moved to the new building. Mr. Lovrich reported that we still have not received payment for the wound care services. Mr. Lovrich has asked for staffing matrixes from each of the managers to evaluate staffing needs and is working on the budget for the upcoming year. We still have not found a CFO but continue to receive support through consultants. The project to convert the clinic EHR to CPSI has hit some roadblocks but are continue to evaluate. Our HMGP construction grant application was submitted to FEMA by CalOES. We are still in the running for the HMGP grant and the BRIC grant.

**F. OLD BUSINESS:** None.

**G. NEW BUSINESS:**

- 1. Pharmacy Dehumidification Project:** The pharmacy dehumidification project was carried over from Building & Planning last month. This is related to a plan of correction from the pharmacy survey and must be completed. With that, a motion was made by Director Clark to approve the proposal. The motion was seconded by Director Elliott. Motion passed with a vote of 4/0 (Parks absent).
  
- 2. Emergency Nurse Residency Program Subscription Agreement Plus Triage Curriculum:** The ENA Residency Subscription Agreement plus Triage Curriculum was presented by Shannon Jimerson, CNO. Mrs. Jimerson stated ENA is the organization that sets the standards for nursing in emergency care. This program primarily supports new grads but can be used by all nurses. We currently have 7 new grads, with more applying. The other component is the triage curriculum which trains nurses how to appropriately assign ESI levels. A motion was made by Director Elliott to approve the request. The motion was seconded by Director Elconin. The motion passed with a vote of 4/0 (Parks absent).
  
- 3. Emergency Department Physician Agreement – Dr. Keeling:** The Emergency Department physician agreement for Dr. Keeling was presented by Mr. Lovrich. Without further discussion, a motion was made by Director Elliott to approve the agreement as presented. The motion was seconded by Director Clark. Motion passed with a vote of 4/0 (Parks absent).
  
- 4. Marketing Report:** This item was pulled by Director Clark for further discussion. Director Clark expressed concern about our marketing efforts in outlying areas, but lack of presence in our local community and still not telling our story. Director Elliott agreed, stated there are amazing things going on withing these walls every single day and nobody is telling that story. After lengthy discussion, the Board tabled this item and did not take action today.

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

**Director Elconin:** Director Elconin had no additional comments today.

**Director Elliott:** Director Elliott stated he is excited about the pharmacy moving and is excited about the progress on the grants. Director Elliott also wished Director Parks the best.

**Director Clark:** Director Clark appreciates all those who attended today.

**Director Blythe:** Director Blythe thanked Director Elconin for covering him at the last meeting. Director Blythe also welcomed Mrs. Jimerson.

**I. CLOSED SESSION:** The Board went into closed session at 2:41pm.

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

The Board came out of closed session at 2:58pm.

**J. CLOSED SESSION REPORT:** In closed session, there was no update on Benson, Volkava, or Carrington. The Board gave certain direction to Counsel regarding the Rostad matter. The Board was given an update on the Moudy matter. No other items were discussed.

**K. ADJOURNMENT:** The meeting was adjourned at 2:58pm by Director Blythe.

Approved by:

\_\_\_\_\_  
Ross Elliott, Secretary

\_\_\_\_\_  
John Blythe, Board Chair



**BOARD OF DIRECTORS  
GOVERNANCE MEETING  
MINUTES**

**Tuesday, April 28, 2026 – 9:00a.m.  
Location: Administrative Conference Room**

**In Attendance:** John Blythe, Committee Chair  
Katheryn Elconin, Committee Member  
John Lovrich, Chief Executive Officer  
Shannon Jimerson, Chief Nursing 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 March 23, 2026 meeting were approved as distributed.
- D. PUBLIC COMMENT:** No public comment this morning.
- E. REPORTS:**
  - 1. Chairman’s Report:** Director Blythe updated the committee on changes to the Brown Act related to real-time participation and power outage contingency plans. Staff indicated that we no longer have any issues with power as the entire hospital is now on the emergency generator.
  - 2. CEO Report:** Mr. Lovrich reported that the Skilled Nursing survey was conducted last week and went very well. The pharmacy moved into their new location over the weekend. Recruitment efforts continue for Mountain View Health Clinic. The T-Systems upgrade went live earlier this month. Ben Torres is on-site this week to work through issues with the upgrade and provide support. The schedule for the ER physician shifts will be changing from 7a-7p to 10a-10p. Mr. Lovrich reported that he is focusing on revenue cycle with the help of the consultant.
  - 3. CIO Marketing Report:** The marketing report was presented by Mr. Zuber. Mr. Zuber updated the committee on recent marketing activities that were described in the attached written report. Mr. Zuber stated that marketing will be shifting away from broader outreach and will be returning to a localized focus. The ‘patient spotlights’ will also be a focus. There will also be a focus on educating the community on what ‘critical access’ means and what the District is capable of treating. Nic Caver is putting together a revised plan for

marketing and will be gathering benchmark data so we can look at trends. The billboard will be swapped out to announce the Mesa Clinical Pharmacy move.

**4. Strategic Plan Update:** The committee reviewed progress on the strategic initiatives and discussed cleaning up completed items.

**F. OLD BUSINESS:** None

**G. NEW BUSINESS:**

**1. Proposed East Kern Healthcare District Expansion to Annex Ridgecrest:** The committee briefly discussed this item. It appears that it was approved by LAFCO, but we are hearing rumors that Ridgecrest Regional Hospital may not want to move forward with this project. The committee asked that this item be placed on the Board of Directors agenda for full Board discussion.

**H. ADJOURNMENT:** The meeting was adjourned at 9:45am.

**Submitted By:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_



**BOARD OF DIRECTORS  
COMPLIANCE MEETING**

**MINUTES**

**Tuesday, April 28, 2026 – 10:00 a.m.**

**Location: Administrative Conference Room**

**In Attendance:** John Blythe, Committee Chair  
Ross Elliott, Committee Member  
Sally Emery, Compliance Officer  
John Lovrich, Chief Executive Officer  
Shannon Jimerson, Chief Nursing Officer  
Cary Zuber, Chief Information Officer  
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 January 28, 2026 were approved as distributed.
- D. REPORTS:**
  - 1. Risk Management Report:** Ms. Griffith reported that there were 13 feedback tickets in the 1<sup>st</sup> quarter. All feedback tickets have been resolved. The promoting interoperability data for 2025 was submitted on 2/24/26 and was approved by CMS. The promoting interoperability items were reviewed. A passing score is 70 points, and the facility did very well with 95 points. The statistics for the physician problem list are greatly improved. The Social Determinants of Health statistics were briefly reviewed.
  - 2. Privacy Officer Report:** Ms. Pettijohn reported that there was a total of 7 incidents for the 1<sup>st</sup> quarter (January – 3, February – 2, and March – 2). All incidents were investigated, reported to Compliance Oversight (COC), with recommendations from COC completed and recorded in RL Datix. Director Elliott was very pleased to see that there were only minor incidents.
  - 3. Security Officer Report:** Mr. Zuber reported that the Microsoft security score is 73.82. The goal is to get to 75, which we are approaching. Our score significantly exceeds the mid-market average. Mr. Zuber updated the committee on policy compliance by managers and read acknowledgements. Mr. Zuber presented the vulnerability scanning report. The phishing stats remain at zero, which is slightly concerning as we want this to

be a learning opportunity for staff. The sample scenarios are put together by Microsoft and Mr. Zuber has it set at the most difficult setting.

4. **Compliance Officer Report:** Mrs. Emery reported that CorroHealth has completed another chargemaster review and we are in the process of addressing the recommendations. This is the second review of the chargemaster. They are currently working on our chart documentation review, and we should have that report next quarter.
5. **Legal Counsel Report:** Nothing to report at this time.

**E. NEW BUSINESS:**

1. **Oversight Committee Confidentiality Statement:** The Oversight Committee Confidentiality Statement was presented by Brenda Pettijohn. Ms. Pettijohn reported that this document was signed by the Oversight Committee, and they recommended that it be signed by Board Compliance members as well. There was also talk about extending this to the medical staff committees. Director Elliott liked the idea of the document but stated it is less enforceable for Board members because the District cannot discipline a Board member. The document will need to be revised to be more informative in nature for Board members.

- F. ADJOURNMENT:** The meeting adjourned at 10:29am.

Submitted By: \_\_\_\_\_

Approved By: \_\_\_\_\_



**BUILDING AND PLANNING COMMITTEE  
AND SPECIAL MEETING OF THE BOARD OF DIRECTORS MINUTES  
Tuesday, April 28, 2026 – 1:00pm  
Administrative Conference Room**

**In Attendance:** John Blythe, Chairman  
Katheryn Elconin, 1<sup>st</sup> Vice Chair  
Fred Clark, 2<sup>nd</sup> Vice Chair  
Ross Elliott, Secretary  
Gene Parks, Treasurer (remotely)  
John Lovrich, Chief Executive Officer  
Shannon Jimerson, Chief Nursing Officer  
Cary Zuber, Chief Information Officer  
Greg Davis, MVHC Manager  
Bob Easterday, Plant Operations Manager  
Cassandra Coleman, Human Resources Manager

- A. Call to Order:** The meeting was called to order at 1:00pm by Director Blythe. Upon calling the meeting to order, Director Blythe stated Director Parks was requesting to participate remotely due to emergency circumstances citing medical issues that prevent Director Parks from attending in person. A motion made by Director Elliott to approve remote participation. The motion was seconded by Director Clark. Motion passed with a vote of 4/0.
- B. Approval of Agenda:** The agenda was approved as distributed. FC, RE – 5/0
- C. Public Comment:**

**Katheryn Elconin:** Mrs. Elconin said the new pharmacy is beautiful and customers are happy. Mrs. Elconin also thanked Nic Caver for the volunteer luncheon.
- D. Approval of Minutes from March 24, 2026 Meeting:** The minutes of the March 24, 2026 meeting were approved as presented. FC, RE – 5/0 (roll call)
- E. Project Update:** The project update summary was given by Mr. Easterday.
  - 1. Master Plan:** Mr. Easterday reported that Kern County’s Hazardous Mitigation Plan has expired and needs to be renewed. This was one of the required components for the grant submission. Mr. Easterday stated he is hoping the County’s letter to FEMA will be accepted. After lengthy discussion, the Board asked Mr. Easterday to reach out to the County to suggest language for their letter in an effort to make it more compelling.
  - 2. New Administration Building:** Work on suites D and E is complete. Mesa Clinical Pharmacy moved into those suites last weekend.

3. **Emergency Generator:** The final verified reports are being signed by the architect and engineers. Once submitted, the project will close in compliance. The final payment of 5% withholding will then be due to the contractor.
  4. **NPC Seismic Upgrade of Dietary, Surgery, and Central Plant Buildings:** The soils report from Earth Systems arrived and was submitted to HCAI. The full soils report is being done by HCAI. Plans have also been submitted Kern County for their review.
  5. **Skilled Nursing Building Reclassification:** Mr. Easterday is continuing to work on this project.
  6. **Skilled Nursing Unit Cosmetic Work:** Work on this project will resume now that the pharmacy project has been completed.
  7. **Dietary Area Cosmetic Work:** This work will also resume shortly.
  8. **Acute Care Restrooms:** This work will also resume shortly.
- F. **Mesa Clinical Pharmacy Update:** This update was provided earlier under the project update. Director Parks asked about signage. Mr. Easterday stated they are working on getting the installation of the signs scheduled with the vendor.
- G. **Security Shutter Proposals:** Due to recent break-ins at the other pharmacy, Mr. Easterday is bringing back the security shutter proposals for discussion. Mr. Easterday reported that we could reduce the number of shutters now as he installed bars on the side windows. After brief discussion, the Board requested Mr. Easterday obtain updated quotes and bring them back to the next meeting.
- H. **Temporary Cooling Tower for the Cooling Tower Rebuild:** The proposal from Greenbough Design to draw the plans for the temporary cooling tower was presented by Mr. Easterday. After brief discussion, a motion was made by Director Elliott 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 5/0.
- I. **Invoice Review/Approval:** A motion was made by Director Elliott to approve the three invoices listed below. The motion was seconded by Director Parks. The motion passed with a vote of 5/0.
1. Greenbough Design – Inv. #1033 – SNF Nurse Station - \$6,328.00
  2. Greenbough Design – Inv. #1034 – SNF Reclassification - \$12,784.05
  3. DFI Enterprises – Inv# 22004-0620 – E-Generator - \$2,246.00
- J. **Adjournment:** The meeting was adjourned at approximately 1:55pm by Director Blythe.

Submitted By: \_\_\_\_\_

Approved By: \_\_\_\_\_



**MINUTES FOR FINANCE COMMITTEE MEETING  
ADMINISTRATIVE CONFERENCE ROOM  
Wednesday, April 29, 2026 – 1:00pm**

**A. CALLED TO ORDER:** The meeting was called to order by Director Clark at 1:00p.m. Upon calling the meeting to order, Director Clark stated Director Parks requested to participate remotely for this meeting due to emergency circumstances citing medical issues. The committee agreed on allowing remote participation for Director Parks.

**PRESENT:** Fred Clark, Committee Member (chaired committee)  
Gene Parks, Committee Chair (participated remotely)  
John Lovrich, Chief Executive Officer  
Shannon Jimerson, Chief Nursing Officer  
Cary Zuber, Chief Information Officer  
Amy Smith, Controller  
Sherry Jordan, Revenue Cycle Manager  
Sally Emery, Compliance Officer  
Greg Davis, Director of Population Health

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

**C. APPROVAL OF MINUTES:** The minutes of March 25, 2026 were approved as distributed.

**D. PUBLIC COMMENT:** No public comment.

**E. FINANCIAL STATEMENT – March 2026:**

**Unaudited Financial Statements:** For the month of March, there was a surplus of \$108,132, leaving a YTD surplus of \$230,073. Mr. Lovrich stated volumes were low for the month, specifically in inpatient and clinic. Retail pharmacy revenue is also down. Recruitment efforts for a clinic physician continue. The SNF census is currently 54. Mr. Lovrich continues to monitor the FTE's increase. The District received three IGT's this month. Mr. Lovrich updated the committee on the wound care program, stating the District will be discontinuing the relationship with BioWound due to high costs and poor reimbursement. Efforts are underway to more reasonably priced wound care supplies. Director Parks asked about the District's investments and whether or not we would be better served paying off debt, like the bonds, rather than investing at low interest yield. Mr. Lovrich stated he would check to see if there was a prepayment penalty for the bonds.

**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.

Negative takeaways for the month:

- Operating expenses were over budget.

- Gross AR days increased by 1.
- Clinic revenue was under budget.
- Inpatient revenue was under budget.
- Retail pharmacy 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 4/24/26, the balance was \$8,024.61, with none over 30 days.

**F. OLD BUSINESS:** None

**G. NEW BUSINESS:**

**1. Contract Review/Renewal Summary:**

Sally Emery, Compliance Officer

- Alliant Insurance Service – Fidelity (Crime)
- Alliant Insurance Service – Property/Boiler
- Azara Healthcare (i2i) – QIP Program Interface
- Bakersfield Memorial Hospital – Technical Anatomical Pathology Services
- Bruce Boehmar – Apartment Lease 6429 Park Avenue A, B, C, D
- Doximity – Telehealth
- Duckor, Metzger & Wynne – Legal Counsel
- Gary Finstad, MD – EKG Reading
- Michael Green, MD – Emergency Service
- Insight Direct, USA (Mimecast) – Email Archiving/Recovery
- Insight Direct, USA (VMWare) – Servers
- Language Line – Interpreter Service
- Netflix – SNF Activities Department
- Ortho Clinical Diagnostics – Vitros
- Pipeline Health Holdings, LLC – Remote Pharmacy Service
- Regional Imaging, PC – Radiology Readings/Medical Director
- Starlink – Internet for Park Ave Apt.
- WipFli – Audit/Cost Reports

The contracts were approved by this committee and will be placed on the Board consent agenda for full Board consideration. Director Parks requested to see a year-to-year comparison for the insurances. Mr. Lovrich stated he will get the comparative together.

**2. Capital Expenditure Request – HIM Copy Machine:** The committee has questions about the attached quote as it is from 2024. Director Parks asked about entertaining another vendor. Per Mr. Zuber, the vendor Director Parks is referring to is a smaller organization that was not able to handle our volumes, but Mr. Zuber is happy to reach out to them again. Ultimately, this item was tabled pending a current quote.

**3. Capital Expenditure Request – ER Gurney:** The capital expenditure request for the ER gurney was presented by Shannon Jimerson, CNO. This request is to replace a broken gurney but also includes a scale which will be very helpful for critical patients. After brief discussion, the request was approved by this committee and will be placed on the Board of Directors consent agenda for full Board consideration.

**4. Capital Expenditure Request – Defibrillator ER/Radiology:** The capital expenditure request for the defibrillator for ER/Radiology was presented by Shannon Jimerson, CNO. This request is to order a new defibrillator for ER so that the current unit in ER can be moved to the CT scanner

room as that room does not have a crash cart. Mrs. Jimerson is requesting the Zoll defibrillator as it has pad compatibility with both the current units in ER and the ambulance defibrillators. After brief discussion, the request was approved by this committee and will be placed on the Board of Directors consent agenda for full Board consideration.

5. **Healthstream Policy/Procedure System:** This request is to upgrade our current system as they are phasing out their on-premises system and moving to a cloud-based system. We currently pay \$10k per year, and the upgrade will increase the cost to \$15k annually. Continuing with the same company will be very helpful with migration of the current data. After brief discussion, the upgrade was approved by the committee and will be placed on the Board of Directors consent agenda for full Board consideration.

H. **ADJOURNMENT:** The meeting was adjourned at 1:27p.m.

Submitted by:

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Heidi Sage, Executive Assistant

Approved By:

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Gene Parks, Treasurer



## **Unaudited Financial Statements**

**for**

**Nine Months Ending March 31, 2026**

**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  
Nine Months Ending March 31, 2026**

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Patient Statistics

**KERN VALLEY HEALTHCARE DISTRICT**  
**LAKE ISABELLA, CALIFORNIA**  
**Nine Months Ending March 31, 2026**

	Current Month				STATISTICS	Year-To-Date			
	Actual 03/31/26	Budget 03/31/26	Positive/ (Negative) Variance	Prior Year 03/31/25		Actual 03/31/26	Budget 03/31/26	Positive/ (Negative) Variance	Prior Year 03/31/25
<b>Discharges</b>									
[1]	22	30	(8)	28	Acute	229	262	(33)	234
[2]	0	2	(2)	1	Swing Beds	19	20	(1)	19
[3]	0	0	0	0	Psychiatric/Rehab	0	0	0	0
[4]	0	0	0	0	Respite	0	0	0	0
[5]	22	32	(10)	29	Total Adult Discharges	248	282	(34)	253
[6]	0	0	0	0	Newborn	0	0	0	0
[7]	22	32	(10)	29	Total Discharges	248	282	(34)	253
<b>Patient Days:</b>									
[8]	83	98	(15)	103	Acute	846	873	(27)	796
[9]	0	46	(46)	34	Swing Beds	217	408	(191)	361
[10]	0	0	0	0	Psychiatric/Rehab	0	0	0	0
[11]	0	0	0	0	Respite	0	0	0	0
[12]	83	144	(61)	137	Total Adult Patient Days	1,063	1,281	(218)	1,157
[13]	0	0	0	0	Newborn	0	0	0	0
[14]	83	144	(61)	137	Total Patient Days	1,063	1,281	(218)	1,157
<b>Average Length of Stay (ALOS)</b>									
[15]	3.8	3.3	(0.5)	3.7	Acute	3.69	3.3	(0.4)	3.4
[16]	0.0	20.8	0.0	34.0	Swing Bed	11.4	20.9	9.5	19.0
[17]	0.0	0.0	0.0	0.0	Psychiatric/Rehab	0.0	0.0	0.0	0.0
[18]	3.8	4.5	0.7	4.7	Total Adult ALOS	4.3	4.6	0.3	4.6
[19]	0.0	0.0	0.0	0.0	Newborn ALOS	0.0	0.0	0.0	0.0
[1]									
<b>Average Daily Census (ADC)</b>									
[20]	2.7	3.2	(0.5)	3.3	Acute	3.1	3.2	(0.1)	2.9
[21]	0.0	1.5	(1.5)	1.1	Swing Beds	0.8	1.5	(0.7)	1.3
[22]	0.0	0.0	0.0	0.0	All Other Adult	0.0	0.0	0.0	0.0
[23]	2.7	4.6	(2.0)	4.4	Total Adult ADC	3.9	4.7	(0.8)	4.2
[24]	0.0	0.0	0.0	0.0	Newborn	0.0	0.0	0.0	0.0
[1]									
<b>Long Term Care:</b>									
[25]	1,735	1,637	98	1,531	SNF/ECF Resident Days	14,666	14,467	199	13,007
[26]	0	3	(3)	1	SNF/ECF Resident Discharges	14	23	(9)	20
[27]	0	0	0	0	CBRF/Assisted Living Days	0	0	0	0
[28]	56.0	52.8	3.2	49.4	Average Daily Census	53.5	52.8	0.7	47.5
<b>Emergency Room Statistics</b>									
[29]	22	26	(4)	28	ER Visits - Admitted	211	232	(21)	217
[30]	378	290	88	343	ER Visits - Discharged	3,176	2,610	566	3,170
[31]	278	355	(77)	291	ER - Urgent Care Visits	2,496	3,139	(643)	2,518
[32]	678	671	7	662	Total ER Visits	5,883	5,981	(98)	5,905
[33]	3.24%	3.92%		4.23%	% of ER Visits Admitted	3.59%	3.89%		3.67%
[34]	100.00%	88.71%		100.00%	ER Admissions as a % of Total	92.14%	88.71%		92.74%
[1]									
<b>Outpatient Statistics:</b>									
[35]	996	931	65	868	Total Outpatients Visits	8,829	8,289	540	8,497
[36]	22	17	5	11	Observation Bed Days	172	148	24	157
[37]	932	1,260	(328)	1,253	Clinic Visits - Primary Care	8,374	11,217	(2,843)	11,133
[38]	236	270	(34)	248	Clinic Visits - Specialty Clinics	2,107	2,401	(294)	2,135
[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]	6,838	6,489	349	5,101	Retail Pharmacy Scripts	62,995	57,355	5,640	45,084
[43]	0	0	0	0	Clinic Visits-Mobile Van	0	0	0	29
[1]									
<b>Productivity Statistics:</b>									
[44]	225.60	212.97	(12.63)	218.71	FTE's - Worked	221.04	212.97	(8.07)	212.83
[45]	250.43	242.06	(8.37)	240.78	FTE's - Paid	247.42	242.06	(5.36)	236.47
[46]	0.7624	1.0550	0.29	1.0774	Case Mix Index -Medicare	0.9426	1.0550	0.11	1.0105
[47]	1.0035	0.9968	(0.01)	1.0174	Case Mix Index - All payers	0.9647	0.9968	0.03	0.9891

**KERN VALLEY HEALTHCARE DISTRICT**

**EXECUTIVE FINANCIAL SUMMARY**

**Nine Months Ending March 31, 2026**

<b>BALANCE SHEET</b>		
	<b>3/31/2026</b>	<b>6/30/2025</b>
<b>ASSETS</b>		
Current Assets	20,200,495	14,350,967
Assets Whose Use is Limited	8,271,695	15,328,589
Property, Plant and Equipment (Net)	11,902,951	11,735,542
Other Assets	668,200	668,200
<b>Total Unrestricted Assets</b>	<b>41,043,341</b>	<b>42,083,298</b>
Restricted Assets	0	0
<b>Total Assets</b>	<b>41,043,341</b>	<b>42,083,298</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	6,100,863	5,608,601
Long-Term Debt	8,717,417	9,790,571
Other Long-Term Liabilities	8,541,276	9,230,117
<b>Total Liabilities</b>	<b>23,359,556</b>	<b>24,629,289</b>
Net Assets	17,683,784	17,454,009
<b>Total Liabilities and Net Assets</b>	<b>41,043,341</b>	<b>42,083,298</b>
<b>STATEMENT OF REVENUE AND EXPENSES - YTD</b>		
	<b>ACTUAL</b>	<b>BUDGET</b>
<b>Revenue:</b>		
Gross Patient Revenues	105,208,043	102,598,058
Deductions From Revenue	(71,369,910)	(71,293,054)
Net Patient Revenues	33,838,133	31,305,005
Other Operating Revenue	325,797	259,523
<b>Total Operating Revenues</b>	<b>34,163,930</b>	<b>31,564,528</b>
<b>Expenses:</b>		
Salaries, Benefits & Contract Labor	19,536,576	18,085,805
Purchased Services & Physician Fees	4,966,042	4,804,484
Supply Expenses	6,797,715	5,787,772
Other Operating Expenses	2,623,223	2,736,357
Bad Debt Expense	0	0
Depreciation & Interest Expense	532,494	721,359
<b>Total Expenses</b>	<b>34,456,050</b>	<b>32,135,778</b>
<b>NET OPERATING SURPLUS</b>	<b>(292,120)</b>	<b>(571,250)</b>
Non-Operating Revenue/(Expenses)	522,193	906,438
<b>TOTAL NET SURPLUS</b>	<b>230,073</b>	<b>335,188</b>
<b>KEY STATISTICS AND RATIOS - YTD</b>		
	<b>ACTUAL</b>	<b>BUDGET</b>
Total Acute Patient Days	846	873
Average Acute Length of Stay	3.7	3.3
Total Emergency Room Visits	5,883	5,981
Outpatient Visits	8,829	8,289
Total Surgeries	0	0
Total Worked FTE's	221.04	212.97
Total Paid FTE's	247.42	242.06
Productivity Index	0.9783	1.0000
EBITDA - YTD	0.16%	-0.12%
Current Ratio		
Days Expense in Accounts Payable	37.75	

**Balance Sheet - Assets**

**KERN VALLEY HEALTHCARE DISTRICT**

**LAKE ISABELLA, CALIFORNIA**

**Nine Months Ending March 31, 2026**

**ASSETS**

	29.4%	31.3%			27.8%
[1] Net to Gross AR %					
[2] CASH -ALL SOURCES	<b>18,508,707</b>	<b>14,084,856</b>	<b>4,423,851</b>		<b>20,408,927</b>
	Current Month 3/31/2026	Prior Month 2/28/2026	Positive/ (Negative) Variance	Percentage Variance	Prior YR. AUDITED 6/30/2025
<b>Current Assets</b>					
[3] Cash and Cash Equivalents	10,928,051	6,536,960	4,391,091	67.17%	6,145,776
[4] Gross Patient Accounts Receivable	30,334,207	29,729,116	605,091	2.04%	25,088,793
[5] Less: Bad Debt and Allowance Reserves	(21,410,997)	(20,431,759)	(979,238)	-4.79%	(18,125,817)
[6] Net Patient Accounts Receivable	8,923,210	9,297,357	(374,147)	-4.02%	6,962,976
[7] Interest Receivable	0	0	0	0.00%	0
[8] Other Receivables	(2,208,600)	1,088,255	(3,296,855)	-302.95%	400,127
[9] Inventories	367,519	376,874	(9,355)	-2.48%	388,816
[10] Prepaid Expenses	646,552	668,497	(21,945)	-3.28%	453,271
[11] Due From Third Party Payers	1,543,763	1,950,000	(406,237)	-20.83%	0
[12] Due From Affiliates/Related Organizations	0	0	0	0.00%	0
[13] Other Current Assets	0	0	0	0.00%	0
[14] <b>Total Current Assets</b>	<b>20,200,495</b>	<b>19,917,944</b>	<b>282,551</b>	<b>1.42%</b>	<b>14,350,967</b>
<b>Assets Whose Use is Limited</b>					
[15] Auxillary Cash	371,029	355,335	15,694	4.42%	498,591
[16] Investments -LAIF	296,104	296,104	0	0.00%	286,699
[17] Debt Payment Fund	320,010	219,672	100,338	45.68%	566,847
[18] UBS Funds	4,011,208	3,986,208	25,000	0.63%	10,786,208
[19] Cash Westamerica	52,613	52,612	1	0.00%	52,605
[20] Project Fund	3,220,730	3,212,971	7,759	0.24%	3,137,639
[21] Covid Stimulus Cash Assets	0	0	0	0.00%	0
[22] <b>Total Limited Use Assets</b>	<b>8,271,695</b>	<b>8,122,903</b>	<b>148,792</b>	<b>1.83%</b>	<b>15,328,589</b>
<b>Property, Plant, and Equipment</b>					
[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	23,878,623	23,860,752	17,870	0.07%	23,478,028
[26] Construction In Progress	7,765,584	7,692,835	72,749	0.95%	7,466,276
[27] Capitalized Interest	0	0	0	0.00%	0
[28] Gross Property, Plant, and Equipment	46,975,918	46,885,299	90,619	0.19%	46,276,015
[29] Less: Accumulated Depreciation	(35,072,967)	(35,013,451)	(59,516)	-0.17%	(34,540,473)
[30] <b>Net Property, Plant, and Equipment</b>	<b>11,902,951</b>	<b>11,871,849</b>	<b>31,103</b>	<b>0.26%</b>	<b>11,735,542</b>
<b>Other Assets</b>					
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	668,200	668,200	0	0.00%	668,200
[32] <b>Total Other Assets</b>	<b>668,200</b>	<b>668,200</b>	<b>0</b>	<b>0.00%</b>	<b>668,200</b>
[33] <b>TOTAL UNRESTRICTED ASSETS</b>	<b>41,043,341</b>	<b>40,580,895</b>	<b>462,445</b>	<b>1.14%</b>	<b>42,083,298</b>
<b>Restricted Assets</b>					
[34] <b>TOTAL ASSETS</b>	<b>41,043,341</b>	<b>40,580,895</b>	<b>462,445</b>	<b>1.14%</b>	<b>42,083,298</b>

**Balance Sheet - Liabilities and Net Assets**

**KERN VALLEY HEALTHCARE DISTRICT  
LAKE ISABELLA, CALIFORNIA  
Nine Months Ending March 31, 2026**

		<b>LIABILITIES AND FUND BALANCE</b>				
		<b>Current Month 3/31/2026</b>	<b>Prior Month 2/28/2026</b>	<b>Positive/ (Negative) Variance</b>	<b>Percentage Variance</b>	<b>Prior Yr. AUDITED 6/30/2025</b>
<b>Current Liabilities</b>						
[1]	Accounts Payable	2,489,690	2,438,562	(51,127)	-2.10%	1,688,097
[2]	Notes and Loans Payable	0	0	0	0.00%	0
[3]	Accrued Payroll	586,724	418,550	(168,174)	-40.18%	881,879
[4]	Accrued Payroll Taxes	(80,927)	(101,849)	(20,922)	20.54%	(103,305)
[5]	Accrued Benefits	1,156,492	1,127,377	(29,115)	-2.58%	1,096,921
[6]	Accrued Pension Expense (Current Portion)	78,294	106,996	28,702	26.83%	(1,089)
[7]	Other Accrued Expenses	122,416	161,228	38,811	24.07%	295,335
[8]	Patient Refunds Payable	867,771	713,796	(153,975)	-21.57%	840,764
[9]	Property Tax Payable	0	0	0	0.00%	0
[10]	Due to Third Party Payers	(114,982)	(80,010)	34,972	-43.71%	0
[11]	Advances From Third Party Payers	0	0	0	0.00%	0
[12]	Current Portion of LTD (Bonds/Mortgages)	936,000	936,000	0	0.00%	910,000
[13]	Current Portion of LTD (Leases)	59,385	59,385	0	0.00%	0
[14]	Other Current Liabilities	0	0	0	0.00%	0
	<b>Total Current Liabilities</b>	<b>6,100,863</b>	<b>5,780,036</b>	<b>(320,827)</b>	<b>-5.55%</b>	<b>5,608,601</b>
<b>Long Term Debt</b>						
[15]	Bonds/Mortgages Payable	8,254,000	8,254,000	0	0.00%	9,164,000
[16]	Leases/Notes Payable	1,458,802	1,458,802	0	0.00%	1,539,955
[17]	Less: Current Portion Of Long Term Debt	995,385	995,385	0	0.00%	913,384
	<b>Total Long Term Debt (Net of Current)</b>	<b>8,717,417</b>	<b>8,717,417</b>	<b>0</b>	<b>0.00%</b>	<b>9,790,571</b>
<b>Other Long Term Liabilities</b>						
[18]	Deferred Revenue	0	0	0	0.00%	0
[19]	Accrued Pension Expense (Net of Current)	66,972	33,486	(33,486)	-100.00%	148,849
[20]	Long Term Settlements	8,474,304	8,474,304	0	0.00%	9,081,268
	<b>Total Other Long Term Liabilities</b>	<b>8,541,276</b>	<b>8,507,790</b>	<b>(33,486)</b>	<b>-0.39%</b>	<b>9,230,117</b>
[21]	<b>TOTAL LIABILITIES</b>	<b>23,359,556</b>	<b>23,005,243</b>	<b>(354,313)</b>	<b>-1.54%</b>	<b>24,629,289</b>
<b>Net Assets:</b>						
[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)	1,043,483	935,351	108,132	11.56%	813,708
[26]	<b>TOTAL NET ASSETS</b>	<b>17,683,784</b>	<b>17,575,652</b>	<b>(108,132)</b>	<b>-0.62%</b>	<b>17,454,009</b>
[27]	<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>41,043,341</b>	<b>40,580,895</b>	<b>(462,445)</b>	<b>-1.14%</b>	<b>42,083,298</b>

**Statement of Revenue and Expense**  
**KERN VALLEY HEALTHCARE DISTRICT**  
**LAKE ISABELLA, CALIFORNIA**  
**Nine Months Ending March 31, 2026**

	<b>CURRENT MONTH</b>				
	<b>Actual 03/31/26</b>	<b>Budget 03/31/26</b>	<b>Positive (Negative) Variance</b>	<b>Percentage Variance</b>	<b>Prior Year 03/31/25</b>
Gross Patient Revenue					
[1] Inpatient Revenue	975,860	1,197,198	(221,338)	-18.49%	1,284,233
[2] Clinic Revenue	1,132,674	1,530,341	(397,667)	-25.99%	1,455,217
[3] Outpatient Revenue	6,137,832	5,509,427	628,405	11.41%	5,087,083
[4] Long Term Care Revenue	3,084,785	2,803,508	281,277	10.03%	2,731,394
[5] Retail Pharmacy Revenue	557,843	567,335	(9,492)	-1.67%	488,497
[6] Total Gross Patient Revenue	<u>11,888,995</u>	<u>11,607,809</u>	<u>281,185</u>	<u>2.42%</u>	<u>11,046,425</u>
Deductions From Revenue	%	%			%
[7] Discounts and Allowances (incl IGTs)	(7,753,278)	(7,903,428)	150,150	1.90%	(7,333,013)
[8] Bad Debt Expense (Governmental Providers Only)	(150,821)	(162,575)	11,754	7.23%	(133,860)
[9] Charity Care	0	0	0	0.00%	0
[10] Total Deductions From Revenue	<u>(7,904,099)</u>	<u>(8,066,002)</u>	<u>161,904</u>	<u>2.01%</u>	<u>(7,466,872)</u>
[11] Net Patient Revenue	<u>3,984,896</u>	<u>3,541,807</u>	<u>443,089</u>	<u>12.51%</u>	<u>3,579,553</u>
[12] Other Operating Rev (Incl HHS Stimulus)	38,438	28,836	9,602	33.30%	14,822
[13] Total Operating Revenue	<u><b>4,023,334</b></u>	<u><b>3,570,643</b></u>	<u><b>452,691</b></u>	<u><b>12.68%</b></u>	<u><b>3,594,375</b></u>
Operating Expenses					
[14] Salaries and Wages	1,781,094	1,661,664	(119,430)	-7.19%	1,702,621
[15] Fringe Benefits	370,749	321,810	(48,939)	-15.21%	338,337
[16] Contract Labor	81,305	62,730	(18,575)	-29.61%	92,401
[17] Professional & Physician Fees	457,260	400,464	(56,796)	-14.18%	381,284
[18] Purchased Services	213,126	143,109	(70,017)	-48.93%	136,423
[19] Supply Expense	704,094	654,821	(49,273)	-7.52%	610,130
[20] Utilities	64,340	78,379	14,039	17.91%	71,311
[21] Repairs and Maintenance	7,474	5,843	(1,630)	-27.90%	13,905
[22] Insurance Expense	105,200	87,559	(17,641)	-20.15%	102,241
[23] All Other Operating Expenses	102,704	103,722	1,018	0.98%	126,676
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[25] Leases and Rentals	29,114	34,084	4,970	14.58%	19,438
[26] Depreciation and Amortization	59,516	81,614	22,097	27.08%	62,599
[27] Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[28] Total Operating Expenses	<u>3,975,978</u>	<u>3,635,800</u>	<u>(340,178)</u>	<u>-9.36%</u>	<u>3,657,368</u>
<b>Net Operating Surplus/(Loss)</b>	47,356	(65,157)	112,513	-172.68%	(62,992)
Non-Operating Revenue:					
[29] Contributions/Grants/PPP/ERC	0	14,007	(14,007)	-100.00%	0
[30] Investment Income	34,141	79,434	(45,293)	-57.02%	71,922
[31] Income Derived from Property Taxes	29,931	28,511	1,421	4.98%	27,974
[32] Interest Expense (Governmental Providers Only)	(18,990)	(21,403)	(2,414)	11.28%	(21,219)
[33] Other Non-Operating Revenue/(Expenses)	15,694	2,005	13,689	682.86%	12,755
[34] Total Non Operating Revenue/(Expense)	<u>60,776</u>	<u>102,553</u>	<u>(41,777)</u>	<u>-40.74%</u>	<u>91,431</u>
<b>Total Net Surplus/(Loss)</b>	<u><b>108,132</b></u>	<u><b>37,397</b></u>	<u><b>70,736</b></u>	<u><b>189.15%</b></u>	<u><b>28,439</b></u>
[35] Operating Margin	1.18%	-1.82%			-1.75%
[36] Total Profit Margin	2.69%	1.05%			0.79%
[37] EBITDA	2.18%	-0.14%			-0.60%
[38] Cash Flow Margin	4.64%	3.93%			3.12%

**Statement of Revenue and Expense**  
**KERN VALLEY HEALTHCARE DISTRICT**  
**LAKE ISABELLA, CALIFORNIA**  
**Nine Months Ending March 31, 2026**

	YEAR-TO-DATE				
	Actual 03/31/26	Budget 03/31/26	Positive (Negative) Variance	Percentage Variance	Prior Year 03/31/25
Gross Patient Revenue					
[1] Inpatient Revenue	9,924,148	10,581,687	(657,539)	-6.21%	10,426,161
[2] Clinic Revenue	12,311,876	13,526,243	(1,214,367)	-8.98%	13,389,090
[3] Outpatient Revenue	51,259,096	48,696,225	2,562,871	5.26%	46,865,380
[4] Long Term Care Revenue	26,195,570	24,779,392	1,416,178	5.72%	23,276,401
[5] Retail Pharmacy Revenue	5,517,352	5,014,511	502,841	10.03%	4,087,667
[6] Total Gross Patient Revenue	<u>105,208,043</u>	<u>102,598,058</u>	<u>2,609,985</u>	<u>2.54%</u>	<u>98,044,700</u>
Deductions From Revenue	68%	69%			69%
[7] Discounts and Allowances (incl IGTs)	(70,083,867)	(69,856,103)	(227,764)	-0.33%	(66,304,171)
[8] Bad Debt Expense (Governmental Providers Only)	(1,286,043)	(1,436,951)	150,907	10.50%	(1,386,437)
[9] Charity Care	0	0	0	0.00%	0
[10] Total Deductions From Revenue	<u>(71,369,910)</u>	<u>(71,293,054)</u>	<u>(76,857)</u>	<u>-0.11%</u>	<u>(67,690,608)</u>
[11] Net Patient Revenue	<u>33,838,133</u>	<u>31,305,005</u>	<u>2,533,128</u>	<u>8.09%</u>	<u>30,354,092</u>
[12] Other Operating Rev (Incl HHS Stimulus)	<u>325,797</u>	<u>259,523</u>	<u>66,273</u>	<u>25.54%</u>	<u>242,575</u>
[13] Total Operating Revenue	<u><b>34,163,930</b></u>	<u><b>31,564,528</b></u>	<u><b>2,599,402</b></u>	<u><b>8.24%</b></u>	<u><b>30,596,667</b></u>
Operating Expenses					
[14] Salaries and Wages	15,563,397	14,686,967	(876,430)	-5.97%	13,831,130
[15] Fringe Benefits	3,260,164	2,844,384	(415,779)	-14.62%	2,777,385
[16] Contract Labor	713,015	554,455	(158,561)	-28.60%	922,152
[17] Professional & Physician Fees	3,474,746	3,539,584	64,838	1.83%	3,243,061
[18] Purchased Services	1,491,296	1,264,899	(226,397)	-17.90%	1,298,649
[19] Supply Expense	6,797,715	5,787,772	(1,009,943)	-17.45%	5,265,364
[20] Utilities	602,007	692,770	90,763	13.10%	669,156
[21] Repairs and Maintenance	89,097	51,649	(37,448)	-72.51%	62,510
[22] Insurance Expense	723,238	773,909	50,670	6.55%	756,804
[23] All Other Operating Expenses	896,652	916,768	20,116	2.19%	883,158
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[25] Leases and Rentals	312,229	301,261	(10,968)	-3.64%	280,729
[26] Depreciation and Amortization	532,494	721,359	188,866	26.18%	565,164
[27] Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
[28] Total Operating Expenses	<u>34,456,050</u>	<u>32,135,778</u>	<u>(2,320,272)</u>	<u>-7.22%</u>	<u>30,555,263</u>
<b>Net Operating Surplus/(Loss)</b>	<u><b>(292,120)</b></u>	<u><b>(571,250)</b></u>	<u><b>279,129</b></u>	<u><b>-48.86%</b></u>	<u><b>41,404</b></u>
Non-Operating Revenue:					
[29] Contributions/Grants/PPP/ERC	238,694	123,808	114,886	92.79%	140,835
[30] Investment Income	329,096	702,090	(372,994)	-53.13%	691,641
[31] Income Derived from Property Taxes	269,381	251,997	17,384	6.90%	251,767
[32] Interest Expense (Governmental Providers Only)	(187,416)	(189,176)	1,760	-0.93%	(209,155)
[33] Other Non-Operating Revenue/(Expenses)	(127,562)	17,718	(145,280)	-819.94%	28,490
[34] Total Non Operating Revenue/(Expense)	<u>522,193</u>	<u>906,438</u>	<u>(384,244)</u>	<u>-42.39%</u>	<u>903,578</u>
<b>Total Net Surplus/(Loss)</b>	<u><b>230,073</b></u>	<u><b>335,188</b></u>	<u><b>(105,115)</b></u>	<u><b>-31.36%</b></u>	<u><b>944,982</b></u>
	<b>ACTUAL YTD</b>	<b>BUD YTD</b>	<b>ACT FYE 24</b>	<b>PROJ FYE 25</b>	<b>Prior YTD</b>
[35] Operating Margin	-0.86%	-1.81%			0.14%
[36] Total Profit Margin	0.67%	1.06%			3.09%
[37] EBITDA	0.16%	-0.12%			1.30%
[38] Cash Flow Margin	2.78%	3.95%			5.62%

Statement of Revenue and Expense - 13 Month Trend

KERN VALLEY HEALTHCARE DISTRICT  
LAKE ISABELLA, CALIFORNIA

	31	28	31	31	30	31	30	31	31
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
	03/31/26	02/28/26	01/31/26	12/31/25	11/30/25	10/31/25	09/30/25	08/31/25	07/31/25
Gross Patient Revenue									
[1] Inpatient Revenue	975,860	1,178,137	1,127,465	1,301,785	916,902	993,847	1,043,247	973,987	1,412,918
[2] Clinic Revenue	1,132,674	1,008,996	1,411,784	1,336,905	1,380,389	1,507,686	1,484,378	1,434,986	1,614,079
[3] Outpatient Revenue	6,137,832	5,617,386	5,588,050	5,598,512	5,687,840	5,284,368	5,901,662	5,484,908	5,958,538
[4] Long Term Care Revenue	3,084,785	2,772,263	3,068,793	2,984,831	2,841,120	2,907,090	2,716,734	2,857,113	2,962,842
[5] Retail Pharmacy Revenue	557,843	530,199	527,665	687,725	456,862	674,168	625,071	739,348	718,471
[6] Total Gross Patient Revenue	11,888,995	11,106,980	11,723,756	11,909,758	11,283,113	11,367,159	11,771,092	11,490,342	12,666,849
Deductions From Revenue									
[7] Discounts and Allowances (incl IGTs)	66%	70%	68%	65%	66%	68%	69%	67%	71%
[8] Bad Debt Expense (Governmental Providers Only)	(7,753,278)	(7,609,662)	(7,900,876)	(7,664,622)	(7,263,153)	(7,626,640)	(7,923,166)	(7,555,625)	(8,846,846)
[7B] Medi-Cal Deductions due to IGTs	(150,821)	(144,121)	(121,526)	(122,829)	(163,337)	(131,266)	(146,919)	(153,678)	(151,546)
[9] Charity Care	0	0	0	0	0	0	0	0	0
[10] Total Deductions From Revenue	(7,904,099)	(7,753,782)	(8,022,401)	(7,787,451)	(7,426,491)	(7,757,906)	(8,070,085)	(7,709,303)	(8,998,392)
[11] Net Patient Revenue	3,984,896	3,353,198	3,701,355	4,122,307	3,856,622	3,609,253	3,701,007	3,781,038	3,668,456
[12] Other Operating Rev (Incl HHS Stimulus)	38,438	71,365	17,936	20,062	13,656	16,934	14,349	57,207	75,849
[13] Total Operating Revenue	4,023,334	3,424,562	3,719,291	4,142,369	3,870,278	3,626,188	3,715,357	3,838,245	3,744,306
Operating Expenses									
[14] Salaries and Wages	1,781,094	1,597,766	1,725,742	1,741,873	1,729,861	1,731,138	1,662,964	1,829,589	1,763,370
[15] Fringe Benefits	370,749	346,210	385,428	364,001	360,838	354,691	355,301	376,530	346,415
[16] Contract Labor	81,305	68,859	67,280	80,731	104,784	92,882	80,271	71,738	65,166
[17] Professional & Physician Fees	457,260	338,625	389,130	406,358	361,262	378,156	391,393	375,135	377,397
[18] Purchased Services	213,126	160,967	173,500	163,716	170,788	157,456	158,577	143,475	149,690
[19] Supply Expense	704,094	601,447	657,859	982,808	890,936	692,858	627,492	838,255	801,965
[20] Utilities	64,340	55,195	68,673	70,970	65,742	62,128	74,699	73,972	66,288
[21] Repairs and Maintenance	7,474	9,672	8,487	18,030	5,082	11,403	8,287	9,808	10,855
[22] Insurance Expense	105,200	67,428	67,428	105,425	67,428	70,271	105,200	67,428	67,428
[23] All Other Operating Expenses	102,704	99,852	111,156	103,443	85,330	76,037	105,490	98,026	114,613
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0
[25] Leases and Rentals	29,114	33,257	46,529	37,110	29,952	30,044	39,484	29,950	36,790
[26] Depreciation and Amortization	59,516	59,516	59,488	59,488	59,435	59,183	59,183	58,910	57,774
[27] Interest Expense (Non-Governmental Providers)	0	0	0	0	0	0	0	0	0
[28] Total Operating Expenses	3,975,978	3,438,795	3,760,700	4,133,954	3,931,468	3,716,248	3,668,341	3,972,816	3,857,750
<b>Net Operating Surplus/(Loss)</b>	47,356	(14,233)	(41,409)	8,415	(61,190)	(90,060)	47,015	(134,570)	(113,445)
Non-Operating Revenue:									
[29] Contributions/Grants/PPP/ERC	0	0	0	0	0	171,089	54,552	13,053	0
[30] Investment Income	34,141	35,152	38,512	35,963	37,933	35,714	37,810	37,278	36,594
[31] Income Derived from Property Taxes	29,931	29,931	29,931	29,931	29,931	29,931	29,931	29,931	29,931
[32] Interest Expense (Governmental Providers Only)	(18,990)	(19,076)	(20,045)	(27,627)	(20,009)	(20,049)	(20,301)	(20,201)	(21,117)
[33] Other Non-Operating Revenue/(Expenses)	15,694	13,603	10,546	13,256	8,793	(155,179)	(48,902)	(352)	14,979
[34] Total Non Operating Revenue/(Expense)	60,776	59,611	58,944	51,522	56,648	61,505	53,091	59,708	60,387
<b>Total Net Surplus/(Loss)</b>	108,132	45,378	17,536	59,937	(4,542)	(28,555)	100,107	(74,862)	(53,058)
[35] Operating Margin	1.18%	-0.42%	-1.11%	0.20%	-1.58%	-2.48%	-3.51%	-3.51%	-3.03%
[36] Total Profit Margin	2.69%	1.33%	0.47%	1.45%	0.12%	0.79%	-1.95%	-1.95%	-1.42%
[37] EBITDA	2.18%	0.77%	-0.05%	0.97%	-0.56%	-1.40%	-2.50%	-2.50%	-2.05%
[38] Cash Flow Margin	4.64%	3.62%	2.61%	3.55%	1.94%	1.40%	0.11%	0.11%	0.69%

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

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	30	31	30	31
	Actual	Actual	Actual	Actual
	06/30/25	05/31/25	04/30/25	03/31/25
Gross Patient Revenue				
[1] Inpatient Revenue	878,031	919,766	1,178,765	1,284,233
[2] Clinic Revenue	1,443,923	1,506,100	1,454,900	1,455,217
[3] Outpatient Revenue	5,822,291	5,131,157	4,937,503	5,087,083
[4] Long Term Care Revenue	2,813,800	2,794,698	2,657,872	2,731,394
[5] Retail Pharmacy Revenue	716,476	594,645	528,898	488,497
[6] Total Gross Patient Revenue	<u>11,674,521</u>	<u>10,946,365</u>	<u>10,757,938</u>	<u>11,046,425</u>
Deductions From Revenue	69%	68%	68%	68%
[7] Discounts and Allowances (incl IGTs)	(7,964,781)	(7,294,455)	(7,225,317)	(7,333,013)
[8] Bad Debt Expense (Governmental Providers Only)	(95,513)	(108,897)	(140,024)	(133,860)
[7B] Medi-Cal Deductions due to IGTs	0	0	0	0
[9] Charity Care	0	0	0	0
[10] Total Deductions From Revenue	<u>(8,060,294)</u>	<u>(7,403,352)</u>	<u>(7,365,340)</u>	<u>(7,466,872)</u>
[11] Net Patient Revenue	<u>3,614,226</u>	<u>3,543,013</u>	<u>3,392,597</u>	<u>3,579,553</u>
[12] Other Operating Rev (Incl HHS Stimulus)	12,398	13,869	15,316	14,822
[13] Total Operating Revenue	<u><b>3,626,624</b></u>	<u><b>3,556,882</b></u>	<u><b>3,407,913</b></u>	<u><b>3,594,375</b></u>
Operating Expenses				
[14] Salaries and Wages	1,656,279	1,648,035	1,654,167	1,702,621
[15] Fringe Benefits	326,522	326,902	332,810	338,337
[16] Contract Labor	78,264	79,951	95,657	92,401
[17] Professional & Physician Fees	354,404	384,120	377,024	381,284
[18] Purchased Services	119,935	169,025	150,363	136,423
[19] Supply Expense	785,215	677,345	583,304	610,130
[20] Utilities	61,519	92,322	67,955	71,311
[21] Repairs and Maintenance	11,241	(1,411)	20,186	13,905
[22] Insurance Expense	106,726	67,043	39,371	102,241
[23] All Other Operating Expenses	93,575	125,211	89,736	126,676
[24] Bad Debt Expense (Non-Governmental Providers)	0	0	0	0
[25] Leases and Rentals	24,052	21,687	33,523	19,438
[26] Depreciation and Amortization	59,348	60,983	61,216	62,599
[27] Interest Expense (Non-Governmental Providers)	0	0	0	0
[28] Total Operating Expenses	<u>3,677,079</u>	<u>3,651,213</u>	<u>3,505,312</u>	<u>3,657,368</u>
<b>Net Operating Surplus/(Loss)</b>	<u><b>(50,455)</b></u>	<u><b>(94,331)</b></u>	<u><b>(97,399)</b></u>	<u><b>(62,992)</b></u>
Non-Operating Revenue:				
[29] Contributions/Grants/PPP/ERC	11,335	50,000	35,372	0
[30] Investment Income	24,384	73,241	71,937	71,922
[31] Income Derived from Property Taxes	57,491	27,974	27,974	27,974
[32] Interest Expense (Governmental Providers Only)	(29,005)	(23,657)	(21,252)	(21,219)
[33] Other Non-Operating Revenue/(Expenses)	185	(26,297)	10,157	12,755
[34] Total Non Operating Revenue/(Expense)	<u>64,390</u>	<u>101,261</u>	<u>124,187</u>	<u>91,431</u>
<b>Total Net Surplus/(Loss)</b>	<u><b>13,935</b></u>	<u><b>6,930</b></u>	<u><b>26,789</b></u>	<u><b>28,439</b></u>
[35] Operating Margin	-1.39%	-2.65%	-2.86%	-1.75%
[36] Total Profit Margin	0.38%	0.19%	0.79%	0.79%
[37] EBITDA	-0.55%	-1.60%	-1.69%	-0.60%
[38] Cash Flow Margin	2.82%	2.57%	3.21%	3.12%

## Statement of Cash Flows

### KERN VALLEY HEALTHCARE DISTRICT LAKE ISABELLA, CALIFORNIA Nine Months Ending March 31, 2026

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	CASH FLOW	
	Current Month 3/31/2026	Current Year-To-Date 3/31/2026
CASH FLOWS FROM OPERATING ACTIVITIES:		
[1] Net Income (Loss)	108,132	230,073
[2] Adjustments to Reconcile Net Income to Net Cash		
[3] Provided by Operating Activities:		
[4] Depreciation	59,516	532,494
[5] (Increase)/Decrease in Net Patient Accounts Receivable	374,147	(1,960,234)
[6] (Increase)/Decrease in Other Receivables	3,296,855	2,608,727
[7] (Increase)/Decrease in Inventories	9,355	21,297
[8] (Increase)/Decrease in Pre-Paid Expenses	21,945	(193,281)
[9] (Increase)/Decrease in Other Current Assets	0	0
[10] Increase/(Decrease) in Accounts Payable	51,127	801,295
[11] Increase/(Decrease) in Notes and Loans Payable	0	0
[12] Increase/(Decrease) in Accrued Payroll and Benefits	189,508	(133,822)
[13] Increase/(Decrease) in Accrued Expenses	(38,811)	(172,918)
[14] Increase/(Decrease) in Patient Refunds Payable	153,975	27,007
[15] Increase/(Decrease) in Third Party Advances/Liabilities	371,265	(1,655,361)
[16] Increase/(Decrease) in Other Current Liabilities	0	0
[17] <b>Net Cash Provided by Operating Activities:</b>	<b>4,597,015</b>	<b>105,278</b>
CASH FLOWS FROM INVESTING ACTIVITIES:		
[18] Purchase of Property, Plant and Equipment	(90,619)	(699,903)
[19] (Increase)/Decrease in Limited Use Cash and Investments	(15,694)	118,157
[20] (Increase)/Decrease in Other Limited Use Assets	(133,098)	6,938,738
[21] (Increase)/Decrease in Other Assets	0	0
[22] <b>Net Cash Used by Investing Activities</b>	<b>(239,411)</b>	<b>6,356,991</b>
CASH FLOWS FROM FINANCING ACTIVITIES:		
[23] Increase/(Decrease) in Bond/Mortgage Debt	0	(910,000)
[24] Increase/(Decrease) in Capital Lease Debt	0	(81,153)
[25] Increase/(Decrease) in Other Long Term Liabilities	33,486	(688,841)
[26] <b>Net Cash Used for Financing Activities</b>	<b>33,486</b>	<b>(1,679,994)</b>
(INCREASE)/DECREASE IN RESTRICTED ASSETS	<b>0</b>	<b>0</b>
[27] <b>Net Increase/(Decrease) in Cash</b>	<b>4,391,091</b>	<b>4,782,275</b>
[28] Cash, Beginning of Period	6,536,960	6,145,776
[29] <b>Cash, End of Period</b>	<b>10,928,051</b>	<b>10,928,051</b>

**Kern Valley Healthcare District  
Financial Report**

For the month of March 2026 (9th month in FY 26)

**Profit/Loss Summary**

Net Income in March was \$108,132 (a 2.69% total profit margin), and \$70,736 above budget.

**Net Patient Revenue- MTD positive-YTD positive**

**Month-**The Net Patient Revenue in March was \$3,984,896 (12.51 % above budget). The volume was lower in the acute areas where patient days were down by 35 from February and under budget (61 days below budget), Gross Inpatient Revenues were below budget (\$221,338). Skilled Nursing revenues increased in March (\$312,522 above prior month (days were up by 187(3 more days) and census was up by .7 days and revenues were over budget by \$281,277. Outpatient revenues were \$628,405 above budget (11.41%) Outpatient visits were over budget by 65 and ER Visits were over budget by 7. Retail Pharmacy revenue was 1.367% under budget for the month (prescriptions were 349 over budget, and 70 above prior month). Clinic Revenue was \$397,667 below budget (visits were 362 visits under budget-24%).

**YTD-**Net Patient Revenue is over budget by \$2,533,128 (8.09%). Volumes are under budget in the acute (218 days) and ER (98 visits). Volumes are over budget in the Outpatient (540 visits), skilled Nursing (199 days) and the retail pharmacy (5,640 prescriptions). Inpatient (\$657,539) and Clinic revenue (\$1,214,367) are under budget. Outpatient revenue (\$2,562,871), Skilled nursing revenue (\$1,416,178) and Retail pharmacy (\$502,841) are over budget.

**Operating Expenses- MTD Negative YTD Negative**

**Month-**Operating Expenses in March were \$340,178 (9.36%) above budget (unfavorable). Labor expenses were over budget with March salaries and wages and fringe benefits above budget by \$168,369 and contract labor was \$18,575 over budget. Supply expense was over budget by \$49,273

primarily due to wound care supplies being unbudgeted. Professional and Physician fees are also over budget by \$56,796 due to legal fees being over budget by \$31,305 and ER Physician fees being over budget by \$20,002.

**YTD-** Operating Expenses are \$2,320,272 (7.22%) above budget (unfavorable). Labor expenses are over budget with salaries and wages and fringe benefits above budget by \$1,292,209 and contract labor is \$158,561 above budget. Supply expense is over budget by \$1,009,943 primarily due to the retail pharmacy drug expenses being over budget by \$531,494, due to prescriptions filled being over budget by 5,640, and wound care supplies being unbudgeted by \$595,849.

**Balance Sheet/Cash Flow**

Patient cash collections in January were up from \$1,856,082 in February to \$2,910,931 in March. The Gross AR Days increased to 78 days in March from 77 in February. Gross AR increased by \$605,091 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 \$18,508,707 compared to \$14,084,856 in February.

The Accounts Payable balances increased by \$51,127 in March, primarily due to unpaid Wound care invoices.

**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.

**Negative takeaways for the month:**

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

Prepared by John Lovrich, CEO  
April 24, 2026

**KVHD**  
**Patient Statistics**  
**Thirteen Months Ended March 31, 2026**

STATISTICS	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	Actual 1/31/2026	Actual 2/28/2026	Actual 3/31/2026
<b>Discharges</b>													
[1] Acute	28	29	24	22	27	21	23	27	20	32	29	28	22
[2] Swing Beds	1	1	0	0	4	1	3	2	2	2	3	2	0
[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	29	30	24	22	31	22	26	29	22	34	32	30	22
[6] Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
[7] Total Discharges	29	30	24	22	31	22	26	29	22	34	32	30	22
<b>Patient Days:</b>													
[8] Acute	103	93	73	79	109	76	91	88	86	122	97	94	83
[9] Swing Beds	34	13	0	0	39	17	14	39	5	35	44	24	0
[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	137	106	73	79	148	93	105	127	91	157	141	118	83
[13] Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
[14] Total Patient Days	137	106	73	79	148	93	105	127	91	157	141	118	83
<b>Average Length of Stay (ALOS)</b>													
[15] Acute	3.7	3.2	3.0	3.6	4.0	3.6	4.0	3.3	4.3	3.8	3.3	3.4	3.8
[16] Swing Bed	34.0	13.0	0.0	0.0	9.8	17.0	4.7	19.5	2.5	17.5	14.7	12.0	0.0
[17] Psychiatric/Rehab	0	0	0	0	0	0	0	0	0	0	0	0	0
[18] Total Adult ALOS	4.7	3.5	3.0	3.6	4.8	4.2	4.0	4.4	4.1	4.6	4.4	3.9	3.8
[19] Newborn ALOS	0	0	0	0	0	0	0	0	0	0	0	0	0
[1]													
<b>Average Daily Census (ADC)</b>													
[20] Acute	3.3	3.1	2.4	2.6	3.5	2.5	3.0	2.8	2.9	3.9	3.1	3.4	2.7
[21] Swing Beds	1.1	0.4	0.0	0.0	1.3	0.5	0.5	1.3	0.2	1.1	1.4	0.9	0.0
[22] All Other Adult	0	0	0	0	0	0	0	0	0	0	0	0	0
[23] Total Adult ADC	4.4	3.5	2.4	2.6	4.8	3.0	3.5	4.1	3.0	5.1	4.5	4.2	2.7
[24] Newborn	0	0	0	0	0	0	0	0	0	0	0	0	0
[25]													
<b>Long Term Care:</b>													
[25] SNF/ECF Resident Days	1531	1487	1571	1573	1662	1593	1521	1628	1584	1667	1728	1548	1735
[26] SNF/ECF Resident Discharges	1	1	2	1	0	2	2	2	1	3	1	2	0
[27] CBRF/Assisted Living Days	0	0	0	0	0	0	0	0	0	0	0	0	0
[28] Average Daily Census	49.4	49.6	50.7	52.4	53.6	51.4	50.7	52.5	51.1	53.8	55.7	55.3	56.0
[29]													
<b>Emergency Room Statistics</b>													
[29] ER Visits - Admitted	28	25	23	22	27	23	23	24	19	30	23	23	22
[30] ER Visits - Discharged	343	311	324	344	381	328	364	360	307	323	354	381	378
[31] ER - Urgent Care Visits	310	322	310	312	316	304	270	241	274	261	302	273	278
[32] Total ER Visits	681	658	657	678	724	655	657	625	600	614	679	676	678
[33] % of ER Visits Admitted	4.11%	3.80%	3.50%	3.24%	3.73%	3.51%	3.50%	3.84%	3.17%	4.89%	3.39%	3.40%	3.24%
[34] ER Admissions as a % of Total	87.50%	86.21%	79.31%	75.86%	96.43%	95.83%	85.19%	88.89%	86.36%	88.24%	71.88%	76.67%	100.00%

**KVHD**  
**Patient Statistics**  
**Thirteen Months Ended March 31, 2026**

STATISTICS	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	Actual 1/31/2026	Actual 2/28/2026	Actual 3/31/2026
<b>Outpatient Statistics:</b>													
[35] Total Outpatients Visits	868	1047	1025	1055	1135	955	1082	1090	840	929	901	901	996
[36] Observation Bed Days	11	27	19	25	17	21	17	15	18	19	20	23	22
[37] Clinic Visits - Primary Care	1253	1054	1145	976	1168	975	922	1039	906	864	843	725	932
[38] Clinic Visits - Specialty Clinics	248	264	222	261	264	224	235	263	190	207	286	202	236
[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	5101	5541	5858	6654	7799	7499	6858	7121	6220	7096	6796	6768	6838
[43] Clinic Visits-Mobile Van	0	0	0	0	0	0	0	0	0	0	0	0	0
[44] FTE's - Worked	222.25	223.42	220.81	216.58	220.73	227.94	222.87	224.62	223.66	214.91	210.62	218.76	225.60
[45] FTE's - Paid	241.63	247.25	246.07	242.25	248.21	248.35	247.12	248.82	246.99	247.08	244.68	245.15	250.43
[46] Case Mix Index -Medicare	1.0770	1.1230	1.3689	1.0734	0.9978	0.9270	1.0765	0.9313	0.8826	0.9107	0.9234	1.0715	0.7624
[47] Case Mix Index - All payers	1.0170	0.9990	1.1085	0.9517	1.0036	0.9840	0.9601	0.9654	0.9045	0.8898	0.9443	1.0821	1.0035

**KERN VALLEY  
HEALTHCARE DISTRICT**

**Apr-26**

CONTRACT	VEN #	CONTRACT TYPE	DESCRIPTION	COST	BEGIN	RENEW	NEXT FINANCE REVIEW	TERMS	DEPT	MANAGER		
ALLIANT INS SERVICE	04286	INSURANCE	FIDELITY (CRIME)	\$ 5,150.00	ANN	07/01/20	ANNUALLY	04/01/26	Crime 17-19 - POLICY # 007132035	ADMIN/FINANCE	LOVRICH	
ALLIANT INS SERVICE	04286	INSURANCE	PROPERTY/ BOILER	\$ 249,494.19	ANN	07/01/23	ANNUALLY	04/01/26	Policy # PPROP2324	ADMIN/FINANCE	LOVRICH	
AZARA HEALTHCARE (I2I)	53676	SOFTWARE	QIP PROGRAM INTERFACE	\$ 4,839.00	MO	07/11/24	07/10/28	04/01/26		MVHC	DAVIS	
BAKERSFIELD MEMORIAL HOSPITAL	52883	SERVICE	TECHNICAL ANATOMICAL PATHOLOGY SERVICES	VARIES		TEST & MEDICARE FEE SCHEDULE	08/01/24	07/31/27	04/01/26		LABORATORY	TALAMPAS
BOEHMAR, BRUCE	04300	APARTMENTS	UNIT A,B,C,D - 6429 PARK	\$ 2,000.00	MO	07/15/11	OPEN	04/01/26	SECURITY DEP 2,225.00 Units-A,B,C,D	ADMINISTRATION	LOVRICH	
DOXIMITY	53574	SUBSCRIPTION	TELEHEALTH	\$ 572.06	ANN	07/17/25	07/16/26	04/01/26		REHABILITATION	KRUSICH	
DUCKOR METZGER & WYNNE		SERVICE	LEGAL COUNSEL	\$ 395.00	HR	07/14/23	OPEN	04/01/26		ADMINISTRATION	LOVRICH	
FINSTAD, GARY M.D.		PHYSICIAN	EKG READING	\$ 2,000.00	MO	07/01/16	06/30/19	04/01/26	AFTER 1 YEAR MAY BE RENEWED FOR TWO ONE YEAR TERMS. 60 DAY PRIOR WRITTEN NOTICE TO TERM WITHOUT CAUSE.	ADMINISTRATION	LOVRICH	
GREEN, MICHAEL M.D.		PHYSICIAN	EMERGENCY SERVICE	75.00 EA VISIT 70.00 STAND BY MIN 300.00		07/10/25	07/09/28	04/01/26	60 DAY WRITTEN NOTICE	ADMINISTRATION	LOVRICH	
INSIGHT DIRECT USA (MIMECAST)	53088	SERVICE	EMAIL ARCHIVING/RECOVERY	\$ 18,814.69	ANN	07/26/25	07/25/26	04/01/26		IS	ZUBER	
INSIGHT DIRECT USA (VMWARE)	53088	SERVICE	NEED TO RUN ALL SERVERS	\$ 10,429.44	ANN	07/21/25	07/25/26	04/01/26		IS	ZUBER	
LANGUAGE LINE	03728	SERVICE	INTERPRETATION	AS USED		07/14/15	OPEN	04/01/26	AUTO RENEW MAY TERM WITH 60 DAY NOTICE	ADMINISTRATION	LOVRICH	
NETFLIX	53358	SUBSCRIPTION	SNC RESIDENTS	\$ 24.99	MO	06/28/25	06/27/28	04/01/26		IS	ZUBER	
ORTHO CLINICAL DIAGNOSTICS SUPPLY		SERVICE	VITROS	VARIOUS		7/29/2021	07/28/27	04/01/26	6 YEAR AGREEMENT AT THE END YOU HAVE 90 DAYS TO SECURE OR TERM AGREEMENT.	LABORATORY	TALAMPAS	
PIPELINE HEALTH HOLDINGS LLC	52433	SERVICE	REMOTE PHARMACY SERVICE	VARIES	HR	07/17/17	OPEN	04/01/26	AUTO RENEWAL FOR 1 YEAR TERMS UNLESS TERMINATED WITH 90 DAYS WRITTEN NOTICE.	PHARMACY	TRAN	
REGIONAL IMAGING P.C.		AGREEMENT / PHYSICIAN	RADIOLOGY COVERAGE (XRAY READINGS) REMOTELY 24/7 AND MEDICAL DIRECTORSHIP	\$3.50 PER CASE STIPEND AGREE TO SPLIT COST OF AFTER-HOURS COVERAGE. DIRECTORSHIP \$250.00 HR 2 HR MIN (\$500.00)	VARIES/MO	07/05/21	OPEN	04/01/26	60 DAY WRITTEN NOTICE	ADMINISTRATION	LOVRICH	
STARLINK	53697	SERVICE	INTERNET FOR PARK AVE APT	\$ 120.00	MO	07/01/25	06/30/26	04/01/26		IS	ZUBER	
WIPFLI	52571	CONSULTING	AUDIT COST REPORTS	\$ 45,300.00	ANN	07/01/25	06/30/26	04/01/26	ANNUAL AGREEMENT FOR AUDIT, COST REPORT, ANNUAL OSHPD, DISTRICT HOSP RPT	ADMINISTRATION	LOVRICH	



**MINUTES FOR  
BOARD PERSONNEL AND POLICY COMMITTEE  
Monday, April 27, 2026 – 9:00 A.M.**

1. **CALL TO ORDER:** The meeting was called to order by Director Clark at 9:00am in the Administrative Conference Room.

**PRESENT:** Fred Clark, Committee Chair  
Ross Elliott, Committee Member  
Shannon Jimerson, Chief Nursing Officer  
Cary Zuber, Chief Information Officer  
Cassandra Coleman, Human Resources Manager  
Heidi Sage, Executive Assistant

**ABSENT:** John Lovrich, Chief Executive Officer

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

3. **APPROVAL OF MINUTES:** The minutes of the March 23, 2026 meeting were approved as distributed.

4. **REPORTS:**

**A. Human Resources Report:** The HR report for March 2026 was presented by Cassandra Coleman. Ms. Coleman updated the committee on hires and terminations for the month. The committee was pleased with the additional information now being provided in the report. There were no new Workers Comp claims during the month. Ms. Coleman also provided brief detail on separation of employment for the month.

**B. FTE Report:** The FTE reports for the pay periods ending 3/21/26 and 4/04/26 were reviewed. For PPE 3/21/26, the District was 5.67 FTEs under target based on actual volume. For PPE 4/07/26, the District was 5.92 FTEs under target based on actual volume.

**C. Chief Nursing Officer Report:** Mrs. Jimerson reported that she has interviewed and hired several nurses in the last month. The new residency program has been ordered and will be rolling out in the next few weeks.

**D. Chief Executive Officer Report:** In Mr. Lovrich's absence, staff updated the committee on key items. Mesa Clinical Pharmacy completed their move to the new location over the weekend and opened for business at the new location this morning. The SNF survey was conducted last week and went very well with only a few minor findings. Recruitment efforts continue the MVHC provider positions with one on-site interview earlier this month and another scheduled for May 15<sup>th</sup>. Dr. Newell also started seeing patients last Friday.

5. **POLICY/PROCEDURES FOR REVIEW:**

**Manuals:**

Laboratory -General – The general Laboratory manual was reviewed and approved by this committee. The manual will be placed on the Board of Directors consent agenda for full Board consideration.

Pulmonary – The Pulmonary manual was reviewed and approved by this committee. The manual will be placed on the Board of Directors consent agenda for full Board consideration.

Pharmacy – The Pharmacy manual was reviewed and approved by this committee. The manual will be placed on the Board of Directors consent agenda for full Board consideration.

Sterile Compounding – The Sterile Compounding manual was reviewed and approved by this committee. The manual will be placed on the Board of Directors consent agenda for full Board consideration.

**Policies:**

Business Office:

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

Emergency Department:

- Pelvic Binder Application Approved – Will place on consent agenda
- Triage Approved – Will place on consent agenda

Health Information Management:

- Analysis, Quantitative and Qualitative, LTC Record Approved – Will place on consent agenda
- Content, Medical Record, Long Term Care Approved – Will place on consent agenda

Human Resources:

- Social Media, Social Networking & Web-Based Comm. Approved with changes – to consent

Infection Control:

- Clostridioides Difficile – Infection Control Practices Approved – Will place on consent agenda

Inpatient Pharmacy:

- Hazardous Drugs: Storage, Prep, Admin and Disposal Approved – Will place on consent agenda
- High Alert Medications and Independent Double Checks Approved – Will place on consent agenda
- Pharmaceutical Waster Management Approved – Will place on consent agenda
- Protocol – IV Heparin Administration Approved – Will place on consent agenda
- Single and Multiple Dose Medication Containers Approved – Will place on consent agenda

Laboratory:

- Sofia 2 SARS Antigen + FIA Approved – Will place on consent agenda

Medical Transportation:

- Appointment Cancellation / No-Call, No-Show Approved with changes – to consent

Mesa Clinical Pharmacy:

- Pharmacy Clerk – Roles and Duties Approved – Will place on consent agenda

Nursing:

- Bladder Scanner Approved – Will place on consent agenda
- Sepsis and Septic Shock – Diagnosis and Management Approved – Will place on consent agenda

Nutrition Services:

- Calorie Count Monitoring Approved – Will place on consent agenda
- Communication of Diet Orders/Request Approved – Will place on consent agenda
- Delineation of Cleaning Duties and Responsibilities Approved – Will place on consent agenda
- Diets Approved – Will place on consent agenda
- Dining Room Oversight, Test Tray, Kitchen Inspection Approved – Will place on consent agenda
- Damaged Dishware and Equipment Control Approved – Will place on consent agenda
- Dishmachine Operation Approved – Will place on consent agenda
- Eating and Dining Environment Approved – Will place on consent agenda
- Emergency and Disaster Foodservice Plan and Menu Approved – Will place on consent agenda
- Enteral Nutrition (Tube Feeding) Support Approved – Will place on consent agenda
- Food Cooling, Advanced Preparation, and Leftover Mgmt. Approved – Will place on consent agenda
- Ice Machine and Ice Storage Sanitation Approved – Will place on consent agenda
- Inservice Education and Documentation Approved – Will place on consent agenda
- Kitchen Weights and Measures Approved – Will place on consent agenda
- Nutrition Services Job Descriptions Approved – Will place on consent agenda
- Nutrition Services Orientation and Training for New Hires Approved – Will place on consent agenda

Radiology:

- Radiologic Technologist Licensure – Radiology Approved – Will place on consent agenda
- Radiologist Technologist Fluoroscopy License Approved – Will place on consent agenda

Rural Health Clinic:

- Prescribing Guidelines for Drugs with Potential for Abuse Approved – Will place on consent agenda

Skilled Nursing Facility:

- Call Lights
- Personal Cup Use

Approved – Will place on consent agenda

Approved – Will place on consent agenda

SNF – Infection Control:

- Clostridioides Difficile – Isolation Control Practices
- Surveillance Control Program/Plan

Approved – Will place on consent agenda

Approved – Will place on consent agenda

Utilization Review/Social Services:

- Patient Admission Process

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.

**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. Seeing better participation from managers who had not previously utilized the system.

**C. Draft Scholarship Policy:** The committee discussed the policy drafted by Legal Counsel. The committee unanimously agreed that supporting staff with supplemental time so they can maintain a full check and benefits was generous. The policy will be modified and submitted for review at the next meeting.

**8. ADJOURNMENT:** The meeting was adjourned at 9:33am.

Submitted by: \_\_\_\_\_  
Heidi Sage, Executive Assistant

Approved by: \_\_\_\_\_  
Fred Clark, Committee Chair

**KERN VALLEY HEALTHCARE DISTRICT  
HUMAN RESOURCES REPORT  
MARCH 2026 – FY 26**

	MAR '26	FEB '26	JAN '26	MAR '25	
<b>FULL TIME:</b>	223	221	218	280	
<b>PART TIME:</b>	29	28	26	42	
<b>PART TIME W/O BENEFITS:</b>	8	8	7	27	
<b>PER DIEM:</b>	46	45	44	97	
<b>TEMPORARY:</b>	13	12	12	23	
<b>TOTAL EE'S + OP:</b>	319	314	307	469	
<b>UNOCCUPIED:</b>	22	21	17	--	
<b>GRAND TOTAL:</b>	297	293	290		
<b>TURNOVER RATE:</b>	.01%	1.37%	1.71%	3.4%	
<b>EE's on LOA</b>	16	16	14	--	
<b>ACTIVE EE's</b>	281	277	276	266	
<b>OPEN POSITIONS:</b>	21	<b>OPEN</b>	<b>DEPARTMENT</b>	<b>POSITION</b>	<b>STATUS</b>
	3		SKILLED NURSING	CNA	FT
	1		SKILLED NURSING	LVN	FT
	1		SKILLED NURSING	RN	FT
	1		ACUTE	LVN	FT
	1		ACUTE	RN	FT
	4		ER	RN	FT
	1		MVHC	CLINICAL PHYSICIAN	PT
	1		MVHC	MID-LEVEL PRACT	FT
	1		RADIOLOGY	RAD TECH-CT& GEN. RADIOLOGY	PD
	1		RETAIL	PHARMACIST	FT
	1		HOSPITAL	PHARMACIST	FT
	1		REHAB	SPEECH THERAPIST	PD
	2		RESPIRATORY	RCP	FT
	1		FINANCE	CFO	FT
	1		NUTRITION	DIETARY TECH	TEMP
<b>NEW HIRES:</b>	8	<b>NEW</b>			
	1		SECURITY	SECURITY OFFICER	PD
	1		HUMAN RESOURCES	HR CLERK	TEMP
	2		HIM	HIM TECH	FT
	1		ACUTE CARE	RN	FT
	1		RETAIL	PHARM TECH	PT
	1		SNF	RESIDENT MONITOR	TEMP
	1		ER	ER TECH/NA	FT
<b>SEPARATION FROM EMPLOYMENT:</b>	3	<b>VOL</b>	<b>INVOL</b>	<b>DEPARTMENT</b>	<b>POSITION</b>
	1			SKILLED NURSING	CNA FT
			1	ACUTE	CNA PD
	1			ER	RN FT
<b>WORKERS' COMPENSATION NEW CLAIMS:</b>			<b>DEPARTMENT</b>	<b>LOST TIME?</b>	<b>RTW?</b>
<b>WC OPEN/CLOSED:</b>			<b>TOTAL CLAIMS</b>	<b>TOTAL OPEN CLAIMS</b>	
	OPEN FY 25-30 19	CLOSED FY 25-30 11	FY 25-30 30	19	
(FY24) 7/1/24 – 6/30/25	10	7	17	10	
(FY25) 7/1/25 – 6/30/26	9	4	13	19	



## **Chief of Staff Report – May 14, 2026 Board of Directors Meeting**

### **Pharmacy & Therapeutics (P&T) Committee– April 8, 2026**

- Committee reviewed ED stats for March 2026.
- Committee reviewed and approved 21 policies. (High Alert Medications and Independent Double Checks, Protocol – Heparin Drip Administration, Sepsis Protocol, Bladder Scanner, Surveillance Program/Plan, Prescribing Guidelines for Drugs with Potential for Abuse, Pelvic Binder Application, Delineation of Cleaning Duties, Eating and Dining Environment, Emergency and Disaster Foodservice Plan and Menu, Nutrition Services Orientation and Training for New Hires, Enteral Nutrition Support, Food Cooling, Advance Preparation and Leftover Food Management, Foodservice Certification Requirements, Food Preparation Area Sanitation and Control, Food Stored Outside the Nutrition Services Department, Kitchen Weights and Measures, Nutrition Services Job Descriptions, Ice Machine and Ice Storage Sanitation, Inservice Education and Documentation, and Call Lights).
- Committee reviewed regular reports. (Blood Usage, Blood Culture Analysis, CAHPS/Patient Safety, Temperature Alert Incidents, Medication Shortages, MERP, MRSA AST Monitoring, Foley Catheter Usage, Hand Hygiene, and EOC Rounds Pharmacy).

### **Skilled Nursing Facility Continuous Quality Improvement (SNF CQI) Committee – April 16, 2026**

- Committee reviewed HSAG report on primary areas of focus for the SNF from recent assessment.
- 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 EOC Rounds Checklist, and SNF Infection Control Risk Assessment).
- Committee reviewed the Antibiogram through December 2025 and the Antibiotic Usage for UTI, and Wound, Respiratory & GI Reports.

### **Medical Executive Committee (MEC) – April 21, 2026**

- Committee reviewed and approved the appointments of 1 ER physician, 1 Tele neurologist, and the reappointments of 3 radiologists.
- Committee reviewed 27 and approved 25 policies. (All policies at P&T above, plus Single and Multiple Dose Medication Containers, Diets, Clostridioides Difficile – Infection Control Practices Acute, Clostridioides Difficile – Isolation Control Practices SNF, \*Emergency Events in the Radiology Department, and \*Emergency Response). \*Will remain on agenda.
- Discussed possible implementation of a suboxone program – T. Rowland will reach out to Dr. Mongar.
- Committee reviewed regular reports (Promoting Interoperability e/CQM, ED Monthly Statistics, Physician QI/Risk, and Medication Shortages)



## Chief of Staff Report – May 14, 2026 Board of Directors Meeting

Page 2

### Antimicrobial Stewardship Committee – April 28, 2026

- Committee reviewed and discussed participation in the CDPH ASP Honor Roll, with a goal of earning a silver medal.
- Committee reviewed the current antibiogram and discussed changes in susceptibilities and recommendations.
- Committee reviewed regular reports. (Pharmacy Antimicrobial Review for Community Acquired Pneumonia, Acute ABX Usage Reports for PNA/LRI, UTI, and Wound/GI; HAI Reports Acute/SNF, SNF ABX Usage for UTI, Wound/Respiratory/GI and EOC Rounds for Pharmacy)

### Medical Quality Council – April 28, 2026

- Committee reviewed the MERP Annual Report for 2025.
- Board members were given updates on regular reports – Risk Summary 1<sup>st</sup> quarter, SNF QA Studies 1<sup>st</sup> Quarter, MBQIP 4<sup>th</sup> Quarter 2025, NPSG 1<sup>st</sup> Quarter, Department QR 1<sup>st</sup> Quarter, SNF Plan of Corrections 1<sup>st</sup> Quarter, Antibiotic Stewardship, Patient Safety (previously CAHPS) and HCAHPS 1<sup>st</sup> Quarter.

### Infection Control Committee – April 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, and Pharmacy, Acute ABX Usage Reports for PNA/LRI, UTI, and Wound/GI; SNF ABX Usage for UTI, Wound/Respiratory/GI, SNF Infection Control Risk Assessment and Antibiotic Stewardship)

# CIO Monthly Board Report

May 2026 | Kern Valley Healthcare District

## I. Current Projects & Operations

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### PLANNING & DATA MAPPING

#### MVHC EHR Transition

- **Technical Update:** TruBridge has confirmed the capability to migrate clinical documents from the legacy **eMDs** system. However, a critical requirement for "data mapping"—associating each document with the correct patient record—has been identified.
- **Scope of Effort:** With over **one million documents** currently residing in the MVHC EMR, a manual mapping process is unfeasible.
- **Current Action:** We are in active tripartite discussions with both **TruBridge** and **eMDs** technical teams to identify an automated or programmatic solution for this mapping to ensure data integrity without overwhelming staff resources.

### POST-GO-LIVE & OPTIMIZATION

#### Emergency Department EVolvED Migration

- **Go-Live Milestone:** The system officially went **Live** on April 13th.
- **System Adjustments:** We are currently navigating "growing pains" associated with the system's strict **hard-stop compliance**. While this requires an adjustment period for nursing and physician staff, it ensures higher clinical documentation standards and regulatory compliance.
- **Historical Data Access:** A post-migration challenge regarding the accessibility of historical patient data was identified. We have been transitioning this data to a more accessible permanent location; in the interim, staff maintained access to the legacy system. This transition is expected to be fully resolved by the time of this meeting.

## II. Infrastructure & Security Transition

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### ON TRACK

- **Windows Server Infrastructure:** The project remains on schedule for full completion prior to the **January 2027** end-of-support deadline.
- **Security Focus:** Efforts continue to focus on the migration of Domain Controllers to Server 2025, ensuring the district's core authentication and security protocols are modernized and resilient.

## III. Artificial Intelligence (AI) Strategy & Evaluation

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### Strategic Funding & Grants

- **Milestone:** We have received formal approval for a **60% licensing discount** through a specialized Microsoft grant for Rural Hospitals. This significantly reduces the financial barrier to scaling AI tools across the district.

### Governance & Policy Development

- **Microsoft AI Assessment:** The district recently participated in a comprehensive Microsoft AI Assessment. This engagement is designed to assist us in developing robust internal policies and deployment strategies for safe, effective AI adoption. A detailed report with actionable recommendations is expected shortly.

### Radiology Innovation (Microsoft PowerShare Pilot)

- **Overview:** We are currently testing **Microsoft PowerShare** for the digital transmission of radiology images and reports to outside facilities.
- **Key Benefits:** This cloud-based platform replaces the need for physical media (CDs/DVDs), allowing for:
  - **Instant Access:** Providers at receiving facilities can view high-resolution images immediately for faster consultations.
  - **Enhanced Security:** Fully HIPAA-compliant, encrypted sharing that protects patient privacy more effectively than physical discs.
  - **Operational Efficiency:** Reduces administrative burden and costs associated with burning, labeling, and transporting physical imaging records.

# PR & Marketing Board Report: April 2026

## I. Executive Summary

This month, we focused on building deeper connections with our community and modernizing our digital presence. Our main goal was to strengthen our "Neighbors treating neighbors" reputation by shifting from basic advertising to building real relationships and growing our social media footprint. We are prioritizing meaningful content over constant posting to build a stronger brand while staying flexible enough to handle daily challenges .

## II. Social Media Strategy

We have decided that posting every day just for the sake of frequency Instead, we are using a strategy focused on timing and quality which has proven prosperous:

- **Quality First:** We are creating high-quality posts that people actually want to share, ensuring our message is consistent with our brand across all platforms and copy.
- **Smart Timing:** Our data shows that people are most active on weekends and at the start of the week, so we are scheduling our most important news for those times. Also, it reflects that the audience is very receptive and responsive to any big changes or events that are happening within the hospital. *Please see the attached metrics.*
- **Better Planning:** We are setting up new ways to plan content further in advance to improve the quality of our videos and photos especially when we cross collaborate with other departments. Keep in mind that coordination does take time so the lead time can vary from project to project along with the design work, caption writing, and script outlining.
- **Advertising Trial:** Since our regular posts are doing so well, we didn't need to pay for paid social media ads in April. However, we are starting a 90-day trial for paid ads to help us reach people inside & outside of the Kern River Valley via facebook primarily since that is the most used platform in this area, but still encompassing other platforms as well.

**\*\*posting frequently can lead to low engagement and user fatigue\*\***

### III. Community Outreach & Growth

- **Ridgecrest 100 Event:** Attending this event helped us meet residents who already use our services or know of us but were apprehensive and they appreciated our presence in the community. Since this went so well, we have been invited to a larger event in Kernville this October 2026.
- **Healthcare Advocacy:** We met with local leaders, community partners, and members of the community to discuss why our status as a "Critical Access Hospital" is vital for both health and the local economy. This has sparked interest from partners in the Bakersfield and surrounding Kern County area who want to support our area. Currently in talks with these potential partners to see if they are a fit for our program.

### IV. Improving Operations

- **Clinic TV Updates:** We are removing third-party content from our clinic waiting rooms. This allows us to use those screens to educate patients about our own services while they wait. There are a variety of different ways we can utilize the TV in the clinic however, just giving them more info on the services we offer here or any relevant information on the hospital such as major updates, events, and etc.
- **Pharmacy Move:** We are managing the communication for the Mesa Clinical Pharmacy relocation. This includes a new billboard designed to catch the attention of commuters, which we expect to be installed in late May, and we would have loved to install sooner, but unfortunately that is the fastest lead time that we could get with LAMAR due to the printing/signage crew schedule; however was able to negotiate for upgraded materials so that the signage stays pristine when the heat rises.

### V. Results & Staff Culture

- **Blood Drive Success:** Even though we had a delay in getting digital promotional materials from our vendor, our local networking efforts led to a **105% success rate for the April 27th drive**. The next expected blood drive is in Late June, and we have been in communication about that said date, getting those deliverables on time.
- **Employee Spotlights:** We are highlighting our staff to boost internal morale. When employees feel appreciated this in turn can lead to better patient care, and also members of the community also like to see their friend, neighbor, sibling, etc. highlighted for the hard work they have achieved. *\*\*Please see metrics.*

- **Events & Recognition:** We hosted a thank-you lunch for our thrift store volunteers at Ewings where the board and admin attended, custom thank you cards were given . We are also planning Hospital Week activities and partnered with CNO to get professional grade marketing copy for Nurses Week.

## **VI. Conclusion**

April was a turning point where we took more control over how we tell our story and how we use our marketing tools. Looking ahead, we will continue to highlight our staff's hard work, finish our clinic TV project, and use data from our new social media ad trials to make sure every dollar we spend helps build trust with our patients. Also, we would like to continue our outreach efforts to inform more community members and strengthen relationships/bonds within our community & beyond; along with fostering new working relations with future/potential partners.

### Views

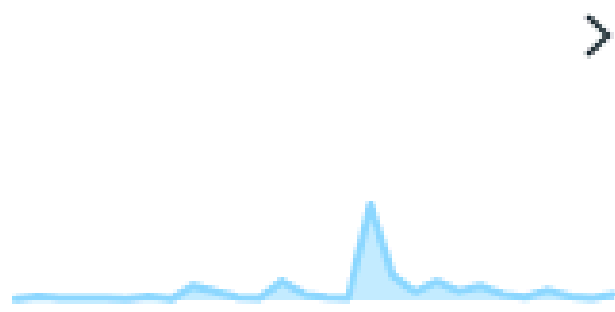
Views ⓘ

**19.1K** ↑ 289.4%

From followers ⓘ **33.9%** ↓ 11.2%

From non-followers ⓘ **66.1%** ↑ 6.9%

Viewers ⓘ **5,743** ↑ 174%



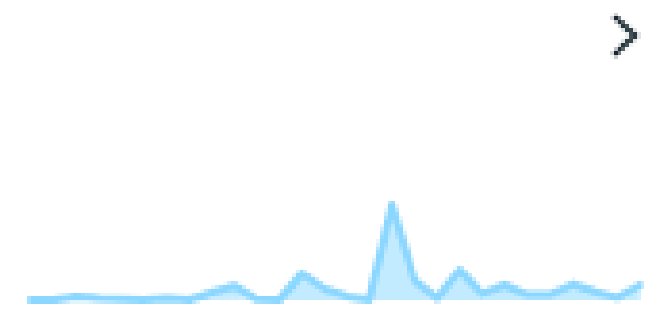
### Interactions

Content interactions ⓘ

**386** ↑ 348.8%

From followers ⓘ **240** ↑ 328.6%

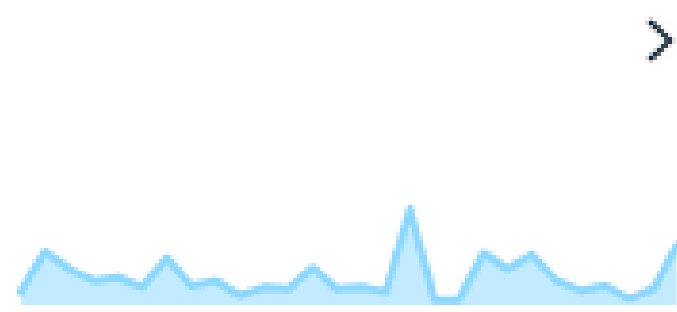
From non-followers ⓘ **146** ↑ 386.7%



### Visits

Facebook visits ⓘ

**478** ↑ 77.7%



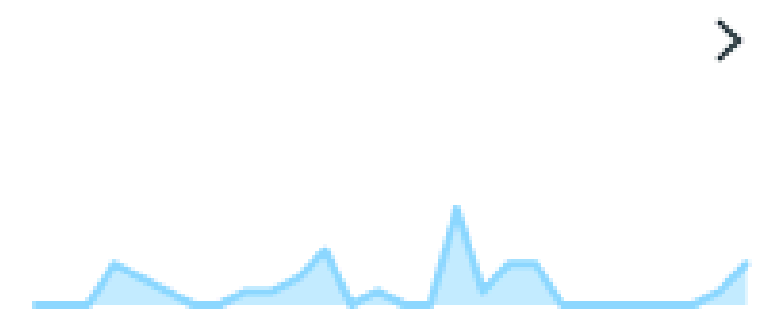
### Follows

Follows ⓘ

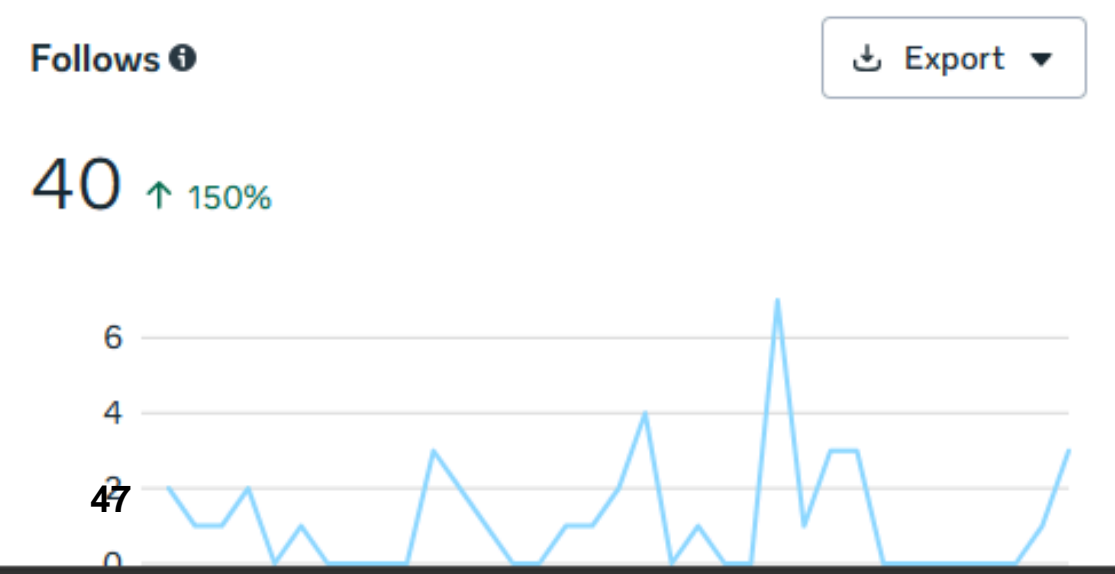
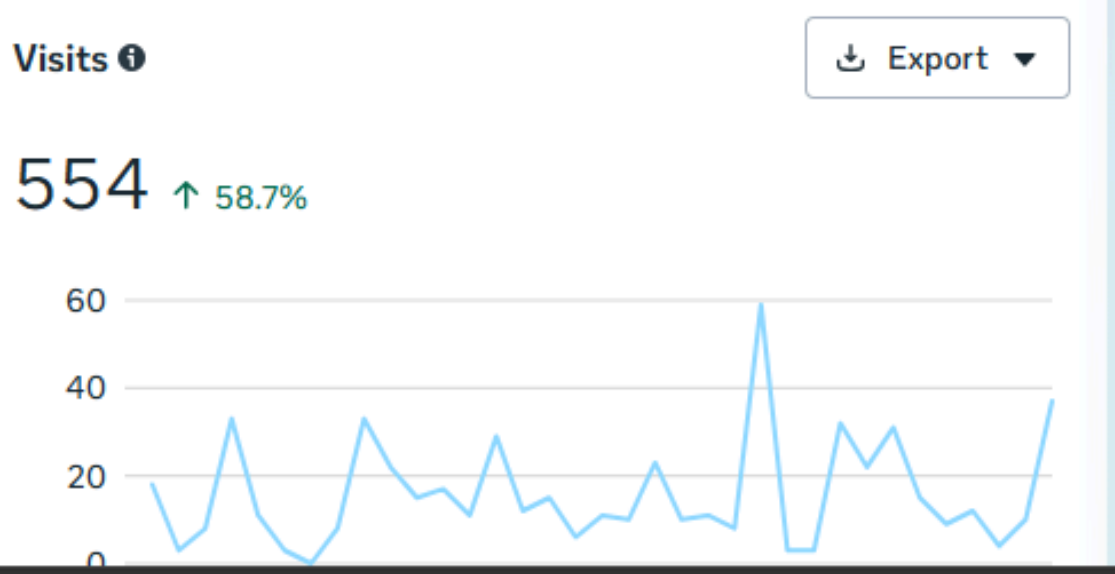
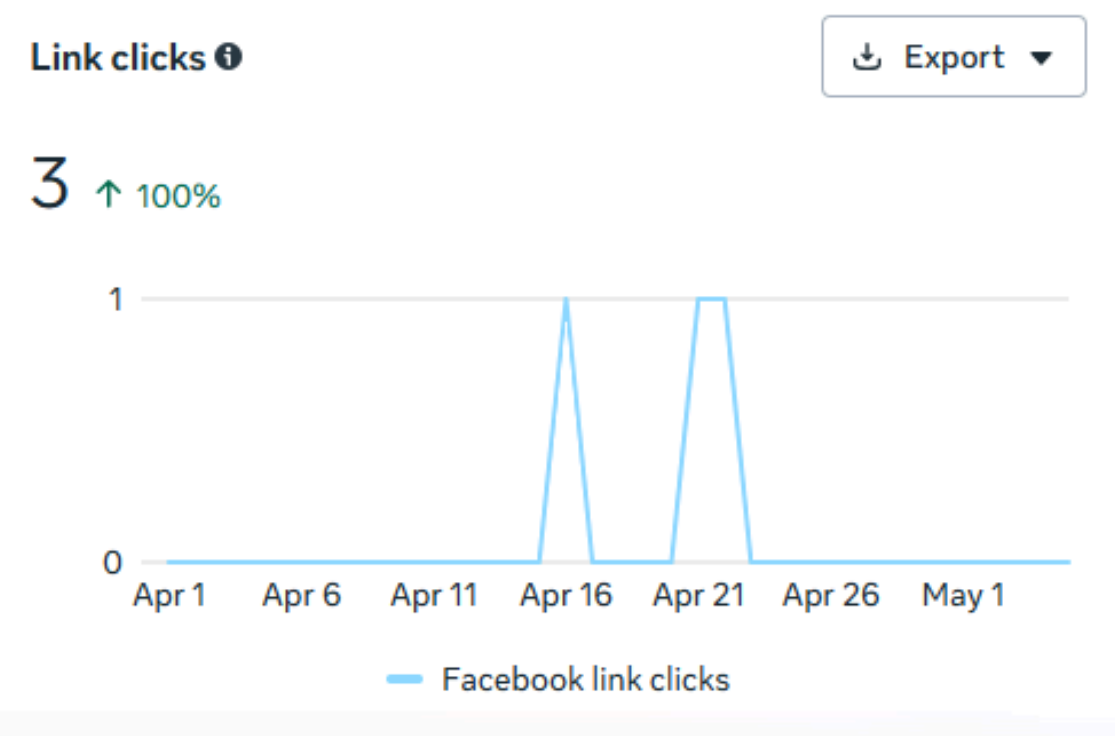
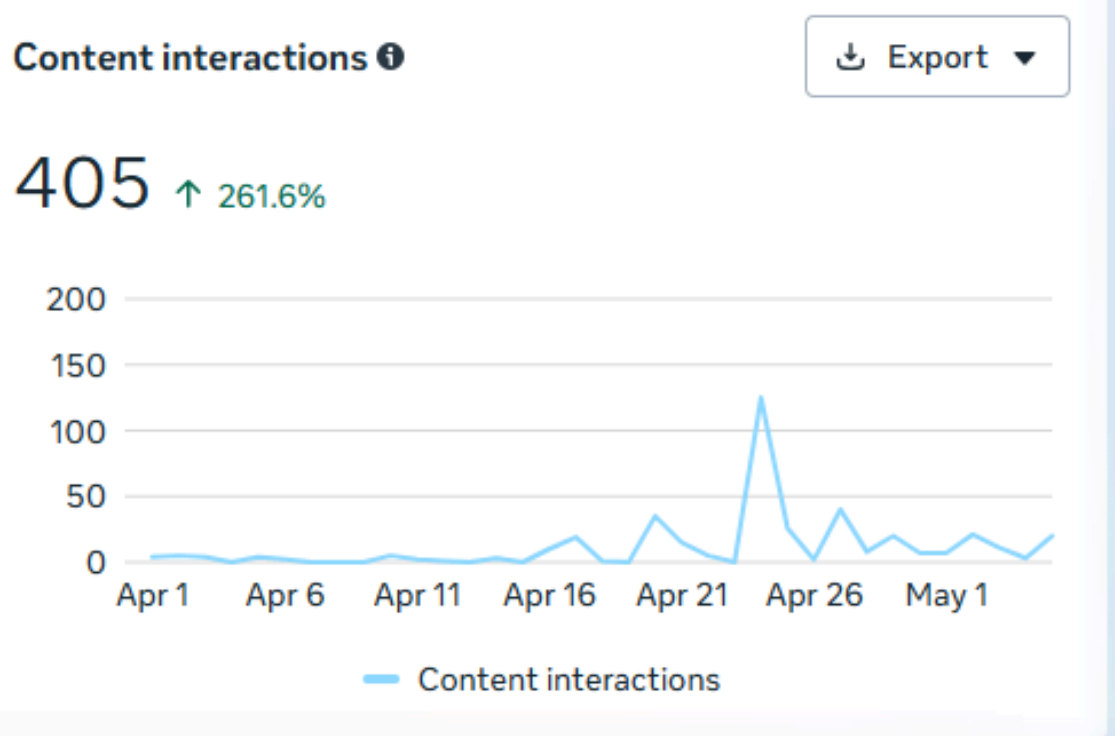
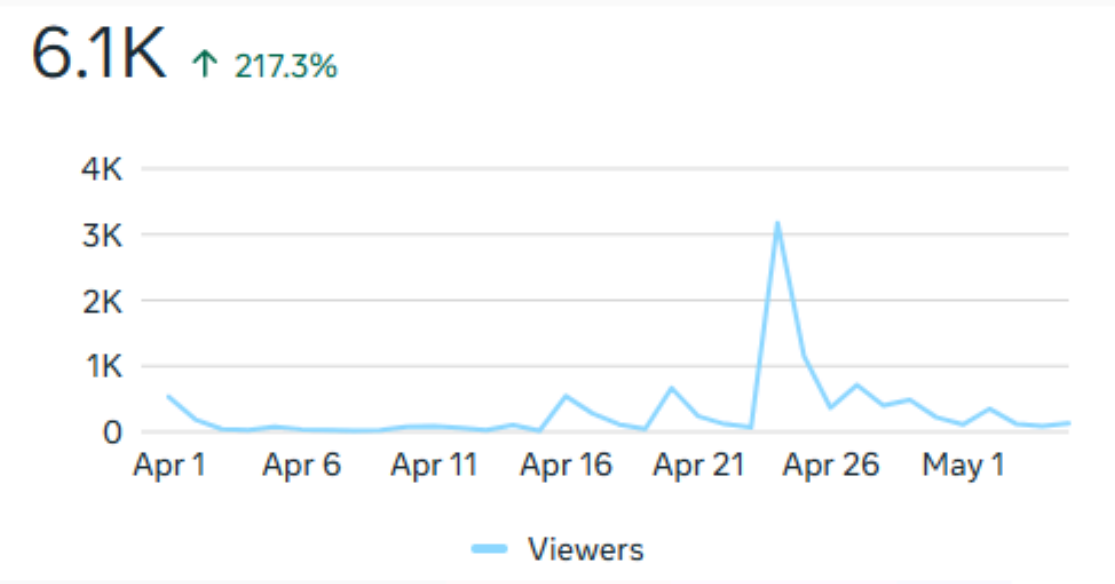
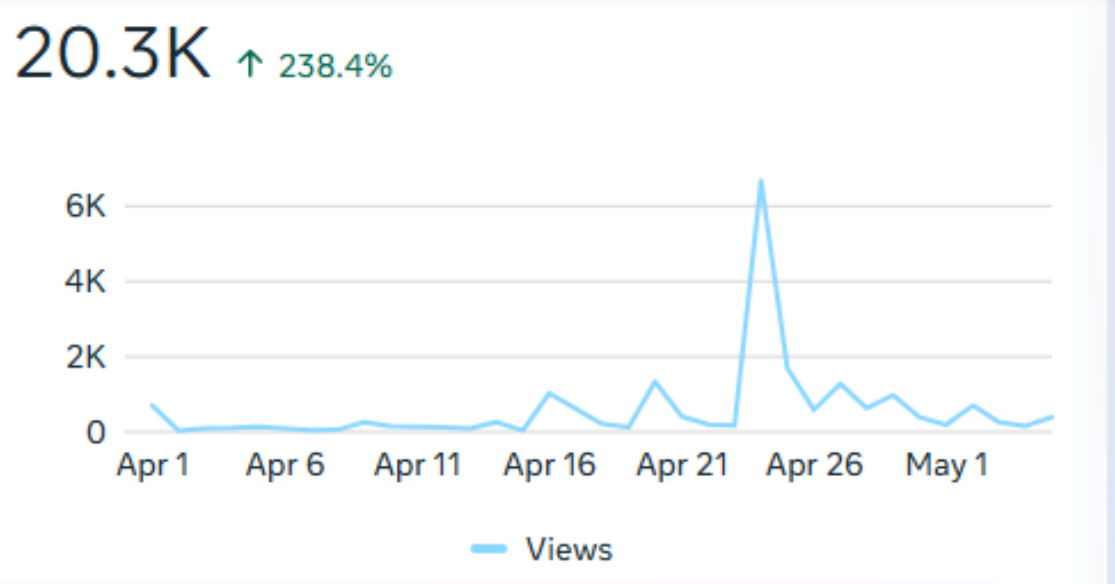
**33** ↑ 65%

Unfollows ⓘ **7** ↑ 75%

Net follows ⓘ **26** ↑ 62.5%



# Last 30+ Days

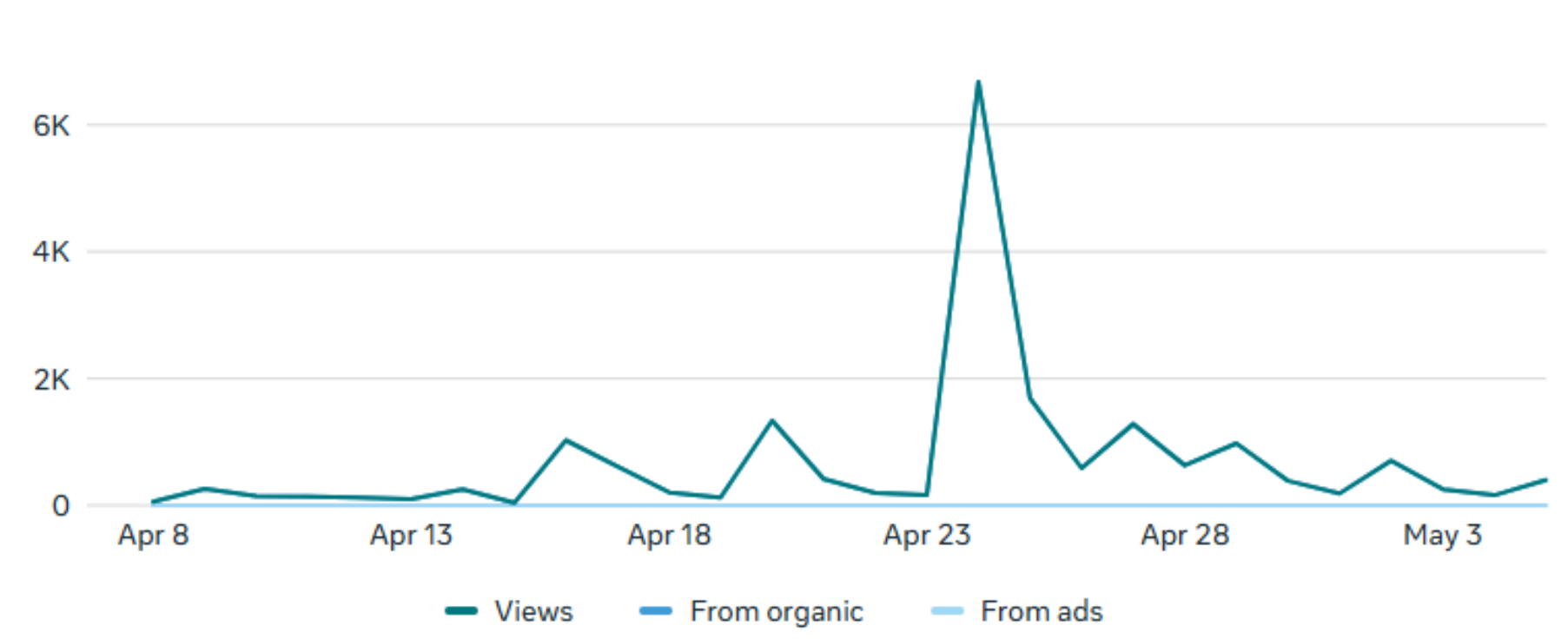


### Content overview

Breakdown: Organic/ads

- All
- Reels
- Live
- Posts
- Stories

Views	3-second views	1-minute views	Content interactions	Watch time
19.1K <span>↑ 289.4%</span>	521 <span>↓ 24.1%</span>	36 <span>↓ 52%</span>	386 <span>↑ 348.8%</span>	2h 55m <span>↓ 46.4%</span>



#### Views breakdown

Apr 8 - May 5

**Total**  
19,116 ↑ 289.4%

**From organic**  
19,116 ↑ 289.4%

**From ads**  
0 0%

**Viewers**  
5,743 ↑ 174%

### Top content by views

Boost content

See all content



We're growing for YOU, Kern River Valley 🍌...



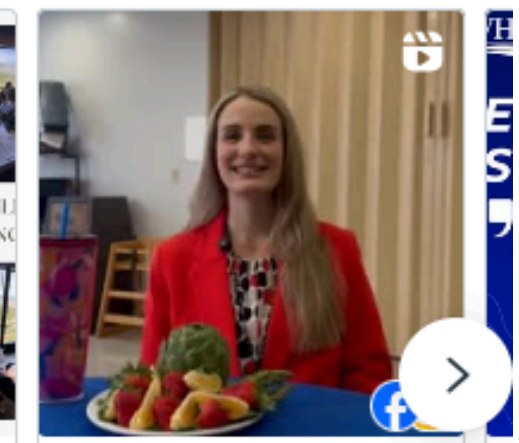
Behind every treatment plan and...



We are thrilled to announce that Mesa...



Grateful hearts, full tables, and an...



Dr. Tiffany's Takeaways Looking to...



**3. Comparable Services Analysis**

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

Vendor	Recommended Vendor (Y/N)	Amount \$

**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:**

\_\_\_\_\_

*Legal Counsel*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*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:



PROPOSAL #: SP 47115325  
 Proposal Date: 03/17/2026  
 Expiration Date: 05/17/2026

Attn: ACCOUNTS PAYABLE  
 KERN VALLEY HEALTHCARE  
 6412 LAUREL AVE  
 MOUNTAIN MESA CA 93240-9529

Ship To:  
 KERN VALLEY HEALTHCARE  
 6412 LAUREL AVE  
 MOUNTAIN MESA CA 93240-9529

For Questions / Correspondence Please Contact:  
 Hillrom Customer Service @ 800-445-3730  
 Fax: 812-934-8189  
 Email: hrc\_us\_customerservice@baxter.com

Bill To Customer #: 627050

Ship To Customer #: 627050

Your Account Rep.: RAMSEY MARTINEZ  
 Mobile Phone #: +1 (909) 7581616  
 Email: ramsey\_martinez@baxter.com

Product Information

Qty Unit Price Extended Price

**HILL-ROM STRETCHER**

**Standard Features:**

- 700 lb. Weight Capacity
- Full Perimeter Bumperring
- 3/4" Standard IV Pole Sockets
- Six Transport Strap Locations
- Large Storage Area
- Pneumatic Head Section
- 8" Tente Carpet Casters

\*\*\*\*\*

**Included Options:**

- 26" (660 mm) Deck Width
- Mattress meets CAL129 Firecode
- O2 Tank Holder/Utility Shelf
- Brake Pedals at Head & Foot
- English Language Labels
- Hydraulic Pedals on both sides
- Accent Color - Blue
- Light Neutral Bellows
- Head End Siderail Gap
- Conductive Caster
- Decal - Undecided
- Stretcher Warranty: 3 Years Parts, 2 Years Mattress, 1 Year Service.
- Frame Part Number: P8000H004793

\*\*\*\*\*

**Itemized Options:**

PS	Procedural P8000	1	\$3,619.42	\$3,619.42
ST-SC	Scale	1	\$1,117.86	\$1,117.86
ST-4S	4" Mattress Upgrade	1	\$204.54	\$204.54
ST-HEAD	Push Handle Head End Blue	1	\$231.48	\$231.48
ST-3SONE	IV Pole at Head	1	\$355.24	\$355.24
ST-SP	5th Wheel Steering	1	\$0.00	\$0.00
<b>Line Total:</b>		<b>1</b>	<b>\$5,528.54</b>	<b>\$5,528.54</b>

\*\*\*\*\*

<b>MATTRESS RECYCLE FEE</b>	MATTRESSRECYCLEFEE	<b>Line Total:</b>	<b>1</b>	<b>\$16.00</b>	<b>\$16.00</b>
				<b>Order Total (USD)</b>	<b>5,544.54</b>

FINANCING OPTIONS NOW AVAILABLE, please contact your Hillrom sales representative for more information.



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Customer further grants Hillrom the right to use the Data for the purpose of de-identifying Protected Health Information in accordance with the requirements of HIPAA set forth at 45 C.F.R. § 164.514 and to use such resulting de-identified data for any lawful purpose. Hillrom acknowledges that: CUSTOMER SHALL HAVE NO LIABILITY FOR HILLROM'S USE, RETENTION OR DISCLOSURE OF ANY DATA OR THE ACCURACY OF SUCH DATA.

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Limitation of Liability: Hillrom shall not be liable for loss or damages due to delay in manufacture or shipment resulting from any cause beyond Hillrom's control. Delays resulting from any such cause shall extend shipment date correspondingly. IN NO EVENT SHALL HILLROM BE LIABLE FOR SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, EVEN IF IT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THIS CONTRACT IS BETWEEN CUSTOMER AND HILLROM. Customer must make claims for shortages or errors within a reasonable time after receipt of the products. Hillrom reserves the right to use remanufactured or used components that meet new component specifications and are warranted as new.

Security Interest, Default and Insurance: Hillrom shall retain a security interest in the products until Hillrom has received full payment including taxes. Customer agrees to sign and deliver to Hillrom any additional documents required by Hillrom to protect its security interest. If Customer defaults or Hillrom deems itself insecure of the products in danger of confiscation, the full amount unpaid shall immediately become due and payable at the option of the Hillrom and on proper notice to the Customer, the Hillrom may retake possession of the products wherever located without court order and can resell or retain according to the laws of the state where products are located. The products shall not be considered a fixture if attached to any realty. Customer shall assume all loss relating from damage to the products occurring after the products leave Hillrom's control and shall provide adequate insurance therefore at all times until the purchase price shall have been fully paid. Hillrom reserves the right to request proof of such insurance at any time prior to full payment along with a statement from such insurer limiting cancellation or changes to said policy within ten (10) days after written notice of same to Hillrom.

Specifications: Specifications and drawings and any other information shall remain the property of Hillrom and are subject to recall at any time. Such information shall not be disclosed or used for manufacture of any products. In accordance with Hillrom's established policy of constant improvement, Hillrom reserves the right to amend its specifications at any time without notice.

Choice of Law: This contract shall be governed by, and construed in accordance with, the laws of the State of Illinois, without regard to its conflict of laws principles.

Delivery and Shipment: Date of delivery shall be determined by mutual written agreement of the parties. No delivery date set forth in a Purchase Order shall be binding on Hillrom unless Hillrom explicitly agrees to such delivery date in a writing signed by an authorized representative of Hillrom. Shipment of all products shall be Freight on Board (FOB) Destination, with all costs of transportation and related insurance being the responsibility of Hillrom with the exception of costs of transportation and insurance for (i) hospital beds and related accessories, (ii) stretchers and related accessories, (iii) service parts, (iv) shipments to points outside the contiguous U.S., or (v) special delivery and/or air shipments requested by Customer, which shall be FOB Destination; Freight Collect. Unless otherwise explicitly agreed to by Hillrom in a writing signed by an authorized representative of Hillrom, Hillrom will prepay and add to the invoice for reimbursement by Customer any and all costs of transportation and insurance for delivery of hospital beds and related accessories, stretchers and related accessories, service parts, shipments to points outside the contiguous U.S., and any special delivery and/or air shipments requested by Customer. Terms for shipping to Alaska and Hawaii shall be FOB to the port of embarkment, and FOB; Freight Collect from the port of embarkment to the destination, with any and all costs of transportation and insurance prepaid and added to invoice for reimbursement by Customer from port of embarkment to destination.

Return Goods Policy: Should Hillrom ship products in error, Hillrom shall arrange and pay for return shipment of the products without applying a restocking fee provided that (i) Customer notifies Hillrom of the error within thirty (30) days of shipment, and (ii) the products are returned in "as shipped" condition. If Customer orders products in error and notifies Hillrom of the error within thirty (30) days of shipment, Customer may return the products in "as shipped" condition at Customer's cost and expense; however Customer agrees to pay Hillrom a restocking fee of 15% of the net price for the returned products. Notwithstanding the previous sentence, returns will not be accepted on architectural products, workflow solutions and other communications products, and any customized products or special orders, except if mutually agreed on terms acceptable by both parties on a case-by-case basis.

Order Cancellation Policy: Customer may only cancel a purchase order if Customer provides written notice to Hillrom at least fourteen (14) days prior to the scheduled shipment date, and if Customer cancels an order, Customer agrees to pay Hillrom a cancellation fee of 15% of the net price for the cancelled products. No purchase orders may be cancelled after fourteen (14) days prior to the scheduled shipment date. Notwithstanding the above, cancellations will be not be accepted on clinical workflow solutions and other communications products, and any customized products or special orders, except if mutually agreed on terms acceptable by both parties on a case by case basis.

Delivery Change/Refusal Policy: Customer may request to reschedule a scheduled delivery date to a later date by providing Hillrom with written notice at least fourteen (14) days prior to the scheduled delivery date. If Customer requests at any time to reschedule the delivery date to a new date that is more than thirty (30) days later than the original scheduled deliver date, Customer agrees to pay Hillrom a rescheduling fee of 15% of the net price for the affected products. If Customer refuses to accept a delivery without having provided Hillrom with a written request to reschedule at least fourteen (14) days in advance, Customer agrees to pay Hillrom a rescheduling fee of 15% of the net price for the affected products.

Ordering: All Purchase Orders may be placed by mail, telephone or facsimile at the following:

Hill-Rom Company, Inc.  
Attn: Customer Service  
1069 State Route 46 East  
Batesville, Indiana 47006  
Phone: 800/445-3730  
Fax: 812/934-8189  
HRC\_US\_CUSTOMERSERVICE@BAXTER.COM

# Capital Budget Request Form

(To be completed for all individual expenditures/projects >\$5000 in accordance with Capital Expenditure Policy)

Date Submitted: 4/7/2026

1. **Project Type**     Equipment     Software     Facilities     Other: \_\_\_\_\_

2. **Project Details**

Requestors Name: Shannon Jimerson

Department: ER/Radiology

Project Name: Crash Cart in CT

Amount requested: 22,448.28

Useful Life (years): 10

Item: 30720005201310012, ZOLL R SERIES ALS DEFIBRILLATOR

Manufacturer: ZOLL

Model#: R-Series

Included in Fiscal Year Budget:     Yes     No

Priority:     High     Medium     Low

Desired Project Timing

Start Date: 04/15/2026    Estimated Completion Date: 04/15/2026

3. **Project Description/Justification**

(Include a detailed description of the project and justification. Attach additional documentation as necessary.)

Currently, the CT scanning room is equipped only with an Automated External Defibrillator (AED) and lacks a full crash cart and manual defibrillator. This practice is below the accepted standards of patient safety for several reasons:

**Risk of Cardiac Arrest**  
Patients undergoing CT scans may have underlying cardiac conditions, or they may experience adverse reactions to contrast media or sedation. These situations can precipitate life-threatening cardiac events, including arrhythmias, myocardial infarction, or cardiac arrest. There have been documented instances where patients in our CT room have gone into cardiac arrest.

**Delayed Response to Emergencies**  
AEDs are designed for basic defibrillation in sudden cardiac arrest, but they do not replace the need for a crash cart with advanced life support (ALS) capabilities, including:

Manual defibrillation for arrhythmias not detected or managed by AEDs  
Airway management tools (bag-valve-mask, endotracheal tubes, suction)  
Emergency medications for cardiac, respiratory, or anaphylactic events  
IV access supplies for rapid drug administration

Without a crash cart in the immediate vicinity, response times are delayed, increasing the risk of morbidity and mortality.

**Standards and Guidelines**  
Leading healthcare safety standards, including those from the American Heart Association (AHA) and The Joint Commission, recommend that any area where patients undergo procedures with potential for acute deterioration—such as CT scanning with contrast—be equipped with:

A fully stocked crash cart  
A manual defibrillator  
Staff trained in Advanced Cardiac Life Support (ACLS)

AEDs alone do not meet these guidelines.

**Patient Safety and Institutional Liability**  
Having a crash cart and defibrillator readily available ensures immediate, appropriate response to emergencies, reducing preventable morbidity and mortality. It also mitigates legal and accreditation risks associated with inadequate emergency preparedness.

*See pag 2 of 3*

If the amount is over \$25,000 have the following bidding requirements been met: Please attach responses with CER form.

RFP:  Yes  No  N/A    RFP:  Yes  No  N/A    Public Bid:  Yes  No  N/A

**3. Comparable Services Analysis**

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

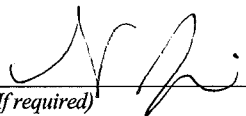
Vendor	Recommended Vendor (Y/N)	Amount \$
Life park 15	N	23,534. <sup>00</sup>
Zoll X-series	N	33,500. <sup>00</sup>

**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>4/2/24</i> <i>Date</i>
<i>CEO</i>	<i>Date</i>
<i>Department Manager</i>	<i>Date</i>

**5. Administration Use Only**

Finance Committee Approval Date: \_\_\_\_\_

Board of Directors Approval Date: \_\_\_\_\_

Notes:

Currently, the CT scanning room is equipped only with an Automated External Defibrillator (AED) and lacks a full crash cart and manual defibrillator. This practice is below the accepted standards of patient safety for several reasons:

**1. Risk of Cardiac Arrest**

Patients undergoing CT scans may have underlying cardiac conditions, or they may experience adverse reactions to contrast media or sedation. These situations can precipitate life-threatening cardiac events, including arrhythmias, myocardial infarction, or cardiac arrest. There have been documented instances where patients in our CT room have gone into cardiac arrest.

**2. Delayed Response to Emergencies**

AEDs are designed for basic defibrillation in sudden cardiac arrest, but they do not replace the need for a crash cart with advanced life support (ALS) capabilities, including:

- Manual defibrillation for arrhythmias not detected or managed by AEDs
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- A manual defibrillator
- Staff trained in Advanced Cardiac Life Support (ACLS)

AEDs alone do not meet these guidelines.

**4. Patient Safety and Institutional Liability**

Having a crash cart and defibrillator readily available ensures immediate, appropriate response to emergencies, reducing preventable morbidity and mortality. It also mitigates legal and accreditation risks associated with inadequate emergency preparedness.

# Lifepak 15 AED Defibrillator 12-Lead ECG, Bluetooth



by Physio-Control

MFR#: 99577-001368 TIGER#: TM100772

**\$23,534<sup>.00</sup>**

List Price: ~~\$40,822<sup>24</sup>~~  
You Save: \$2,719<sup>24</sup> -7%

1 +

Add to cart

## OPTIONS

w/ 12-Lead ECG, Bluetooth

**We cannot sell this to Dealers: ITEM IS SHIPPING TO END USER**

Choose value

Ships Out Within: 14 - 21 Business Days  
Shipping Date By: **5/6/2026**

## Documents

Manual

Brochure

Product Video

**Overview** | Highlights | In The Box | Warranty/Return | Specifications

- **Up to 360J** for Hard-to-Defibrillate Patients
- **Glasgow 12-Lead ECG** With Continuous ST Alerts
- **Live Vital Sign Streaming** Across Care Teams
- **Hot-Swappable** Dual Batteries
- **Large 8.4-Inch Display**
- **Rugged**, Drop-Tested Design for Extreme Use
- **Cloud-Connected** for Data, QA/QI, and Readiness

The **LIFEPAK® 15 V4+ Monitor/Defibrillator** is built to help lifesaving teams perform at their best, combining advanced monitoring, live streaming, and proven resuscitation power in one rugged, easy-to-use device.

✓ **360J Defibrillation Power** | ✓ **Live Data Streaming** | ✓ **Rugged Durability**

**IMPROVED CLINICAL PERFORMANCE**

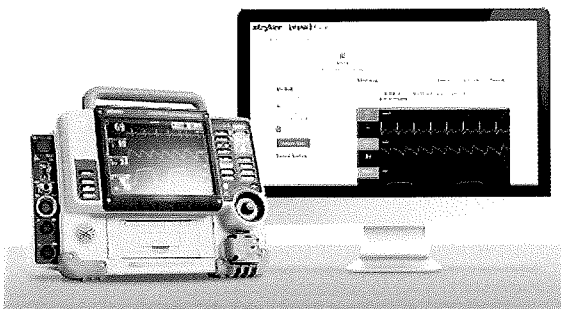


**HIGH-ENERGY DEFIBRILLATION:** Up to 360J biphasic for tough-to-convert patients.

**ADVANCED STEMI DETECTION:** University of Glasgow ECG algorithm with pediatric interpretation.

**ST TREND MONITORING:** Continuous 12-lead monitoring with alerts for significant changes.

**CPR METRONOME:** Audible prompts to guide responders to provide high-quality compressions and ventilations.



## SMART CONNECTIVITY

**LIVE STREAMING:** Share real-time vitals and waveforms from scene to hospital.

**CLOUD INTEGRATION:** Transmit emergent patient data through LIFENET Care for team activation.

**DEVICE MANAGEMENT:** Track readiness, battery status, and self-tests with LIFENET Asset.

**POST-EVENT REVIEW:** Export full CPR and waveform data to CODE-STAT software.



## TOUGH AND USER-FRIENDLY

**RUGGED DESIGN:** Survives 30-inch drop tests and resists water/dust with an IP44 rating.

**SUNVUE™ DISPLAY:** Large 8.4" screen that easily switches between full-color and high-contrast mode for glare-free visibility.

**DUAL-BATTERY SYSTEM:** Reliable runtime with hot-swappable batteries.

**STREAMLINED WORKFLOW:** Intuitive one-button controls and easy access to cables, printer, and connections.

## AVAILABLE OPTIONS

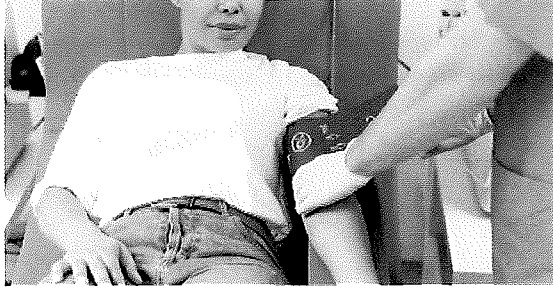


### Masimo® Rainbow® Parameters

**SPO2:** Accurate oxygen saturation with selectable sensitivity and averaging rates; optional waveform display with autogain.

**SPCO®:** Noninvasive carbon monoxide monitoring, 0–40% range, ±3 accuracy.

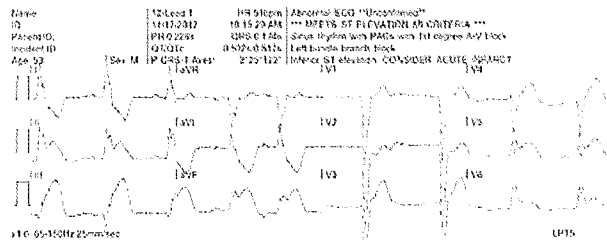
**SPMET®:** Detects methemoglobin levels, 0–15% range with 0.1% resolution for precise diagnosis.



## Noninvasive and Invasive Pressures

**NIBP:** Fast 20-second readings with  $\pm 5$  mmHg accuracy; automatic intervals from 2–60 minutes.

**INVASIVE PRESSURE CHANNELS:** Measures –30 to 300 mmHg across selectable ranges; display waveforms and numerics for ART, PA, CVP, ICP, or LAP.

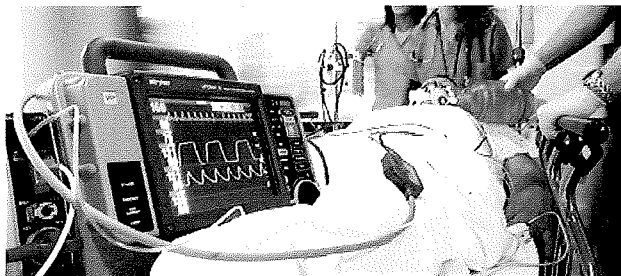


## 12-Lead ECG Monitoring

**CONTINUOUS BACKGROUND MONITORING** with the University of Glasgow algorithm.

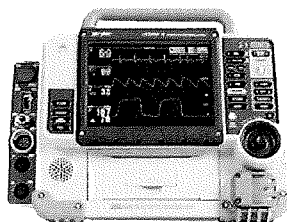
**ALERTS FOR ST CHANGES,** Sgarbossa criteria support, and pediatric interpretations.

**FLEXIBLE CABLE OPTIONS** (3-, 5-, or 10-lead) with up to 12-lead acquisition.



## Advanced Capnography

**ETCO<sub>2</sub>:** Continuous waveform capture for ventilation monitoring and trending, supporting both intubated and non-intubated patients.



## Connectivity Option

**BLUETOOTH®:** Enables wireless communication with compatible devices.

## ORDERING INFORMATION

Physio Control LIFEPAK 15 AED Defibrillator is available in the following models:

- **1588:** Masimo SpO2, SpCO, SpMet, NIBP, 12-Lead ECG, EtCO2, Bluetooth
- **1957:** Masimo SpO2, NIBP, 12-Lead ECG, EtCO2, Bluetooth
- **1955:** Masimo SpO2, NIBP, 12-Lead ECG, EtCO2, Bluetooth
- **1952:** Masimo SpO2, NIBP, EtCO2, Bluetooth
- **1959:** Masimo SpO2, NIBP, EtCO2, 2 Invasive Pressure Channels, Bluetooth
- **1368:** 12-Lead ECG, Bluetooth
- **1372:** Masimo SpO2, SpCO, SpMet, NIBP, 12-Lead ECG, EtCO2, 2 Invasive Pressure Channels, Bluetooth
- **1962:** Masimo SpO2, SpCO, NIBP, 12-Lead ECG, EtCO2, 2 Invasive Pressure Channels
- **1960:** Masimo SpO2, NIBP, 12-Lead ECG, EtCO2, 2 Invasive Pressure Channels, Bluetooth
- **1943:** Masimo SpO2, EtCO2, 12-Lead ECG, Bluetooth
- **1953:** Masimo SpO2, NIBP, 12-Lead ECG, Bluetooth
- **1950:** Masimo SpO2, NIBP, EtCO2, Bluetooth
- **1947:** Masimo SpO2, NIBP, 2 Invasive Pressure Channels, Bluetooth
- **1944:** Masimo SpO2, EtCO2, Bluetooth
- **1945:** Masimo SpO2, NIBP, Bluetooth
- **1939:** Bluetooth

The LIFEPAK 15 V4+ delivers the power, durability, and connectivity today's care teams need—helping them save lives with speed, precision, and confidence.

**⚠ WARNING:** This product can expose you to chemicals known to the State of California to cause cancer. For more information, go to [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).

### Customer Reviews

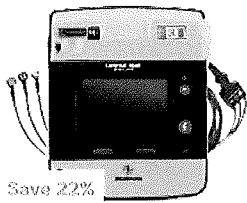


Be the first to write a review

Write a review

Ask a question

### You may also like



Save 22%

List Price: ~~\$5,088<sup>05</sup>~~  
 You Save: ~~\$1,114<sup>05</sup>~~ -22%  
**\$3,974<sup>00</sup>**

LIFEPAK 1000 AED  
 Defibrillator  
 Physio-Control  
 14 - 21 Business Days

[Quick shop](#)

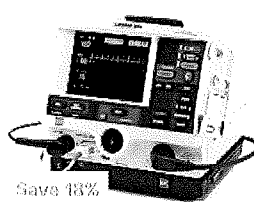


Save 23%

List Price: ~~\$3,336<sup>77</sup>~~  
 You Save: ~~\$753<sup>77</sup>~~ -23%  
**\$2,583<sup>00</sup>**

LIFEPAK CR2 AED  
 Defibrillator  
 Physio-Control  
 14 - 21 Business Days

[Quick shop](#)



Save 18%

List Price: ~~\$14,798<sup>60</sup>~~  
 You Save: ~~\$2,668<sup>60</sup>~~ -18%  
**\$12,130<sup>00</sup>**

LIFEPAK 20e AED  
 Defibrillator  
 Physio-Control  
 Discontinued

[Quick shop](#)



**\$2,086<sup>00</sup>**  
 Lifeline View AED  
 Defibrillator Package  
 Defibtech  
 2 - 4 Business Days

[Quick shop](#)



Save 26%

List Price: ~~\$84,465<sup>56</sup>~~  
 You Save: ~~\$21,898<sup>56</sup>~~ -26%  
**\$62,567<sup>00</sup>**  
 Advanced X  
 Monitor/Defibrillator  
 Zoll  
 14 - 21 Business Days

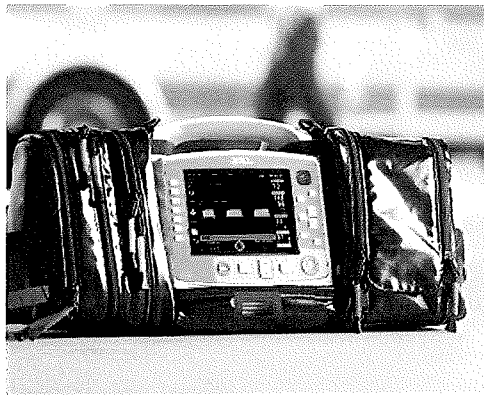
[Quick shop](#)

leader in customer satisfaction.

LEARN MORE

## Featured products

Learn more about the extensive array of ZOLL products designed to help improve patient outcomes.



### ZOLL® X Series® Advanced monitor/defibrillator

You need a monitor/defibrillator that's nimble and can keep pace with evolving pre-hospital care standards. The ZOLL X Series Advanced is the first device of its kind to feature real-time ventilation feedback, telemedicine capabilities, and post-case performance data review.

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<sup>1</sup> Bobrow BJ, et al. *Ann Emerg Med.* 2013 Jul;62(1):47–56.e1.

**Submitted Date** April 21, 2026

**Order Number** ORD-0827795

**P.O. Number**

**Tax Exempt?** No

**Customer Information** **Name** Kern Valley Healthcare District  
**Address** 6412 Laurel Ave  
Lake Isabella, CA 93240-9529

**Primary Contact** **Name** John Lovrich  
**Email** johnlovrich@kvhd.org  
**Phone** (760) 379-2681

**Billing Contact** **Name** Kern Valley Billing Dept  
**Email** ap@kvhd.org  
**Phone** 760-379-2681

**HealthStream Information** **Name** HealthStream, Inc.  
**Address** 500 11th Avenue North  
Suite 850  
Nashville, TN 37203

**HealthStream Contact** **Name** Kourtney Burianek  
**Email** kourtney.burianek@healthstream.com  
**Phone** 402-540-9993

**ORDER DETAILS – The pricing set forth in this Order Form, including any applicable discounts, shall expire if this Order Form is not signed and returned to HealthStream on or before 5:00PM Central Time on April 30, 2026.**

Product, Software, or Service	Billing Frequency	Quantity	Term (Months)	Year 1 Unit Price	Year 1 Total	Year 2 Total	Year 3 Total
Policy Manager	Annually	296	36	\$48.92	\$14,480.32	\$14,986.48	\$15,510.40
<b>Annual Total:</b>					<b>\$14,480.32</b>	<b>\$14,986.48</b>	<b>\$15,510.40</b>

**Total Order Value: \$44,977.20**

Unless set forth in the Order Details above, the Term and invoicing under this Order Form for each Product or Software commences upon Activation. For purposes of this Order Form, “Activation” shall mean that the Product or Software is first made available by HealthStream for access by Customer or its Users. For renewal purchases, the Term and invoicing will begin following the expiration of the then current term.

**Product, Software, or Service Specific Terms**

**HealthStream Policy Manager**

HealthStream Policy Manager is a cloud-based system for policies and procedures management.

HealthStream Policy Manager - Customer machine requirements:

- Browser
  - The Google Chrome browser on the latest version is fully tested and supported.
  - Other browsers such as Microsoft Edge, Firefox and Safari are expected to function but may have some limitations related to the display of content or functionality.
  - Microsoft Internet Explorer is not supported.

HealthStream does not certify that the policies provided under this Order Form wholly or partially address applicable laws, rules, regulations, standards, and measures that affect a given organization. It is the responsibility of each organization to review all policies provided to determine how the information meets its needs. HealthStream makes no representations or warranties that any policy provided fulfills any applicable law, rule, regulation, standard, or measure for any particular healthcare organization, as it is the organization’s responsibility to make such final determinations.

## Additional Terms and Conditions

1. For applicable credentialing products/subscriptions only:
  - a. “Quantity” refers to the number of Providers (as defined herein) being monitored via the respective products/subscriptions in the Order Details above. “Provider(s)” means individuals, employees, consultants, contractors, clients or agents who are designated by Customer to be verified or a unique provider with an “active” record status in any of Customer’s facilities. Providers shall be considered a User per the terms of the MSA (as defined herein). The number of administrative end-users available to Customer (“Administrators”) is unlimited. The use of the Software by Users and Administrators is governed by the terms of the MSA. This Section does not apply to the V12 product(s).
  - b. Fair Credit Reporting Act (FCRA): To the extent the FCRA applies as related to applicable credentialing products/subscriptions, Customer hereby authorizes HealthStream to act as its authorized representative to independently verify all information regarding a User’s credentials and qualifications from original sources, designated equivalent sources when a primary source designates another organization as its agent or from entities that maintain specific credentials information identical to the information of the primary source and to provide such information to the Customer on the User’s behalf. Customer will have the sole responsibility for making determinations as to whether the User will be granted membership and/or privileges with the Customer. The Customer has the responsibility to review User Credentialing Information and to immediately report to HealthStream any non-compliant verifications.

To the extent that FCRA applies, Customer certifies that it has taken or will take timely all appropriate steps to comply with the requirements of the FCRA, which shall include but not be limited to:

- Confirming it has a Permissible Purpose for which the Consumer Information will be used and that such information will not be used for any other purpose.
- Certifying that it is a verified entity that is permitted to do business for the Permissible Purpose for which the Consumer Information is provided.
- Confirming that it has (a) obtained written authorization from the individual whose Consumer Information is being requested; (b) provided the individual the required FCRA disclosure in writing; (c) notifying the individual that the Consumer Information requested for employment purposes will be used only for lawful purposes.

For purposes of this FCRA compliance certification, all capitalized terms shall have the same meaning as in the FCRA.

2. Notwithstanding the applicable section of the Agreement (as defined below and including agreements between Customer and a HealthStream-owned entity) outlining the material breach cure period, the cure period for a Customer's failure to make payment within the payment deadline as outlined in the applicable Agreement shall be thirty (30) days.

This Order Form, including all attachments and exhibits hereto, and the use of the Service(s) ordered shall be governed in all cases by the Master Services Agreement (the “Agreement” or “MSA”) between Customer and HealthStream, Inc., as amended. Effective September 1, 2023, VerityStream, Inc. merged with HealthStream, Inc. If applicable, any reference to VerityStream, Inc. in the MSA shall mean HealthStream, Inc.

This Order Form is intended by both parties to run for the full term as set forth in the Order Details table above. In the event the Agreement is terminated or expires prior to the expiration of the full term set forth above for each Software or Service, the term of each Software or Service license, or the subscription to the Software or Services shall also expire at that time and the Customer will not recover any fees paid in advance for the applicable Product(s), Software, or Service(s) for any part of the term or quantity for that Software, Service(s), or Product(s) that go unused, except as otherwise provided in the Agreement.

**IN WITNESS WHEREOF**, and intending to be legally bound hereby, each party hereto warrants and represents that this Order Form has been duly authorized by all necessary corporate action and that this Order Form has been duly executed by and constitutes a valid and binding agreement of that party.

**HealthStream Inc.**

**Kern Valley Healthcare District**

**Signature:**

**Email:** hstmsigners100k@healthstream.com

**Signature:**

**Email:** johnlovrich@kvhd.org



**3. Comparable Services Analysis**

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

Vendor	Recommended Vendor (Y/N)	Amount \$
General Office Machine Company-Office 1	Y	6,482.01
	Only Vendor IT dept. uses.	

**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>
<i>CEO</i>	<i>Date</i>
<i>Brenda Pettijohn</i> <small style="font-size: 8px; display: block; margin-left: 100px;">Digitally signed by Brenda Pettijohn Date: 2026.02.24 12:54:10 -08'00'</small> <i>Department Manager</i>	02/24/26 <i>Date</i>

**5. Administration Use Only**

Finance Committee Approval Date: \_\_\_\_\_

Board of Directors Approval Date: \_\_\_\_\_

Notes:



**Equipment Maintenance Agreement Terms & Conditions**

**Maintenance Service:** Beginning on the Effective Date, Office1 agrees to provide from 8:00AM to 5:00PM Monday through Friday, excluding company designated holidays, the availability of maintenance service while the equipment listed is located within approved Office1 service area. Maintenance service includes lubrication, adjustments and replacements of maintenance parts, to keep equipment in good working order as deemed necessary by Office1. Maintenance parts will be furnished on an exchange basis, and the replaced parts become the property of Office1. The Customer agrees to provide a suitable environment for the machines as specified by Office1, including adequate space, electrical power, air conditioning, and humidity control, and to provide Office1 full and free access to the machines to provide maintenance service. Customer is responsible to implement appropriate safeguards to the Customer's data. This agreement specifically excludes circuit board failure unless the equipment noted in this Agreement is protected by a Office1 approved surge protection device.

**Charges:** The customer agrees to pay the Base Rate and the Additional Image Charge. For usage plan equipment, Customer agrees to pay an additional maintenance charge for the units of the usage per period as measured by an Office1 meter. The Base Rate is billed in advance and Additional Image Charge, if any, is invoiced at the end of the Period in which they occurred. Images are defined as single sided letter or legal size documents, ledger size documents are counted as two images unless otherwise noted on this agreement. Office1 reserves the right to withhold service or supplies for non-payment or delinquency of payment for services rendered pursuant to this Agreement. A Customer is deemed delinquent at 15 days past due. Past due Agreements are subject to late charges and interest based on the prevailing rate set by Office1.

Customer agrees to promptly submit to Office1 the meter reading for each piece of equipment as of the close of the last work day of each period or as reasonably requested by Office1.

All Agreements are for a period of one year from the Effective Date unless otherwise noted. The Agreement automatically renews for additional 12 month periods on the anniversary of the Effective Date unless notice is provided in writing by either party thirty (30) days prior to the renewal date. Office1 may increase the maintenance charge or cost of supplies without notice on each annual anniversary date of this Agreement unless locked rate is noted in Special Instructions. Office1 may also add a fuel service charge to the Agreement in the event of escalating transportation charges. Office1 may also add a freight charge for supply orders to the Agreement.

Either party may withdraw any or all machines from this Agreement at any time by providing written notice one month in advance. In the event of Customer cancellation or withdrawal Office1 will charge a cancellation fee equivalent to 25% of the annual agreement or the balance due for the remaining term of the Agreement whichever is less. The Customer will be required to pay all applicable sales and use taxes levied for services and supply purchases pursuant to this Agreement. The Customer must return all unused supplies, in the case of supply inclusive agreements, at their expense within 10 days of cancellation of the Agreement or the supplies will be billed to the Customer at the current retail price. The Customer must also supply Office1 the out of service date and final meter reading in the event of Agreement cancellation or a minimum of an additional month's base plus average overages will be charged.

**Services Not Included In Maintenance Charge:** The services listed in this section, if available and practical for Office1 to render, will be provided by Office1 under this Agreement and the Customer agrees to pay travel expenses, parts price plus travel, waiting and service time at Office1's applicable hourly service rate, and minimum charges. The following services are not considered maintenance service as described in the section entitled "Maintenance Service. The repair of damage, replacement of maintenance parts, or any increase in service time caused by accident, disaster, neglect, abuse, misuse, use of machine for purposes other than for which designed, transportation, alterations, attachments, accessories, use of non-Office1 parts or supplies, non-Office1 repairs or activities, or failure to provide a suitable environment. Labor to troubleshoot phone lines is also excluded from this Maintenance Agreement and shall be billed at Office1's regular hourly service rate.

Service and maintenance that is required as a result Customer alterations to the network/connectivity environment, which causes the equipment to malfunction or fail completely, is not included in Maintenance Services. Office1 will provide troubleshooting and applicable repair for network related issues caused by Customer network alterations, as a fee based service, at the then prevailing Office1 rate.

Should a Customer require relocation of a device covered by this Agreement the Customer must have the device relocated by Office1 or secure written approval from Office1 that an alternate relocation service is acceptable to Office1. Office1 may void this Agreement and collect the cancellation fee immediately in the event of unauthorized relocation or may charge for parts, labor, etc. to return the device to coverage ready status.

**General:** Service provided under this Agreement do not assure uninterrupted operation of machines and Office1 is not responsible for failure to render services due to causes beyond its control. Under no circumstances shall Office1 be responsible for any loss of business, impact or potential loss to the Customer that is related to the non-performance or inoperability of the hardware, software or services subject to this Agreement.

Variance from the terms and conditions of this Agreement in any Customer order or other written notification will be of no effect. This Agreement is not assignable without the prior written consent of Office1, which shall not be unreasonably withheld. Any attempt to assign any of the rights, duties or obligations of the Agreement without such consent is void.

No action, regardless of its form, which arises out of this Agreement, may be brought by either party more than two years after the cause of action has arisen, or in the action for nonpayment, more than two years from the date the last payment was due.

The Customer represents that the Customer is either the owner of the machines covered by the Agreement or authorized by the owner to include them under this Agreement.

**Yield Protection:** For programs that include consumable supplies, Office1 reserves the right to review the yield of the supply item compared to the manufacturers suggested yield. In the event that Customer consumption is more than 20% in excess of the manufacturers yield, Office1 may at their sole discretion amend the Customer price in a ratio commensurate with the yield variation. Office1 will provide the Customer written notice of such increase and will not attempt to recapture yield losses from a previous period.

**Program Elections:** The Customer has elected a Program Type for this Agreement. The services and items included in the Agreement vary based on the Program Type. The program options are listed herein and the Program Type will be noted on the Agreement.

**Performance Plus** – Customer agrees to pay Office1 the Monthly Base Rate and Additional Image Charge as outlined in the Agreement. Office1 agrees to provide customer with all parts, maintenance, labor and supplies, excluding paper, staples & network support, for the term of the Agreement.

**Basic** -- Customer agrees to pay Office1 the Monthly Base Rate and Additional Image Charge as outlined in the Agreement. Office1 agrees to provide customer with all parts, maintenance and labor. Supplies are not provided in the Basic program. All toner, ink, drum & imaging units, developer, developer assemblies and network support are not covered by the Basic agreement.

Customer Initials \_\_\_\_\_



# **GENERAL OFFICE MACHINE COMPANY**

**1908 NORTH CHESTER BAKERSFIELD CA 93308**

**Phone #661-327-3207 fax#661-615-6314**

**www.gomco.com**

May 23, 2024

Kern Valley Healthcare  
PO Box 1628  
Lake Isabella Ca. 93240-1628

Julie,

Thank you for your interest in Lanier copiers from General Office Machine Company. We appreciate the information you gave us concerning your copier needs, and have prepared this proposal based on the needs and the requirements of Medical Records.

We are recommending the Lanier IM 5000 MFP, it is a versatile, reliable copier that meet your needs today and provides added capability for tomorrow's demands.

## **Lanier IM 5000 MFP**

Scan/Print/Copy  
50 Pages Per Minute  
4 x 550-Sheet Paper Trays  
FAX Option  
100-Sheet By-Pass Tray  
1000 sheet SR 3260 finisher  
220-Sheet Auto-Reversing Document Feeder  
Smart Operation Panel

Total                      5,988.00 + tax

**Includes installation and delivery**

David Ward  
General Office Machine Company

**KERN VALLEY HEALTHCARE DISTRICT**  
**BUDGETED CAPITAL ASSET JUSTIFICATION**  
 FY 2026

**TO BE USED FOR BUDGETING ONLY**  
**PLEASE COMPLETE A FORM FOR EACH ITEM REQUESTD.**

870 Health Information Management  
 ACCOUNT DEPARTMENT

**ITEM DESCRIPTION:**  
 LANIER IM 5000 MFP

QUANTITY: 1 MEDICAL NON MEDICAL: X

**REASON FOR EXPENDITURE:**  
 X NORMAL REPLACEMENT INCREASED VOLUME  
 NEW SERVICE OTHER (EXPLAIN)

**JUSTIFICATION:**  
 Exceeded life expectancy and continually in need of maintenance. No longer have specific parts for repair.

**SUMMARY REMARKS:**  
 IMPACT IF NOT APPROVED:  
 Medical Records Department contingent on the copy volume and faxing.  
 Improved speed, print quality, and reliability, backup for other department copying.

ALTERNATIVES: Continue with what we have until it no longer can be fixed.

<b>ESTIMATED COST:</b>		<b>SOURCE: (LIST, AND ATTACH)</b>
MATERIALS	<u>6,482.01</u>	General Office Machine Company
LABOR	<u>          </u>	
TOTAL	<u>          </u>	

**PRIORITY:** 1 - IMMEDIATE MEDICAL/OPERATIONAL NECESSITY  
 2 - AS NEED ARISES  
 3 - IF FUNDS AVAILABLE

Brenda Pettijohn  
 DEPARTMENT MANAGER  
 ADMINISTRATION

**DISPOSITION PER ADMINISTRATION**  
           APPROVED  
           REJECTED  
           DEFERRED UNTIL :

