

Chief Executive Officer
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Finance Committee Meeting Agenda

June 24, 2019 – 11:00 am
Fall River Board Room

Attendees

Abe Hathaway, Chair, Board Member
Allen Albaugh, Board Member
Louis Ward, CEO
Travis Lakey, CFO

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – May 20, 2019	Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS/OTHER			
4.1	Patient Access	Travis Lakey	Report	10 min.
4.2	Business Office	Travis Lakey	Report	10 min.
4.3	HIM	Travis Lakey	Report	10 min.
4.4	SNF Staffing Report/Star Rating	Candy Vculek Attachment B	Report	10 min.
5	FINANCIAL REVIEWS/BUSINESS			
5.1	May 2019 Financials		Action Item	5 min.
5.2	Accounts Payable (AP)/Accounts Receivable (AR)		Action Item	5 min.
5.3	Resolution 2019-07 Recommendation of Approval of the FY20 MMHD Operating Budget	Attachment C	Action Item	10 min.
6	NEW BUSINESS			
6.1	Resolution 2019-08 LOCAL AGENCY INVESTMENT FUND	Attachment D	Action Item	5 min.
6.2	IT infrastructure 10 year plan		Information	10 min.

P.O. Box 459 – 43563 Highway 299 East, Fall River Mills, CA 96028 Tel. (530) 336-5511 Fax (530) 336-6199 <http://www.mayersmemorial.com>

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.

6.3	Day Care Discussion	Information	10 min.
7	ADMINISTRATIVE REPORT	Report	10 min.
8	OTHER INFORMATION/ANNOUNCEMENTS	Information	
9	ADJOURNMENT: Next Regular Meeting – July 24, 2019 (Fall River Mills)		

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Board of Directors
Finance Committee
Minutes

May 20, 2019 – 9:00 am
Boardroom (Fall River Mills)

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

- 1 **CALL MEETING TO ORDER:** Abe Hathaway called the meeting to order at 9:03 am on the above date.
- | | |
|--|---|
| <p>BOARD MEMBERS PRESENT:
Abe Hathaway, Committee Chair
Allen Albaugh, Board Member</p> <p>ABSENT:</p> | <p>STAFF PRESENT:
Travis Lakey, CFO
Ryan Harris, COO
Theresa Overton, DON
Val Lakey, Board Clerk</p> |
|--|---|
-
- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**
None
-
- 3 **APPROVAL OF MINUTES**
- | | | | |
|-----|---|-------------------------|---------------------|
| 3.1 | A motion/second carried; committee members accepted the minutes of April 24, 2019 | Albaugh/Hathaway | Approved All |
|-----|---|-------------------------|---------------------|
-
- 4 **DEPARTMENT REPORTS**
- 4.1 **Surgery – Theresa Overton** – (See attached Power Point) Reviewed accomplishments in the department. Also looked at the Unforeseen expenses. Fees were reviewed by payer. There are no on-call positions. The surgery “lead” position is no longer. Theresa Overton is managing the department. Staff is being shared for surgery days. CRNA costs have reduced dramatically. Working on managing expenses.
-
- 5 **FINANCIAL REVIEWS**
- | | | | |
|-----|--|-------------------------|---------------------|
| 5.1 | <p>April 2019 Financials – Travis Lakey reviewed the financials. Albaugh asked about the \$91,000 for DHCS – It was a payment payback EMR payment audit from 2016 that covered four years. Albaugh asked about the clawback and what they are asking for back. It is around \$780,000. Partnership amendment regarding payment DP-NF supplemental. On the cost report we were at about \$346. A lot of discussion regarding the number of SNF beds, Alzheimer unit and staffing and how it relates to cost. We are at 165 days cash on hand. Discussion about investments and bonuses. The committee asked that staff look into investments. The board has requested that employee bonuses are given.</p> | Albaugh/Hathaway | Approved All |
| 5.2 | Accounts Payable (A/P)/Accounts Receivable (A/R) | Albaugh/Hathaway | Approved All |
| 5.3 | Board Quarterly Finance Review | Albaugh/Hathaway | Approved All |
| 5.4 | <p>Pharmacy Paving Quote – Ryan Harris reviewed the paving quotes for the pharmacy. There are grading issues; the amount of asphalt was discussed. Recommend to tear out and pave over the existing. Three inches ins recommended. If there is any grading, there is a grading permit required. If it is just re-paved then no permit. It was recommended by the committee to use Nelson Construction with 3 inches. \$98,300 bid.</p> | Albaugh/Hathaway | Approved All |
-
- 6 **Administrative Report:** HRSA OB grant that MVHC is looking into. \$600,000 per year for 3 years. The physical improvements to the facility would not be covered by the grant.
-
- 7 **OTHER INFORMATION/ANNOUNCEMENTS**
-
- 8 **ADJOURNMENT 10:35 am**
Next Finance Committee Meeting – June 26, 2019 – Burney

SNF STAFFING BOARD FINANCE REPORT

JUNE 2019

Review of data within CMS Stars report

- Overall Rating is one star
 - Negative health inspections will continue to affect MMHD for several more years.
 - Total weighted health inspection score is 142.7. Has been over 200 in the recent past. Will continue to drop if SNF does not receive more tags from CDPH. Do not currently qualify for even one star in this category, as the number must be less than 112.33 to award one star.
 - Staffing continues to have a negative impact upon the report as well.
 - RN staffing averages 13 minutes per day. California average for SNF's is 37 minutes per day and the US average is 41 minutes.
 - LVN staffing exceeds both the California and US averages but when the two licensed staff categories are added together, MMHD is below the California average and right at the US average.
 - MMHD LVN averages 1 hour 22 minutes per day California average for SNF's is 1 hour 8 minutes and the US average is 53 minutes.
 - Combined average times for licensed staff is 1 hour 35 minutes. California combined average is 1 hour and 45 minutes and the US average is 1 hour and 34 minutes.
- Direct Patient Care Staffing vs Indirect Patient Care Staffing
 - Only the staff involved in actual, direct patient care count towards meeting the established staffing goal of 3.5 hour per day per resident.
 - Any supervisor/ administrative staff member does not fall into this category and is a fixed cost for the department.
 - DON/ADON
 - MSDS Coordinator
 - Charge LVN's
 - DSD
 - Infection Control Nurse
 - Unit Secretary
 - Staff that counts towards the staffing goal and can be flexed according to census
 - LVN doing direct patient care
 - C.N.A. doing direct patient care
 - Total current hours per day per resident is 4.2

- Number is above the 3.5 state requirement for several reasons
 - Staffing two facilities rather than one does not allow for maximum efficiency
 - Frequently have empty beds but have too many residents to reduce staffing (would drop MMHD below the required minimum staffing).
 - The memory care unit residents require more care than can be provided within the state requirements
- Analysis of proposed reduction from 75 to 60 residents
 - Result is \$1,296,962.00 in Lost revenue
 - See attached spreadsheet
- Analysis of lost revenue for 2018 and 2019 through April based on current room rate of \$309.00 per day
 - See attached spreadsheet
- Comparison of potential loss of revenue for 2020 based on 2019 census.
 - See attached spreadsheet
- Overview of routinely scheduled overtime
 - See attached schedule



Nursing Home Compare Five-Star Ratings of Nursing Homes

Provider Rating Report Incorporating data reported through 04/30/2019

Ratings for Mayers Memorial Hospital (056416) Fall River Mills, California				
Overall Quality	Health Inspection	Quality Measures	Staffing	RN Staffing
★	★	★★	★ ¹	★ ¹

The **May 2019** Five-Star ratings provided above will be displayed for your nursing home on the Nursing Home Compare (NHC) website on or around **May 29, 2019**. The Quality Measure (QM) Rating that will be posted is based on MDS 3.0 quality measures using data from the **first, second, third and fourth quarters of 2018**, re-hospitalization and emergency department claims-based quality measures using data from **10/1/2017 through 9/30/2018**, the community discharge claims-based quality measure using data from **10/1/2016 through 9/30/2017**, and the short-stay pressure ulcer MDS 3.0 quality measure using data from **7/1/2017 through 6/30/2018**. The Staffing and RN Staffing Ratings are based on Payroll-based journal staffing data reported for the **fourth calendar quarter of 2018**.

¹The staffing ratings for your nursing home have been reduced to one star because no staffing data was submitted, the reported staffing indicated a high number of days without a registered nurse onsite, or the data submitted could not be verified based on an audit.

Helpline

The Five-Star Helpline will operate Tuesday - Friday, **May 28 - May 31, 2019**. Hours of operation will be from 9 am - 5 pm ET, 8 am - 4 pm CT, 7 am - 3 pm MT, and 6 am - 2 pm PT. The Helpline number is 1-800-839-9290. The Helpline will be available again **June 24 - June 28, 2019**. During other times, direct inquiries to BetterCare@cms.hhs.gov as Helpline staff help respond to e-mail inquiries when the telephone Helpline is not operational.

Important News

Provided below is an overview of the changes that became effective as of the April 2019 Nursing Home Compare (NHC) refresh. The changes have been incorporated into the ratings and data preview provided in this report. For specific details please see the Five-Star Quality Rating Technical Users' Guide located at the link provided on the References page of this report.

There were some slight changes to the April 2019 Five-Star Quality Rating System Technical Users' Guide. If you downloaded the version that was originally posted on March 5, 2019 please visit the link on the References page for an updated April 2019 Technical Users' Guide.

Health Inspection Changes:

The health inspection rating is no longer being held constant and is once again being calculated based on 3 cycles of survey data and 3 years of complaint inspections without regard to whether these surveys took place before or after November 28, 2017. Cycle 1 is weighted 1/2, cycle 2 is weighted 1/3, and cycle 3 is weighted 1/6.

Important News (continued)

Staffing Changes:

1. The national staffing star rating cut points have been updated.
2. The staffing and RN staffing ratings will be set to one star if there are **four** or more days without RN staffing hours on days when there are residents in a facility (previously this occurred when there were seven or more days without RN staffing hours).
3. Reported staffing hours and staffing ratings are not being suppressed for nursing homes that have five or more days with residents and no nurse staffing hours reported.
4. The term "expected hours" has been replaced with the term "case-mix hours" in the staffing rating calculations. The case-mix hours are based on the RUG-IV levels of the residents using the same methodology previously used for the expected hours calculation.

Quality Measure (QM) Changes:

1. NHC is reporting separate ratings for short-stay residents' quality of care and long-stay residents' quality of care in addition to an overall quality of care rating.
2. There are 17 QMs used in the calculation of the Five-Star QM rating with 10 long-stay and seven short-stay QMs.
3. The scoring rules for the quality measures have changed to give more weight to measures with greater opportunity for improvement. Some measures have a maximum score of 150 points while the maximum number of points for other measures is 100.
4. There are new thresholds for the quality measure rating. The thresholds have been adjusted based on the improvement in QMs that has occurred since July 2016, which is the last time that the measure thresholds were adjusted.
5. The long-stay claims-based QM, *number of hospitalizations per 1,000 long-stay resident days*, has been added to the Five-Star QM rating calculation.
6. A new long-stay claims-based QM, *number of outpatient emergency department visits per 1,000 long-stay resident days*, has been added to the Five-Star QM rating calculation.
7. The short-stay MDS-based QM, *percentage of residents with pressure ulcers that are new or worsened*, has been replaced with the SNF QRP QM, *percentage of SNF residents with pressure ulcers that are new or worsened*, in the Five-Star QM rating calculation.
8. The short-stay claims-based QM, *percentage of residents who were successfully discharged to the community*, has been replaced with the SNF QRP QM, *rate of successful return to home and community from a SNF*, in the Five-Star QM rating calculation.
9. The long-stay QM, *percentage of residents who were physically restrained*, is no longer included in the Five-Star QM calculation. Note that this measure will continue to be displayed on NHC.
10. The long-stay QM, *percentage of high-risk residents with pressure ulcers*, now includes unstageable pressure ulcers.

Special Focus Facilities:

As of the April 2019 update to NHC, nursing homes that are part of the SFF program no longer receive star ratings for any domain on the NHC website or on the provider preview reports. A yellow warning sign is displayed instead of the overall rating and "Not Available" is displayed in place of the ratings for all other domains until the nursing home graduates from the SFF program.

User Guides and Manual Updates:

Below is a list of Users' Guides and Manuals that have been updated for the April 2019 NHC refresh (links to each provided in the References section of this report):

1. Five-Star Quality Rating Technical Users' Guide
2. MDS 3.0 Quality Measures User's Manual
3. Nursing Home Compare Claims-Based Quality Measure Technical Specifications

Health Inspections

The Five-Star health inspection rating listed on the first page is once again based on 3 cycles of survey data and 3 years of complaint inspections without regard to whether these surveys took place before or after November 28, 2017.

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the Five-Star health inspection rating for your facility. For more detailed information about the deficiencies cited on each survey, please visit: <https://data.medicare.gov/data/nursing-home-compare>. This website updates on the same day as the Nursing Home Compare website. Any additional revisit points can be found in the 'Provider Info' table at the link provided above.

Health Inspection Rating Cycle 1 Survey Dates:

August 20, 2018 November 29, 2018

Health Inspection Rating Cycle 2 Survey Dates:

October 9, 2017 November 17, 2017 February 1, 2018
February 7, 2018 April 17, 2018

Health Inspection Rating Cycle 3 Survey Dates:

June 2, 2016 August 31, 2016 September 1, 2016
November 10, 2016

Total weighted health inspection score for your facility: 142.7

State-level Health Inspection Cut Points for California				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>112.33	71.34-112.33	48.01-71.33	24.01-48.00	0.00-24.00

Please note that the state cut points are recalculated each month, but the total weighted health inspection score for your facility is compared to the cut points only if there is a change in your score.

Long-Stay Quality Measures that are Included in the QM Rating

	Provider 056416					Rating Points	CA	US
	2018Q1	2018Q2	2018Q3	2018Q4	4Q avg		4Q avg	4Q avg
MDS Long-Stay Measures								
<i>Lower percentages are better.</i>								
Percentage of residents experiencing one or more falls with major injury	1.4%	1.4%	2.9%	0.0%	1.4%	80	1.8%	3.4%
Percentage of residents who self-report moderate to severe pain ¹	25.4%	17.8%	11.4%	4.1%	14.3%	20	3.3%	6.9%
Percentage of high-risk residents with pressure sores ¹	0.0%	10.3%	2.3%	4.5%	4.2%	80	7.1%	7.4%
Percentage of residents with a urinary tract infection	1.4%	0.0%	2.9%	7.1%	2.9%	40	1.9%	2.8%
Percentage of residents with a catheter inserted and left in their bladder ¹	7.6%	8.5%	4.3%	8.4%	7.2%	20	2.4%	2.1%
Percentage of residents whose need for help with daily activities has increased	25.0%	14.5%	11.6%	10.1%	15.3%	75	9.6%	14.8%
Percentage of residents who received an antipsychotic medication	17.4%	17.4%	17.6%	19.1%	17.9%	45	11.0%	14.7%
Percentage of residents whose ability to move independently worsened ¹	21.9%	18.9%	27.7%	26.7%	23.8%	45	14.4%	18.0%

¹These measures are risk adjusted

²This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on Nursing Home Compare

	Provider 056416				CA	US	
	Observed Rate ³	Expected Rate ³	Risk-Adjusted Rate ³	Rating Points		Risk-Adjusted Rate	Observed Rate
Claims-Based Long-Stay Measures							
<i>Lower rates are better. The time period for data used in reporting is 10/1/2017 through 9/30/2018.</i>							
Number of hospitalizations per 1,000 long-stay resident days ¹	1.14	1.34	1.53	90	1.94	1.796	1.73
Number of emergency department visits per 1,000 long-stay resident days ¹	1.57	1.63	1.41	45	0.88	1.461	1.02

¹These measures are risk adjusted

²This measure includes some imputed data because there are fewer than 20 resident assessments or stays across the four quarters. This value is used in calculating the QM points and used in the QM rating calculation but will not be displayed on NHC

³The observed rate is the actual rate observed for the facility without any risk-adjustment; the expected rate is the rate that would be expected for the facility given the risk-adjustment profile of the facility; and the risk-adjusted rate is adjusted for the expected rate of the outcome and is calculated as (observed rate for facility / expected rate for facility) * US observed rate. Only the risk-adjusted rate will appear on NHC.

Total Long-Stay Quality Measure Score	540
Long-Stay Quality Measure Star Rating	★★

Quality Measures that are Not Included in the QM Rating

	Provider 056416					CA	US
	2018Q1	2018Q2	2018Q3	2018Q4	4Q avg	4Q avg	4Q avg
MDS Long-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	94.8%	94.8%	94.8%	94.8%	94.8%	96.6%	95.6%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	82.9%	95.8%	97.1%	100%	94.0%	96.9%	93.7%
<i>Lower percentages are better.</i>							
Percentage of residents who were physically restrained	1.4%	2.8%	2.9%	0.0%	1.8%	0.5%	0.3%
Percentage of low-risk residents who lose control of their bowels or bladder	30.3%	44.1%	37.0%	46.7%	39.5%	42.7%	48.4%
Percentage of residents who lose too much weight	11.6%	6.0%	8.8%	1.4%	7.0%	4.5%	5.6%
Percentage of residents who have depressive symptoms	1.7%	1.4%	0.0%	0.0%	0.7%	0.8%	4.6%
Percentage of residents who received an anti-anxiety or hypnotic medication	15.7%	15.7%	13.0%	13.0%	14.4%	16.1%	20.7%
MDS Short-Stay Measures							
<i>Higher percentages are better.</i>							
Percentage of residents assessed and appropriately given the seasonal influenza vaccine	64.0%	64.0%	64.0%	64.0%	64.0%	87.9%	82.4%
Percentage of residents assessed and appropriately given the pneumococcal vaccine	69.0%	69.6%	60.0%	d<20	67.0%	89.4%	83.2%

Additional Notes Regarding the Quality Measure Tables

"d<20". For individual quarters for the MDS-based QMs, d<20 means the denominator for the measure (the number of eligible resident assessments) is too small to report. A four quarter average may be displayed if there are at least 20 eligible resident assessments summed across the four quarters.

"NA". "NA" will be reported for quality measures not included in the QM Rating: 1) for which data are not available or 2) for which the total number of eligible resident assessments summed across the four quarters is less than 20.

SNF Quality Reporting Program (QRP) Measures:

There are additional SNF QRP measures that are not included in the Five-Star ratings but are displayed on NHC. Information about these measures can be found on separate provider preview reports that are located in the QIES mailbox. Please watch for communication from CMS on the availability of these reports. Additional information about the SNF QRP measures can be found in the Quality of Resident Care section under References at the end of this report.

Staffing

PBJ data for **October 1, 2018 to December 31, 2018** (submitted and accepted by the **February 14, 2019** deadline) are being used to calculate the staffing ratings for three months starting with the **April 2019** website update. The data listed below include the reported, case-mix and adjusted staffing levels for your facility, using the PBJ data for **October 1, 2018 to December 31, 2018**. The case-mix staffing values are based on resident acuity levels using RUG-IV data. The Five-Star Rating Technical Users' Guide contains a detailed explanation of the staffing rating and the case-mix adjustment methodology. Please see the link to the Technical Users' Guide located later in this report.

PBJ Nurse Staffing Information for October 1, 2018 to December 31, 2018 for Provider Number 056416				
	Reported Hours per Resident per Day (HRD)	Reported Hours per Resident per Day (HRD) (Decimal)	Case-Mix HRD	Case-Mix Adjusted HRD
Total number of licensed nurse staff hours per resident per day	1 hour and 35 minutes			
RN hours per resident per day	13 minutes	0.220	0.265	0.310¹
LPN/LVN hours per resident per day	1 hour and 22 minutes	1.369	0.597	1.720
Nurse aide hours per resident per day	2 hours and 56 minutes	2.928	1.987	3.067
Total number of nurse staff (RN, LPN/LVN, and Nurse Aide) hours per resident per day	4 hours and 31 minutes	4.516	2.850	5.082¹
Physical therapist ² hours per resident per day	0 minutes			

¹Please see the staffing tables located in the Technical Users' Guide (link provided below) for the specific cut points utilized with the bold case-mix adjusted values.

²Physical therapist staffing is not included in the staffing rating calculation.

Availability of Reported Staffing Data

Some providers will see 'Not Available' for the reported hours per resident per day in the table above and a staffing rating may not be displayed for these facilities. There are several reasons this could occur:

1. No MDS census data were available for the facility.
2. No on-time PBJ staffing data were submitted for the facility. As a result, the staffing ratings will be set to one star (unless the facility is listed as 'Too New to Rate').
3. *Criterion no longer used.*
4. The total reported staffing hours per resident per day (HRD) were excessively low (<1.5 HRD).
5. The total reported staffing HRD were excessively high (>12.0 HRD).
6. The total reported nurse aide HRD were excessively high (>5.25 HRD).
7. A CMS audit identified significant discrepancies between the hours reported and the hours verified, or the nursing home failed to respond to an audit request.
8. Other reason.

Scoring Exceptions for the Staffing Rating

The following criteria have been added to the usual scoring rules for assigning the staffing rating and the RN staffing rating.

1. Providers that fail to submit any staffing data by the required deadline will receive a one-star rating for overall staff and RN staffing for the quarter.
2. Providers that submit staffing data indicating that there were four or more days in the quarter with no RN staffing hours (job codes 5-7) on days when there were one or more residents in the facility, regardless of reported staffing levels, will receive a one-star rating for overall staff and RN staffing for the quarter.
3. CMS conducts audits of nursing homes to verify the data submitted and to ensure accuracy. Facilities for which the audit identifies significant discrepancies between the hours reported and the hours verified or those who fail to respond to an audit request will receive a one-star rating for overall staff and RN staffing for three months.

Your facility will receive a one-star rating in May 2019 (based on PBJ data from October 1, 2018 to December 31, 2018) because of reason #2 above.

The table below shows the reported nurse staffing for your facility as well as the state and national averages. Although only the overall (All Days) staffing levels are displayed on Nursing Home Compare, the table also shows weekday and weekend staffing levels.

PBJ Nurse Staffing Information for October 1, 2018 to December 31, 2018 for Provider Number 056416			
Nursing Hours per Resident per Day	Provider 056416	California Average	US Average
Total nurse staff¹			
All Days	4.516	4.292	3.870
Weekday (Monday-Friday)	4.779	4.433	4.051
Weekend (Saturday-Sunday)	3.851	3.933	3.407
Registered Nurse (RN)			
All Days	0.220	0.615	0.676
Weekday (Monday-Friday)	0.279	0.677	0.763
Weekend (Saturday-Sunday)	0.069	0.457	0.454
LPN/LVN			
All Days	1.369	1.132	0.878
Weekday (Monday-Friday)	1.419	1.183	0.921
Weekend (Saturday-Sunday)	1.242	1.000	0.766
Nurse Aide			
All Days	2.928	2.545	2.316
Weekday (Monday-Friday)	3.081	2.572	2.367
Weekend (Saturday-Sunday)	2.541	2.476	2.186

¹Includes RN, LPN/LVN and nurse aide hours

Census Information for October 1, 2018 to December 31, 2018 for Provider Number 056416			
	Provider 056416	California Average	US Average
Average Number of Residents	76.4	85.7	85.7

References

Technical Details on Nursing Home Compare and the Five-Star Rating System

The Five-Star Quality Rating System Technical Users' Guide includes detailed methodology for all domains of the rating system and can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/5starusersguide.pdf>

All of the data posted on the Nursing Home Compare Website as well as additional details on some domains and measures are available for download on the data.medicare.gov website.

<https://data.medicare.gov/data/nursing-home-compare>

April 2019 Revisions to the Five-Star Rating System

More detailed information on the April 2019 changes can be found in the CMS memorandum:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/2019-04-05-NH.pdf>

Staffing

For information on recent Payroll Based Journal (PBJ) Policy Manual Updates, Notification to States regarding staffing levels and New Minimum Data Set (MDS) Census Reports see Memorandum QSO-19-02-NH, at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-19-02-NH.pdf>

More information about the use of PBJ staffing data in the Five-Star Rating system is in the Quality, Safety and Oversight memorandum, QSO-18-17-NH, at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO-18-17-NH.pdf>

Information about staffing data submission is available on the CMS website at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/5star/Staffing-Data-Submission-PBJ.html>

For additional assistance with or questions related to the PBJ registration process, please contact the QTSO Help Desk at 877-201-4721 or via email at help@qtso.com.

More information on the Staffing PUF can be found in a CMS survey and certification memo at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-45.pdf>

Health Inspections

More information about Phase 2 of the Requirements for Participation is in the S&C memorandum 18-04-NH at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policies-And-Manuals/Standards-And-Requirements>

Quality of Resident Care

Detailed specifications (including risk-adjustment) for the MDS-based QMs, claims-based QMs and SNF QRP measures can be found under 'User Manuals' in the downloads section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/5star/NHQualityMeasures.html>

Additional information about the SNF QRP measures can be found in the SNF Quality Reporting Program (IMPACT Act 2014) section at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/5star>

For questions about the SNF QRP measures please contact:

SNFQualityQuestions@cms.hhs.gov

2019 PBJ Deadlines

Submission Deadline	PBJ Reporting Period	Posted on NHC and used for Staffing Ratings
February 14, 2019	October 1, 2018 - December 31, 2018	April 2019 - June 2019
May 15, 2019	January 1, 2019 - March 31, 2019	July 2019 - September 2019
August 14, 2019	April 1, 2019 - June 30, 2019	October 2019 - December 2019
November 14, 2019	July 1, 2019 - September 30, 2019	January 2020 - March 2020

Direct Patient Care Staffing for the SNF									
Role	FTE	Hours Daily	Hours Weekly	Average Census	Hours per day per resident				
Fall River	Charge LVN/RN	2.1	12	84	fixed cost- does not count in staffing ratio				
	LVN/RN	8.4	48	336	fixed cost- does not count in staffing ratio				
	CNA	15	86	600		1.5			
Total		23.4	134	936		2.7			
						4.2			
Burney	Charge LVN/RN	2	11	80	fixed cost- does not count in staffing ratio				
	LVN/RN	8.4	48	336		1.1			
	CNA	25	131	920		3.1	Memory care unit increases staffing needs		
Total		33.4	179	1256		4.2			

Reduction of residents from 75 to 60 has the following impact:											
FTE Reduction	FTE	Hours Daily	Hours Weekly	Registry hourly Wages	One Year Cost	Amount saved	Total Revenue lost	Actual Revenue lost	Basic Room Charge per day	Residents to reduce	Days in the year
1 LVN daily	2.25	12	84	\$ 62.73	\$ 274,004.64	\$ 893,037.60	\$ 2,190,000.00	\$ 1,296,962.40	\$ 400	15	365
3 CNA's daily	3.375	36	252	\$ 47.24	\$ 619,032.96						

Traveler FTEs vs Employee Costs										
Skilled Nursing	FTEs	Traveler Cost	Employee plus benefits Cost	OT Costs	True Traveler Costs per hour	Actual traveler costs for the 15 residents	3 CNA's	1 LVN	Actual Registry Cost	457,285.92
CNA	8.18	\$ 47.24	\$ 22.71	\$ 30.56	\$ 24.53	\$ 321,441.12			\$ 135,844.80	
LVN	9.05	\$ 62.73	\$ 31.63	\$ 43.94	\$ 31.10	\$ 321,441.12			\$ 135,844.80	

Analysis of lost revenue based on room charge of \$309.00 per day

SNF Census Goal	2018 Lost Revenue	2019 Lost Revenue 7/18-4/19
80	\$ 478,950.00	\$ 412,206.00
81	\$ 518,210.66	\$ 496,254.00
82	\$ 633,158.66	\$ 580,302.00
83	\$ 748,106.66	\$ 664,350.00
84	\$ 863,054.66	\$ 748,398.00
85	\$ 978,002.66	\$ 832,446.00

Comparison of potential loss of revenue for 2020 at new rate of \$400.00 per day

SNF Census Goal	based on 6/18-4/19 data	Projected annual revenue loss
80	\$ 533,600.00	\$ 640,320.00
81	\$ 652,400.00	\$ 782,880.00
82	\$ 773,600.00	\$ 928,320.00
83	\$ 894,800.00	\$ 1,073,760.00
84	\$ 1,016,000.00	\$ 1,219,200.00
85	\$ 1,137,200.00	\$ 1,364,640.00

Detail of Lost revenue for 2018 and 2019 based on \$309 daily room rate

SNF Goal	SNF Rate	Days	Month	Census		vacant beds		Lost Revenue	
				2018	2019	2018	2019	2018	2019
80	309	31	July	76	71	4	9	\$ 38,316.00	\$ 90,228.00
80	309	30	Aug	76	71	4	9	\$ 38,316.00	\$ 79,722.00
80	309	30	Sept	79	73	1	7	\$ 9,579.00	\$ 65,817.00
80	309	31	Oct	77	74	3	6	\$ 28,737.00	\$ 62,109.00
80	309	30	Nov	76	77	4	3	\$ 38,316.00	\$ 25,029.00
80	309	31	Dec	75	78	5	2	\$ 47,895.00	\$ 18,231.00
80	309	31	Jan	71	77	9	3	\$ 86,211.00	\$ 25,647.00
80	309	28	February	69	77	11	3	\$ 105,369.00	\$ 27,501.00
80	309	31	March	77	80	3	0	\$ 28,737.00	\$ -
80	309	30	April	83	78	-3	2	\$ -	\$ 17,922.00
80	309	31	May	84	0	-4	0	\$ -	\$ -
80	309	30	June	74	0	6	0	\$ 57,474.00	\$ -
								SNF Goal 2018 Lost Revenue	2019 Lost Revenue
								\$ 478,950.00	\$ 412,206.00

SNF Goal	SNF Rate	Days	Month	Census		vacant beds		Lost Revenue	
				2018	2019	2018	2019	2018	2019
81	309	31	July	76	71	5	10	\$ 51,294.00	\$ 99,807.00
81	309	30	Aug	76	71	5	10	\$ 52,365.20	\$ 88,992.00
81	309	30	Sept	79	73	2	8	\$ 19,796.60	\$ 75,087.00
81	309	31	Oct	77	74	4	7	\$ 41,715.00	\$ 71,688.00
81	309	30	Nov	76	77	5	4	\$ 46,617.80	\$ 34,299.00
81	309	31	Dec	75	78	6	3	\$ 55,620.00	\$ 27,810.00
81	309	31	Jan	71	77	10	4	\$ 93,009.00	\$ 35,226.00
81	309	28	February	69	77	12	4	\$ 112,895.36	\$ 36,153.00
81	309	31	March	77	80	4	1	\$ 35,844.00	\$ -
81	309	30	April	83	78	-2	3	\$ (22,031.70)	\$ 27,192.00
81	309	31	May	84	0	-3	0	\$ (32,136.00)	\$ -
81	309	30	June	74	0	7	0	\$ 63,221.40	\$ -
								SNF Goal	2019
								lost revenue	\$ 496,254.00

SNF Goal	SNF Rate	Days	Month	Census		vacant beds		Lost Revenue		Census vacant beds		Lost Revenue	
				2018	2019	2018	2019	2018	2019	2018	2019		
82	309	31	July	76	71	6	11	\$ 60,873.00	\$ 109,386.00	71	11	\$ 61,944.20	\$ 98,262.00
82	309	30	Aug	76	71	6	11	\$ 61,944.20	\$ 98,262.00	71	11	\$ 61,944.20	\$ 98,262.00
82	309	30	Sept	79	73	3	9	\$ 29,375.60	\$ 84,357.00	73	9	\$ 29,375.60	\$ 84,357.00
82	309	31	Oct	77	74	5	8	\$ 51,294.00	\$ 81,267.00	74	8	\$ 51,294.00	\$ 81,267.00
82	309	30	Nov	76	77	6	5	\$ 56,196.80	\$ 43,569.00	77	5	\$ 56,196.80	\$ 43,569.00
82	309	31	Dec	75	78	7	4	\$ 65,199.00	\$ 37,389.00	78	4	\$ 65,199.00	\$ 37,389.00
82	309	31	Jan	71	77	11	5	\$ 102,588.00	\$ 44,805.00	77	5	\$ 102,588.00	\$ 44,805.00
82	309	28	February	69	77	13	5	\$ 122,474.36	\$ 44,805.00	77	5	\$ 122,474.36	\$ 44,805.00
82	309	31	March	77	80	5	2	\$ 45,423.00	\$ -	80	2	\$ 45,423.00	\$ -
82	309	30	April	83	78	-1	4	\$ (12,452.70)	\$ 36,462.00	78	4	\$ (12,452.70)	\$ 36,462.00
82	309	31	May	84	0	-2	0	\$ (22,557.00)	\$ -	0	0	\$ (22,557.00)	\$ -
82	309	30	June	74	0	8	0	\$ 72,800.40	\$ -	0	0	\$ 72,800.40	\$ -
				lost revenue		SNF Goal		\$ 633,158.66	\$ 580,302.00				

SNF Goal	SNF Rate	Days	Month	Census		vacant beds		Lost Revenue		Census vacant beds		Lost Revenue	
				2018	2019	2018	2019	2018	2019	2018	2019		
83	309	31	July	76	71	7	12	\$ 70,452.00	\$ 118,965.00	71	12	\$ 71,523.20	\$ 107,532.00
83	309	30	Aug	76	71	7	12	\$ 71,523.20	\$ 107,532.00	71	12	\$ 71,523.20	\$ 107,532.00
83	309	30	Sept	79	73	4	10	\$ 38,954.60	\$ 93,627.00	73	10	\$ 38,954.60	\$ 93,627.00
83	309	31	Oct	77	74	6	9	\$ 60,873.00	\$ 90,846.00	74	9	\$ 60,873.00	\$ 90,846.00
83	309	30	Nov	76	77	7	6	\$ 65,775.80	\$ 52,839.00	77	6	\$ 65,775.80	\$ 52,839.00
83	309	31	Dec	75	78	8	5	\$ 74,778.00	\$ 46,968.00	78	5	\$ 74,778.00	\$ 46,968.00
83	309	31	Jan	71	77	12	6	\$ 112,167.00	\$ 54,384.00	77	6	\$ 112,167.00	\$ 54,384.00
83	309	28	February	69	77	14	6	\$ 132,053.36	\$ 53,457.00	77	6	\$ 132,053.36	\$ 53,457.00
83	309	31	March	77	80	6	3	\$ 55,002.00	\$ -	80	3	\$ 55,002.00	\$ -
83	309	30	April	83	78	0	5	\$ (2,873.70)	\$ 45,732.00	78	5	\$ (2,873.70)	\$ 45,732.00
83	309	31	May	84	0	-1	0	\$ (12,978.00)	\$ -	0	0	\$ (12,978.00)	\$ -
83	309	30	June	74	0	9	0	\$ 82,379.40	\$ -	0	0	\$ 82,379.40	\$ -
				lost revenue		SNF Goal		\$ 748,106.66	\$ 664,350.00				

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
84	309	31	July	2018	2018	2018	2019	2019	2019
				76	8	\$ 80,031.00	71	13	\$ 128,544.00
84	309	30	Aug	76	8	\$ 81,102.20	71	13	\$ 116,802.00
84	309	30	Sept	79	5	\$ 48,533.60	73	11	\$ 102,897.00
84	309	31	Oct	77	7	\$ 70,452.00	74	10	\$ 100,425.00
84	309	30	Nov	76	8	\$ 75,354.80	77	7	\$ 62,109.00
84	309	31	Dec	75	9	\$ 84,357.00	78	6	\$ 56,547.00
84	309	31	Jan	71	13	\$ 121,746.00	77	7	\$ 63,963.00
84	309	28	February	69	15	\$ 141,632.36	77	7	\$ 62,109.00
84	309	31	March	77	7	\$ 64,581.00	80	4	\$ -
84	309	30	April	83	1	\$ 6,705.30	78	6	\$ 55,002.00
84	309	31	May	84	0	\$ (3,399.00)	0	0	\$ -
84	309	30	June	74	10	\$ 91,958.40	0	0	\$ -
				lost revenue	SNF Goal	\$ 863,054.66			\$ 748,398.00
					84				

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
85	309	31	July	2018	2018	2018	2019	2019	2019
				76	9	\$ 89,610.00	71	14	\$ 138,123.00
85	309	30	Aug	76	9	\$ 90,681.20	71	14	\$ 126,072.00
85	309	30	Sept	79	6	\$ 58,112.60	73	12	\$ 112,167.00
85	309	31	Oct	77	8	\$ 80,031.00	74	11	\$ 110,004.00
85	309	30	Nov	76	9	\$ 84,933.80	77	8	\$ 71,379.00
85	309	31	Dec	75	10	\$ 93,936.00	78	7	\$ 66,126.00
85	309	31	Jan	71	14	\$ 131,325.00	77	8	\$ 73,542.00
85	309	28	February	69	16	\$ 151,211.36	77	8	\$ 70,761.00
85	309	31	March	77	8	\$ 74,160.00	80	5	\$ -
85	309	30	April	83	2	\$ 16,284.30	78	7	\$ 64,272.00
85	309	31	May	84	1	\$ 6,180.00	0	0	\$ -
85	309	30	June	74	11	\$ 101,537.40	0	0	\$ -
				lost revenue	SNF Goal	\$ 978,002.66			\$ 832,446.00
					85				

Detail of Projected Lost revenue for 2020 based on 2019 data at the \$400 daily room rate

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
				2018	2018	2018	2019	2019	2019
80	400	31	July	76	4	\$ 54,000.00	71	9	\$ 116,800.00
80	400	30	Aug	76	4	\$ 53,600.00	71	9	\$ 103,200.00
80	400	30	Sept	79	1	\$ 12,800.00	73	7	\$ 85,200.00
80	400	31	Oct	77	3	\$ 41,600.00	74	6	\$ 80,400.00
80	400	30	Nov	76	4	\$ 46,400.00	77	3	\$ 32,400.00
80	400	31	Dec	75	5	\$ 59,600.00	78	2	\$ 23,600.00
80	400	31	Jan	71	9	\$ 108,000.00	77	3	\$ 33,200.00
80	400	28	February	69	11	\$ 120,800.00	77	3	\$ 35,600.00
80	400	31	March	77	3	\$ 34,000.00	80	0	\$ -
80	400	30	April	83	-3	\$ -	78	2	\$ 23,200.00
80	400	31	May	84	-4	\$ -	0	0	\$ -
80	400	30	June	74	6	\$ 67,200.00	0	0	\$ -
					SNF Goal	2018 Lost Revenue			2019 Lost Revenue
					80	\$ 598,000.00			\$ 533,600.00

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
				2018	2018	2018	2019	2019	2019
81	400	31	July	76	5	\$ 66,400.00	71	10	\$ 129,200.00
81	400	30	Aug	76	5	\$ 65,600.00	71	10	\$ 115,200.00
81	400	30	Sept	79	2	\$ 24,800.00	73	8	\$ 97,200.00
81	400	31	Oct	77	4	\$ 54,000.00	74	7	\$ 92,800.00
81	400	30	Nov	76	5	\$ 58,400.00	77	4	\$ 44,400.00
81	400	31	Dec	75	6	\$ 72,000.00	78	3	\$ 36,000.00
81	400	31	Jan	71	10	\$ 120,400.00	77	4	\$ 45,600.00
81	400	28	February	69	12	\$ 132,000.00	77	4	\$ 46,800.00
81	400	31	March	77	4	\$ 46,400.00	80	1	\$ 10,000.00
81	400	30	April	83	-2	\$ (27,600.00)	78	3	\$ 35,200.00
81	400	31	May	84	-3	\$ (41,600.00)	0	0	\$ -
81	400	30	June	74	7	\$ 79,200.00	0	0	\$ -
					SNF Goal	2018 Lost Revenue			2019 Lost Revenue
					81	\$ 650,000.00			\$ 652,400.00

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
				2018	2018	2018	2019	2019	2019
82	400	31	July	76	6	\$ 78,800.00	71	11	\$ 141,600.00
82	400	30	Aug	76	6	\$ 77,600.00	71	11	\$ 127,200.00
82	400	30	Sept	79	3	\$ 36,800.00	73	9	\$ 109,200.00
82	400	31	Oct	77	5	\$ 66,400.00	74	8	\$ 105,200.00
82	400	30	Nov	76	6	\$ 70,400.00	77	5	\$ 56,400.00
82	400	31	Dec	75	7	\$ 84,400.00	78	4	\$ 48,400.00
82	400	31	Jan	71	11	\$ 132,800.00	77	5	\$ 58,000.00
82	400	28	February	69	13	\$ 143,200.00	77	5	\$ 58,000.00
82	400	31	March	77	5	\$ 58,800.00	80	2	\$ 22,400.00
82	400	30	April	83	-1		78	4	\$ 47,200.00
82	400	31	May	84	-2		0		\$ -
82	400	30	June	74	8	\$ 91,200.00	0		\$ -
				lost revenue	SNF Goal	\$ 840,400.00			\$ 773,600.00

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
				2018	2018	2018	2019	2019	2019
83	400	31	July	76	7	\$ 91,200.00	71	12	\$ 154,000.00
83	400	30	Aug	76	7	\$ 89,600.00	71	12	\$ 139,200.00
83	400	30	Sept	79	4	\$ 48,800.00	73	10	\$ 121,200.00
83	400	31	Oct	77	6	\$ 78,800.00	74	9	\$ 117,600.00
83	400	30	Nov	76	7	\$ 82,400.00	77	6	\$ 68,400.00
83	400	31	Dec	75	8	\$ 96,800.00	78	5	\$ 60,800.00
83	400	31	Jan	71	12	\$ 145,200.00	77	6	\$ 70,400.00
83	400	28	February	69	14	\$ 154,400.00	77	6	\$ 69,200.00
83	400	31	March	77	6	\$ 71,200.00	80	3	\$ 34,800.00
83	400	30	April	83	0		78	5	\$ 59,200.00
83	400	31	May	84	-1		0		\$ -
83	400	30	June	74	9	\$ 103,200.00	0		\$ -
				lost revenue	SNF Goal	\$ 961,600.00			\$ 894,800.00

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
84	400	31	July	2018	2018	2018	2019	2019	2019
				76	8	\$ 103,600.00	71	13	\$ 166,400.00
84	400	30	Aug	76	8	\$ 101,600.00	71	13	\$ 151,200.00
84	400	30	Sept	79	5	\$ 60,800.00	73	11	\$ 133,200.00
84	400	31	Oct	77	7	\$ 91,200.00	74	10	\$ 130,000.00
84	400	30	Nov	76	8	\$ 94,400.00	77	7	\$ 80,400.00
84	400	31	Dec	75	9	\$ 109,200.00	78	6	\$ 73,200.00
84	400	31	Jan	71	13	\$ 157,600.00	77	7	\$ 82,800.00
84	400	28	February	69	15	\$ 165,600.00	77	7	\$ 80,400.00
84	400	31	March	77	7	\$ 83,600.00	80	4	\$ 47,200.00
84	400	30	April	83	1	\$ 8,400.00	78	6	\$ 71,200.00
84	400	31	May	84	0	\$ (4,400.00)	0	0	\$ -
84	400	30	June	74	10	\$ 115,200.00	0	0	\$ -
				lost revenue	SNF Goal	\$ 1,086,800.00			\$ 1,016,000.00

SNF Goal	SNF Rate	Days	Month	Census	vacant beds	Lost Revenue	Census	vacant beds	Lost Revenue
85	400	31	July	2018	2018	2018	2019	2019	2019
				76	9	\$ 116,000.00	71	14	\$ 178,800.00
85	400	30	Aug	76	9	\$ 113,600.00	71	14	\$ 163,200.00
85	400	30	Sept	79	6	\$ 72,800.00	73	12	\$ 145,200.00
85	400	31	Oct	77	8	\$ 103,600.00	74	11	\$ 142,400.00
85	400	30	Nov	76	9	\$ 106,400.00	77	8	\$ 92,400.00
85	400	31	Dec	75	10	\$ 121,600.00	78	7	\$ 85,600.00
85	400	31	Jan	71	14	\$ 170,000.00	77	8	\$ 95,200.00
85	400	28	February	69	16	\$ 176,800.00	77	8	\$ 91,600.00
85	400	31	March	77	8	\$ 96,000.00	80	5	\$ 59,600.00
85	400	30	April	83	2	\$ 20,400.00	78	7	\$ 83,200.00
85	400	31	May	84	1	\$ 8,000.00	0	0	\$ -
85	400	30	June	74	11	\$ 127,200.00	0	0	\$ -
				lost revenue	SNF Goal	\$ 1,232,400.00			\$ 1,137,200.00

MAYERS MEMORIAL HOSPITAL DISTRICT
BOARD OF DIRECTORS

RESOLUTION 2019-07

WHEREAS, the Governing Board of Directors is responsible for the preparation and adoption of a final budget, which provides a financial plan, including estimated revenues, expenditures and reserves, for operation during the fiscal year July 1 through June 30.

WHEREAS, the budget submitted is required by law to be a balanced operating budget for year July 1, 2019 through June 30, 2020; Total Net Patient Revenue \$28,922,864 with a bottom line of \$3,957,579.

NOW, THEREFORE, the undersigned certifies and attests that the above resolution was approved at a regular meeting of the Board of Directors, Burney, California, the 26th day of June 2019.

PASSED AND ADOPTED on June 26, 2019, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Date

Beatriz Vasquez, President
Board of Directors
Mayers Memorial Hospital District

Date

Laura Beyer, Secretary
Board of Directors
Mayers Memorial Hospital District

**FISCAL YEAR July 1, 2019- June 30, 2020
BUDGET**

**APPROVED AND ADOPTED AT THE BOARD OF DIRECTORS' REGULAR MEETING
THIS 26th DAY JUNE 2019.**

**Beatriz Vasquez, President
BOARD OF DIRECTORS
MAYERS MEMORIAL HOSPITAL DISTRICT**

**Laura Beyer, Secretary
BOARD OF DIRECTORS
MAYERS MEMORIAL HOSPITAL DISTRICT**

Budget Prepared By:

MAYERS MEMORIAL HOSPITAL DISTRICT

(Attachment: FY2020 Operating Budget)



Chief Executive Officer
Louis Ward, MHA

Mayers Memorial Hospital District

Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

**RESOLUTION 2019-08
AUTHORIZING INVESTMENT OF MONIES IN THE LOCAL AGENCY INVESTMENT FUND**

WHEREAS, The Local Agency Investment Fund is established in the State Treasury under Government Code section 16429.1 et.seq. for the deposit of money of a local agency for purposes of investment by the State Treasurer; and

WHEREAS, the Mayers Memorial Hospital District Board of Directors hereby finds that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with Government Code section 16429.1 et.seq. for the purpose of investment as provided therein is in the best interests of the District;

NOW THEREFORE, BE IT RESOLVED, that the Mayers Memorial Hospital District Board of Directors hereby authorize the deposit and withdrawal of District monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code section 16429.1 et.seq. for the purpose of investment as provided therein.

BE IT FURTHER RESOLVED, as follows:

Section 1. The following District officers holding the title(s) specified herein below or their successors in office are each hereby authorized to order the deposit or withdrawal of monies in the Local Agency Investment Fund and may execute and deliver any and all documents necessary or advisable in order to effectuate the purposes of this resolution and the transactions contemplated hereby:

Louis Ward
CEO

Travis Lakey
CFO

Linda Eastman
Controller

Section 2. This resolution shall remain in full force and effect until rescinded by Mayers Memorial Hospital District Board of Directors by resolution and a copy of the resolution rescinding this resolution is filed with the State Treasurer's Office.

PASSED AND ADOPTED, by the Mayers Memorial Hospital District Board of Directors
Shasta County of State of California on June 26, 2019.

Beatriz Vasquez, Board President

Date

Valerie Lakey, Board Clerk

Date

Note: Resolution must be adopted by the governing body.

Please submit an original resolution or a certified copy of the resolution to LAIF. A certified copy is 1) a copy of the resolution affixed with the seal of the agency or 2) a copy of the resolution attested by the City Clerk/Board Secretary with his/her signature.