It is our mission to deliver quality healthcare to the residents of and visitors to BigBearValley through the most effective use of available resources.
VISION
To be the premier provider of emergency medical and healthcare services in our BigBearValley.

BOARD OF DIRECTORS BUSINESS MEETING AGENDA
Wednesday, January 09, 2019@ 1:00 p.m. – Hospital Conference Room
41870 Garstin Drive, Big Bear Lake, CA 92315

(Closed Session will be held upon adjournment of Open Session as noted below. Open Session will reconvene @ approximately 2:00 p.m. –Hospital Conference Room 41870 Garstin Drive, Big Bear Lake, CA 92315)

Copies of staff reports or other written documentation relating to each item of business referred to on this agenda are on file in the Chief Executive Officer's Office and are available for public inspection or purchase at 10 cents per page with advance written notice. In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a District meeting or other services offered by the District, please contact Administration (909) 878-8214. Notification at least 48 hours prior to the meeting or time when services are needed will assist the District staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service. **DOCUMENTS RELATED TO OPEN SESSION AGENDAS (SB 343)** -- Any public record, relating to an open session agenda item, that is distributed within 72 hours prior to the meeting is available for public inspection at the public counter located in the Administration Office, located at 41870 Garstin Drive, Big Bear Lake, CA 92315. For questions regarding any agenda item, contact Administration at (909) 878-8214.

OPEN SESSION

1. **CALL TO ORDER** **Peter Boss, President**

2. **PUBLIC FORUM FOR CLOSED SESSION**
   This is the opportunity for members of the public to address the Board on Closed Session items.
   (Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)

3. **ADJOURN TO CLOSED SESSION***

CLOSED SESSION

1. **CHIEF OF STAFF REPORT/QUALITY IMPROVEMENT: *Pursuant to Health & Safety Code Section 32155**
   (1) Chief of Staff Report

2. **HOSPITAL QUALITY/RISK/COMPLIANCE REPORTS: *Pursuant to Health & Safety Code Section 32155**
   (1) Risk / Compliance Management Report
   (2) QI Management Report

3. **REAL PROPERTY NEGOTIATIONS:*Government Code Section 54956.8 / TRADE SECRETS: Pursuant to Health and Safety Code Section 32106, and Civil Code Section 3426.1**
   (1) Potential Acquisition (To Be Determined)

OPEN SESSION

1. **CALL TO ORDER** **Peter Boss, President**

2. **ROLL CALL** **Shelly Egerer, Executive Assistant**

3. **FLAG SALUTE**

4. **ADOPTION OF AGENDA***

5. RESULTS OF CLOSED SESSION **Peter Boss, President**

6. PUBLIC FORUM FOR OPEN SESSION

This is the opportunity for persons to speak on items of interest to the public within subject matter jurisdiction of the District, but which are not on the agenda. Any person may, in addition to this public forum, address the Board regarding any item listed on the Board agenda at the time the item is being considered by the Board of Directors. *(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)*

PUBLIC RESPONSE IS ENCOURAGED AFTER MOTION, SECOND AND PRIOR TO VOTE ON ANY ACTION ITEM

7. DIRECTORS' COMMENTS

8. INFORMATION REPORTS

A. Foundation Report **Holly Elmer, Foundation President**

B. Auxiliary Report **Gail Dick, Auxiliary President**

9. CONSENT AGENDA*

Notice to the Public:

Background information has been provided to the Board on all matters listed under the Consent Agenda, and the items are considered to be routine by the Board. All items under the Consent Agenda are normally approved by one (1) motion. If discussion is requested by any Board Member on any item; that item will be removed from the Consent Agenda if separate action other than that as stated is required.

A. December 12, 2018 Board of Directors Board Retreat Meeting Minutes: Shelly Egerer, Executive Assistant

B. December 2018 Planning & Facilities Report: Michael Mursick, Plant Director

C. December 2018 Human Resource Report: Erin Wilson, Human Resource Director

D. December 2018 Infection Prevention Report: Heather Loose, Infection Preventionist

E. Policies and Procedures: Summary Attached

(1) Quality Improvement Plan – Facility Wide

(2) Quality Improvement Plan for the Environment of Care

(3) Plant and Maintenance Department

F. Board of Directors; Committee Meeting Minutes:

(1) November 07, 2018 Special Finance Committee Meeting Minutes

(2) December 04, 2018 Finance Committee Meeting Minutes

10. OLD BUSINESS*

- None

11. NEW BUSINESS*

- None

12. ACTION ITEMS*

A. <u>Acceptance of QHR Report</u>

Ron Vigus, QHR

(1) November 2018 QHR Report

B. <u>Acceptance of CNO Report</u>

Kerri Jex, Chief Nursing Officer

(1) December 2018 CNO Report

C. <u>Acceptance of the CEO Report</u>

John Friel, Chief Executive Officer

(2) December 2018 CEO Report

D. <u>Acceptance of the Finance Report & CFO Report</u>

Garth Hamblin, Chief Financial Officer

(3) November 2018 Financials

(4) January 2019 CFO Report

13. ADJOURNMENT* *** Denotes Possible Action Items**

BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BUSINESS BOARD MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, CA 92315
December 12, 2018

PRESENT:	Rob Robbins, President	Peter Boss, MD, Secretary
	Gail McCarthy 1st Vice President	John Friel, CEO
	Donna Nicely, Treasurer	Shelly Egerer, Exe. Assistant

ABSENT: None

STAFF:	Garth Hamblin	Steven Knapik, DO	Mary Norman
	Nicole Wheeler	Sheri Mursick	Kerri Jex

OTHER:	Drew Pappas, Foundation	Ron Vigus, QHR/ via phone
	Gail Dick, Auxiliary	

COMMUNITY MEMBERS: Jerrell Tucker w/JWT

OPEN SESSION

1. **CALL TO ORDER:**
   President Robbins called the meeting to order at 1:00 p.m.

CLOSED SESSION

1. **PUBLIC FORUM FOR CLOSED SESSION:**
   President Robbins opened the Hearing Section for Public Comment on Closed Session items at 1:00 p.m. Hearing no request to make public comment. President Robbins closed Public Forum for Closed Session at 1:01 p.m.

Board member Roberts resigned from the Board of Directors due to his job; congratulated Dr. Boss and Gail McCarthy on being elected to the Hospital Board of Directors.

2. **ADJOURNED TO CLOSED SESSION:**
   President Robbins motioned to adjourn to Closed Session at 1:01 p.m. Second by Board Member Boss to adjourn to Closed Session. President Robbins called for a vote. A vote in favor of the motion was 4/0.
   - Board Member Boss - yes
   - Board Member Nicely- yes
   - President Robbins - yes
   - Board Member McCarthy - yes

RECONVENE TO OPEN SESSION

1. **CALL TO ORDER:**
   President Robbins called the meeting to Open Session at 3:00 p.m.

2. **ROLL CALL:**
Rob Robbins, Gail McCarthy, Donna Nicely, and Peter Boss, MD were present. Also, present was John Friel, CEO and Shelly Egerer, Executive Assistant. Jack Roberts resigned prior to Closed Session.

3. **FLAG SALUTE:**
President Robbins led the flag salute and all present participated.

4. **ADOPTION OF AGENDA:**
President Robbins called for a motion to adopt the agenda as presented. Motion by Board Member Boss to adopt the agenda as presented. Second by Board Member Nicely to adopt the agenda as presented. President Robbins called for a vote. A vote in favor of the motion was 4/0.
   - Board Member Boss - yes
   - Board Member Nicely- yes
   - President Robbins - yes
   - Board Member McCarthy - yes

5. **RESULTS OF CLOSED SESSION:**
President Robbins reported that the following action was taken in Closed Session:
The following reports were approved.
   - Chief of Staff Report:
     - Reappointment:
       - Ruth Mondolfi, DO - Tele-Psychiatry
       - Amit Pal, MD - Renaissance Radiology
       - Matthew Pautz, DO - Orthopedic Surgery
     - Voluntary Resignation:
       - Anthony Dike, MD
     - Risk Report
     - QI Report

   President Robbins reported the following action was also taken:
   - Case # 18-1214 approval to reject claim and send notice.
   - Mr. Friel has authorization to continue real estate negotiations including a letter of intent.

President Robbins called for the vote. A vote in favor of the motion was 4/0.
   - Board Member Boss - yes
   - Board Member Nicely- yes
   - President Robbins - yes
   - Board Member McCarthy - yes

6. **PUBLIC FORUM FOR OPEN SESSION:**
   President Robbins opened the Hearing Section for Public Comment on Open Session items at 3:02 p.m. Hearing no request to make public comment. President Robbins closed Public Forum for Open Session at 3:02 p.m.

7. **DIRECTORS COMMENTS**
   - Board Member McCarthy thanked President Robbins for his service as the Board President this year.
   - President Robbins thanked Mr. Friel, Shelly Egerer and Nicole Wheeler for assisting him throughout the year during his tenure as the Board President and also thanked the Board of Directors for their support.

8. **INFORMATION REPORTS:**
   A. Foundation Report:
   - Mr. Pappas reported the following:
     - Humanitarian of the Year Award raised $5,430.
     - Tree of Lights raised $23,733.
     - The van for the SNF residents has been donated.
     - Wine & Cheese Party is being scheduled for January 19, 2019 in Palm Desert.
     - Wine and Cheese Party is being scheduled for February 27, 2019. This event will be hosted by Drew & Donna Pappas and location is to be determined.
     - Current Foundation funds are $62,939.

   B. Auxiliary Report:
   - Ms. Dick reported the following:
     - The Auxiliary donated $20,000 for a module to be purchased for cardiac studies.

   - President Robbins thanked both organizations for the dedication to the Hospital.

9. **CONSENT AGENDA:**
   A. November 14, 2018 Board of Directors Meeting Minutes: Shelly Egerer, Executive Assistant
   B. November 2018 Planning & Facilities Report: Michael Mursick, Plant Director
   C. November 2018 Human Resource Report: Erin Wilson, Human Resource Director
   D. November 2018 Infection Prevention Report: Heather Loose, Infection Preventionist
   E. Policies and Procedures:
   (1) Reimbursement for Travel and Training
   (2) Medicare Secondary Payer
   (3) Discharge of Homeless Patient
   (4) FHC/RHC
   (5) HCW Masking During Flu Season
   (6) Skilled Nursing Facility

President Robbins called for a motion to approve the Consent Agenda as presented. Motion by Board Member Nicely to approve the Consent Agenda as presented. Second by Board Member Boss to approve the Consent Agenda as presented. President Robbins called for the vote. A vote in favor of the motion was 4/0.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins -yes
- Board Member McCarthy - yes

10. OLD BUSINESS:

A. Discussion and Potential Approval of Gary Hicks, Financial Advisor Service Agreement:

- President Robbins reported this item was discussed in Closed Session.

President Robbins called for a motion to approve Gary Hicks, Financial Advisor Service Agreement as presented. Motion by Board Member Nicely to approve Gary Hicks, Financial Advisor Service Agreement as presented. Second by Board Member Boss to approve Gary Hicks, Financial Advisor Service Agreement as presented. President Robbins called for the vote. A vote in favor of the motion was 4/0.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy - yes

11. NEW BUSINESS*

A. Discussion and Potential Approval of QHR Report: Presented by Ron Vigus:

- Mr. Vigus reported the following information:
  - Tomi Hagan is no longer with QHR. We are recruiting to fill the position.
  - The Benchmarking Assessment is in a draft version and staff is reviewing the report.
- The Board of Directors stated that they have concerns with the QHR; staff is continuing to down size and has expressed their concerns on several occasions.

President Robbins called for a motion to approve the QHR Report as presented. Motion by Board Member Boss to approve the QHR Report as presented. Second by Board Member McCarthy to approve the QHR Report as presented. President Robbins called for the vote. A vote in favor of the motion was 4/0.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy - yes

B. Discussion and Potential Approval of Bear Valley Community Healthcare District Election of Officers:

(1) President:

Board Member Nicely motioned to approve Board Member Boss as the Board of Directors, Board President. Second by President Robbins to approve Board Member Boss as the Board of Directors, Board President. President Robbins called for the vote. A vote in favor of the motion was 4/0.

- Board Member Boss - yes
- Board Member Nicely- yes
- President Robbins - yes
- Board Member McCarthy - yes

(2) 1st Vice President:

Board Member Nicely motioned to approve Board Member McCarthy as the Board of Directors, 1st Vice President. Second by Board Member Robbins to approve Board Member McCarthy as the Board of Directors, 1st Vice President. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

(3) 2nd Vice President:

Board Member Nicely motioned to approve the appointed (TBD) Board Member as the Board of Directors, 2nd Vice President. Second by Board Member Robbins to approve the appointed (TBD) Board Member as the Board of Directors, 2nd Vice President. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

(4) Secretary:

Board Member Nicely motioned to approve Board Member Robbins as the Board of Directors, Secretary. Second by Board Member McCarthy to approve Board Member Robbins as the Board of Directors, Secretary. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

(5) Treasurer:

President Boss motioned to approve Board Member Nicely as the Board of Directors, Treasurer. Second by Board Member Robbins to approve Board Member Nicely as the Board of Directors, Treasurer. **President Boss called for the vote. A vote in favor of the motion was 4/0.**

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

C. Discussion and Potential Approval of Bear Valley Community Healthcare District Committee Members:

(1) Planning & Facilities Committee Meeting:

Board Member Nicely motioned for Board Member Robbins and President Boss as the committee members for the Planning & Facilities Committee Meeting. Second by Board Member McCarthy for Board Member Robbins and President Boss as the committee members for the Planning & Facilities Committee Meeting. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

(2) Finance Committee Meeting (Treasurer and Committee Member):

Board Member Robbins motioned for Board Member Nicely and President Boss as the committee members for the Finance Committee Meeting. Second by Board Member McCarthy for Board Member Nicely and President Boss as the committee members for the Finance Committee Meeting. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

(3) Human Resource Committee Meeting:

Board Member Nicely motioned for Board Member McCarthy and the appointed Board Member (TBD) to be the committee members for the Human Resource Committee. Second by Board Member Robbins for Board Member McCarthy and the appointed Board Member (TBD) to be the committee members for the Human Resource Committee. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

D. Discussion and Potential Approval of the Following Contracts/Service Agreement's:

(1) Teleconnect Therapies Amendment to Service Agreement
(2) Isaias Paja, M.D. Clinic Physician Service Agreement
(3) Steven Knapik, D.O. Clinic Physician Service Agreement
(4) Bhani Chawla-Kondal, M.D. Surgical Service Agreement

(5) Bhani Chawla-Kondal, M.D. Clinic Physician Service Agreement

President Boss called for a motion to approve contracts and agreements one through five as presented. Motion by Board Member Nicely to approve contracts and agreements one through five as presented. Second by Board Member Robbins to approve contracts and agreements one through five as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

E. Discussion and Potential Approval of the FY 2017/18 Audited Financial Report: Presented by JWT & Associates:

- **Mr. Tucker reported the following information:**
  - Received an unmodified opinion – clean opinion.
  - No material weaknesses or significant deficiencies identified.
  - No audit adjustments.
  - No difficulties with staff.
  - Reduction of $1 million.
  - Continue to participate in IGT programs – net approximately $2 million through the IGT program.
  - IGT has been added to expense line.
  - Operations are very strong.
  - $20 million in cash reserves.
  - Days in AR continue to decrease.
  - Net patient revenue increased.
  - Operations are lean and conservative.
  - 300 days cash on hand.
  - Labor continues to stay consistence.
  - Managing staff according to needs.

Board Member Nicely motioned to approve the FY 2017/18 Audited Financial Report as presented. Second by Board Member Robbins to approve the FY 2017/18 Audited Financial Report as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

F. Discussion and Potential Approval of the Medicare Cost Report for Fiscal Year 2018 Cost Report July 1, 2017 through June 30, 2018:

- Mr. Hamblin requested the Board of Directors to approve/authorize the CEO to sign the Medicare Cost Report as presented.
  - David Perry w/QHR reviewed the report.
  - $271,000 is due to the hospital.

President Boss called for a motion to approve the Cost Report and to authorize Mr. Friel to sign the final document. Motion by Board Member Nicely to approve the Cost Report and to authorize Mr. Friel to sign the final document. Second by Board Member McCarthy to approve the Cost Report and to authorize Mr. Friel to sign the final document. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

G. Discussion and Potential Approval of Bear Valley Community Healthcare District Board of Directors Reimbursement for Travel Expenses to Attend the American Hospital Association Rural Healthcare Leadership Conference: Expenses Not to Exceed $1,500.00:

President Boss called for a motion to approve Reimbursement Travel Expenses to the American Hospital Association Rural Healthcare Leadership Conference Expenses Not to Exceed $1,500.00. Motion by Board Member Nicely to approve Reimbursement Travel Expenses to the American Hospital Association Rural Healthcare Leadership Conference Expenses Not to Exceed $1,500.00. Second by Board Member Robbins to approve Reimbursement Travel Expenses to the American Hospital Association Rural Healthcare Leadership Conference Expenses Not to Exceed $1,500.00. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

12. ACTION ITEMS*

A. CNO Report:

(1) November 2018 CNO Report:

- Ms. Jex reported the following:
  - CDPH was on site for annual SNF Survey.
    - Plan of Corrections has been submitted.
    - Dietary had expired food and process are not being followed.
    - Physician's orders not signed.
  - Federal Survey was also completed to ensure Title 22 is being followed.
  - Score Survey Action Plan will be presented to the managers.
    - Main focus is communication, team building and educational training.

President Boss called for a motion to approve the CNO Report as presented. Motion Board Member Nicely to approve the CNO Report as presented. Second by Board Member Robbins to approve the CNO Report as presented. President Boss called for the vote. A vote in favor of the motion was 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

B. Acceptance of the CEO Report:

(1) November 2018 CEO Report:

- Mr. Friel reported
  - RCH meeting was cancelled due to the weather. Is rescheduled for late January.
  - Christmas Party is Saturday, December 15 at the Convention Center at 6:00 pm.
  - Working on insurance contracts.
  - LabCorp is working with the District for an agreement in order to provide lab draws from the Hospital.
  - Working with Kaiser to form a relationship; additional conference calls will be scheduled.

Board Member Nicely motioned to approve the CEO Report as presented. Second by Board Member Robbins to approve the CEO Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

C. Acceptance of the Finance Report:

(1) October 2018 Financials:

- Mr. Hamblin reported the following information:
  - 340 days cash on hand.
  - $22 million in cash.
  - Surplus of $101,000.
  - YTD a little behind.
  - Census was below budget.

(2) CFO Report:

- Mr. Hamblin reported the following information:
  - Continue to work closely with Trubridge.

Board Member McCarthy motioned to approve the October 2018 Finance Report and the CFO Report as presented. Second by Board Member Nicely to approve the October 2018 Finance Report and the CFO Report as presented. President Boss called for the vote. A vote in favor was unanimously approved 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

13. ADJOURNMENT:

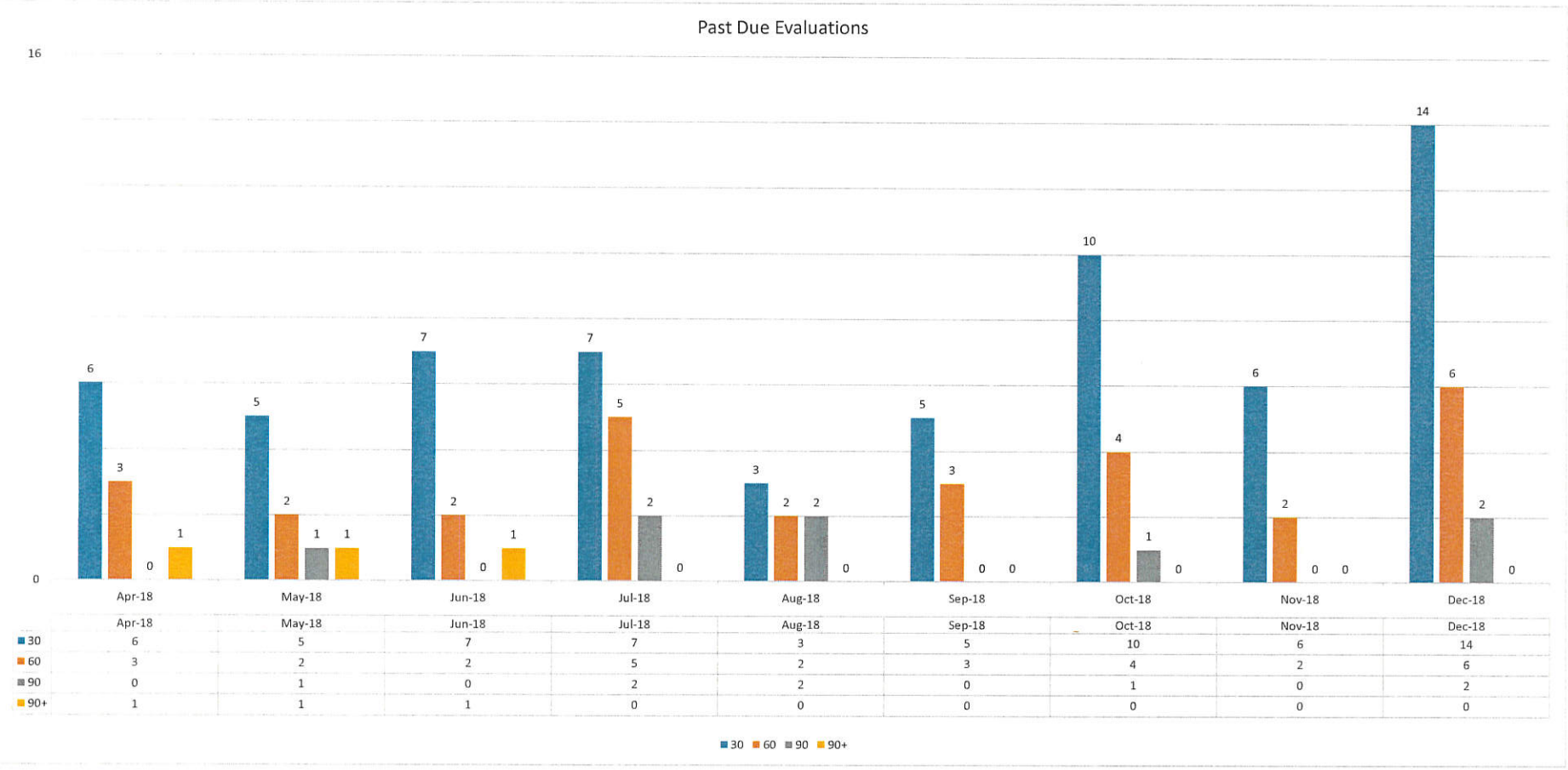
Board Member Nicely motioned to adjourn the meeting at 3:55 p.m. Second by Board Member McCarthy to adjourn. President Boss called for the vote. A vote in favor of the motion was unanimously approved 4/0.

- Board Member Nicely- yes
- Board Member Robbins - yes
- Board Member McCarthy - yes
- President Boss - yes

BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

HR Monthly Report
December 2018

STAFFING	**Active:** 215 – FT: 139; PT: 13; Per Diem: 63 **New Hires:** 5 **Terms:** 4 (2 Voluntary 2 Involuntary) **Open Positions:** 17
EMPLOYEE PERFORMANCE EVALUATIONS	**DELINQUENT: See attachment** 30 days: 14 60 days: 6 90 days: 2 90+ days: 0 **MOVING FORWARD:** Continue monitoring ongoing annual evaluations.
WORK COMP	**NEW CLAIMS: 0** **OPEN:** 8 Indemnity (Wage Replacement, attempts to make the employee financially whole) - 3 Future Medical Care – 4 Medical Only - 1 **MOVING FORWARD:** Quarterly claims review. **SAFETY:** Working with Beta Loss Prevention for safety initiatives.
FILE AUDIT/ LICENSING	**FILE AUDIT:** All Files are complete Licenses: All up to date **MOVING FORWARD:** Continue file audit with new employees
JOB DESCRIPTIONS/ EVALUATIONS	**Job Descriptions:** In process **Evaluations:** In process
EMPLOYEE TURNOVER 2018	1st Quarter = 5% 2nd Quarter = 8% 3rd Quarter = 6% 4th Quarter = 5% **2018 Total = 23%**



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
30	6	5	7	7	3	5	10	6	14
60	3	2	2	5	2	3	4	2	6
90	0	1	0	2	2	0	1	0	2
90+	1	1	1	0	0	0	0	0	0

Infection Prevention Monthly Report

December 2018

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	• Continue to receive updates from APIC. • AFL (All Facility Letters) from CDPH have been reviewed. ▪ No AFLs related to infection control • Continue NHSN surveillance reporting. • Completion of CMR reports to Public Health per Title 17 and CDPH regulations. ▪ Chlamydia – 3 cases reported ▪ HIV – 1 case reported by FHC ▪ Syphilis – 1 case reported	• Review ICP regulations. • AFL to be reviewed at Infection Control Committee and Regulatory committee. • Continue Monthly Reporting Plan submissions.
2. Construction	▪ ER remodel complete. Only a few small maintenance issues to address.	• Work with Maintenance and contractors to ensure compliance.
3. QI	• Continue to work towards increased compliance with Hand Hygiene. o Compliance at 73% for November.	• Continue monitoring hand hygiene compliance.

4. Outbreaks/ Surveillance	o Public Health Report • Flu season began November 1 • Those employees who have not received a flu shot will be required to wear a hospital-provided mask while in patient care areas. • Those employees who have received a flu vaccine will have a star sticker on their badges as an indication. o Community Health Report o 3 cases of MRSA. 2 in wounds, 1 MRSA positive blood culture, outpatients o 1 cases of c-diff in outpatients	▪ Informational
5. Policy Updates	▪ Policies reviewed, approved: o Bloodborne Pathogen Exposure Control Program o Communicable Disease Reportable Conditions (with 1 minor addition) o Airborne Infectious Isolation Room (AIRR)/Negative Pressure Room o Personal Protective Equipment (PPE) o Hand Hygiene	▪ Clinical Policy and Procedure Committee to review and update Infection Prevention policies.
6. Safety/Product	▪ IP working with EVS to create policy outlining who is responsible for cleaning what and how often. (Still in progress)	▪ Continue to monitor compliance with approved cleaning procedures.
7. Antibiotic Stewardship	▪ Pharmacist continues to monitor antibiotic usage.	▪ Informational.
8. Education	▪ ICP continues to attend the APIC meetings in Ontario when possible.	▪ ICP to share information at appropriate

		committees.
9. Informational	Statistics on Immediate Use Steam Sterilization will now be included with the monthly surgery stats and reported to P&T Committee monthly. • Number of times IUSS utilized in November = 0 • Number of surgical cases in November = 11 Infection Prevention Rounds for POC IP monitors the following on a monthly / ongoing basis: For November: • Storage standards are met. • Cleaning schedule of the autoclaves is up to date. • Temperature and humidity monitoring and logs are up to date. • Terminal cleaning is being done in OR, Sterile Processing, and Decontamination and logs are up to date. • Clinical staff is able to verbalize proper cleaning procedure and solution for the glucometer. • Clinical staff is able to verbalize proper dwell times for different cleaning solutions. Culture Follow-Up ▪ IP oversees culture follow-up process carried out by clinical managers. ▪ Statistics are recorded onto a dashboard and will be presented at P&T monthly.	▪ Informational ▪ Will continue to monitor for Plan of Correction
Heather Loose, BSN, RN *Infection Preventionist* *Date: December 31, 2018*		

Administrative Team	Date Reviewed	Action Taken
Actions to Take in Case of Airship Crash/Fire	12/14/2018	Annual review. Formatted.
Backflow Preventers	12/14/2018	Annual review. Formatted.
Changing HVAC Filters	12/14/2018	Annual review. Formatted.
Communication After a Harm Event	12/14/2018	New policy.
Daily Inspection and Testing Procedures	12/14/2018	Annual review. Formatted.
Daily Patient Room Cleaning	11/30/2018	Annual review. Formatted.
Diagram of the Hospital Evacuation Plan	12/14/2018	Annual review. Updated map. Policy name was changed from 'Diagram of the Evacuation Plan'.
Disruption of Water Distribution	12/14/2018	Annual review. Policy was renamed from 'Disruption of Water Distribution - Hot Water'. Formatted.
District Parking Policy	12/14/2018	Annual review. Formatted.
Electrical Extension Cords/Adapters	12/14/2018	Annual review. Formatted.
Electrical Service Outlet Testing	12/14/2018	Annual review. Formatted.
Failure of Natural Gas Supply	12/14/2018	Annual review. Formatted.
Failure of Nitrous Oxide System	12/14/2018	Annual review. Formatted.
Failure of Nurse Call System	12/14/2018	Annual review. Formatted.
Failure of Water Distribution System	12/14/2018	Annual review. Formatted.
Faulty Equipment Management	12/14/2018	Annual review. Formatted.
Fire and Smoke Barrier Penetrations	12/14/2018	Annual review. Formatted. Revised verbiage to reflect current process.
Fire Drills	12/14/2018	Annual review. Formatted.
Fire Emergency Procedures	12/14/2018	Annual review. Formatted.
Fire Extinguisher Inspections	12/14/2018	Archive. Refer to 'Fire/Life Safety Management Plan' policy.
Fire Watch	12/14/2018	Annual review. Formatted.
Helicopter Landing	12/14/2018	Annual review. Formatted. Changed policy name from 'Helicopter Transfer Landing'.
Holiday Door Decorations	12/14/2018	Annual review. Formatted.
HVAC System Training Outline	12/14/2018	Annual review. Formatted.
Inspections for the Environment of Care	12/14/2018	Annual review. Formatted.
Interim Life Safety Measures Evaluation Form	12/14/2018	Archived. Refer to 'Interim Life Safety Measures' policy.
Lock Out - Tag Out Policy	12/14/2018	Annual review. Formatted.
Means of Egress	12/14/2018	Annual review. Formatted.
Portable Electrical Equipment	12/28/2018	Annual review. Formatted.
Quality Improvement Plan for the Environment of Care	12/14/2018	Archive.
Quality Improvement Plan - Facility Wide	12/14/2018	Annual review. Revised verbiage to reflect current practice.

Snow Policy	12/28/2018	Annual review. Formatted.
Steam Boiler Training Outline	12/28/2018	Annual review. Formatted.
Use of District Vehicles & Mobile Equipment	12/14/2018	Annual review. Formatted.
Use of the Emergency Medical System (EMS) Landing Site by Outside Agencies	12/28/2018	Archive. Refer to 'Helicopter Landing' policy.
Utilities Management Plan	12/28/2018	Annual review. Formatted. Attached System Failure document.
Utilities System Failure	12/28/2018	Annual review. Formatted. Changed policy name from 'Utilities System Failure'.

QUORUM | HEALTH RESOURCES®

Board Report

January 2019

Debt Capacity Analysis

Draft of this report as been reviewed with CEO and CFO and final adjustments are being made.

Productivity Assessment

The consultants have discussed report with management and are updating some information in it. Once complete, final report will be sent.

Managed Care

Our Managed Care consultant has sent John and Garth information about Medicare's requirements for managed care plans that may be of assistance in negotiating with insurers.

Upcoming Education Events – January

Jan 15, 2019	Noon - 1 pm	Leading for Results and Sustainability Presented by Bear Valley Leadership
Jan 31, 2019	10:30 – 11:30 am	Managing Charge Performance: Series I - Organizing your Charge Master
Feb 8, 2019	10:30 – 11:30 am	Root Cause Analysis and Mistake Proofing

Classroom

Mar 26 - 29 2019 Reimbursement Boot Camp – Critical Access Hospitals

Other

- Ron Vigus is planning to attend the Board meeting.

Upcoming Projects

- Contractual and Bad Debt Analysis
- Productivity Benchmarking Assessment
- Debt Financing Capability Analysis
- Community Health Needs Analysis

Completed Projects

- Mock Survey – Quality and Life Safety
- Compliance Assessment
- Cost Report Review

QUORUM | HEALTH RESOURCES®

December 20, 2018

Once again, we are happy to share the schedule for our QHR Board Leadership Education program. Please be sure to distribute this 2019 schedule to your hospital board members.

At QHR, we take educating and informing Board Members very seriously. It's our job to be sure they have access to information about the latest industry trends and changes. And, let's face it -- those changes happen fast in healthcare. We are committed to supporting your board as they lead your hospital to sustainability in a constantly shifting healthcare landscape.

If you have questions about the Board Leadership webinars or any of our leadership support services, please let me know.

Thank you, and best wishes for the New Year!

Mike Johns

Mike Johns
Senior Vice President, Operations

1573 Mallory Lane, Suite 200 | Brentwood, TN 37027 | 615-371-7979 | QHR.com

HOSPITAL BOARD LEADERSHIP
2019 EDUCATION OPPORTUNITIES

QHR is committed to keeping client hospital boards informed about the tremendous changes affecting healthcare today and how organizations can adjust to thrive in the future. Don't miss a chance to learn from healthcare leaders and industry experts as they share insights and winning strategies to help board members effectively lead hospitals in today's ever-changing environment.

These monthly webinars are broadcast Live at Noon Central Time on the Second Tuesday of each month.* This schedule ideally allows hospital boards to gather as a group for an educational session. After the broadcast, recordings are typically available 48 hours after the presentation for your convenience.

Be sure to add these dates on your calendar! Visit **www.QHR.com/Education** to register.

January 15, 2019*	Noon - 1 pm CT	Leading for Results and Sustainability
February 12, 2019	Noon - 1 pm CT	Cyber Security – Lessons Learned
March 12, 2019	Noon - 1 pm CT	The Role of the CMO in Your Hospital
April 09, 2019	Noon - 1 pm CT	Reimbursement & Regulatory Updates
May 14, 2019	Noon - 1 pm CT	Compliance Update
June 11, 2019	Noon - 1 pm CT	Operational Excellence
July 09, 2019	Noon - 1 pm CT	Community Health Needs Assessments
August 13, 2019	Noon - 1 pm CT	Fostering a Culture of Care
September 10, 2019	Noon - 1 pm CT	Quality as your Competitive Advantage
October 08, 2019	Noon - 1 pm CT	Effective Meetings: Lessons from the Board Room
November 12, 2019	Noon - 1 pm CT	The Board's Role in Marketing the Hospital in Your Community

** This webinar takes place on the third Tuesday of the month.*

ADDITIONAL RESOURCES

Effective governance requires continual learning. QHR provides board leaders with additional education resources to help you stay informed and equipped to successfully govern your hospital.

Trustee Quick Reference Guide
All board members, both seasoned and new, should have this essential handbook. If you don't have your revised edition (issued in Spring 2018) be sure to contact your Regional VP.

Board Minutes
This monthly newsletter offers insights into key industry issues that should be discussed at hospital board meetings.

For more information about the QHR Learning Institute, call 1-800-233-1470.

www.QHR.com/Education

QUORUM | HEALTH RESOURCES®

BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

CNO Monthly Report

TOPIC	UPDATE
1. Regulatory Updates	▪ SB1152 Discharge Planning for Homeless Patients is in effect as of 1/1/2019
2. Budget/Staffing	▪ Overtime and call offs are assessed each shift. ▪ Flexing of staff is done daily as warranted by census.
3. Departmental Reports	
▪ Emergency Department	▪ 2 new ED hires- PD RNs ▪ Seasonal patient volume is increasing ▪ 2 FT RN positions remain open
▪ Acute	▪ Patient volume increasing ▪ Current census – 2 acute, 2 swing
▪ Skilled Nursing	▪ Census is currently at 16 residents ▪ 1 new hire CNA ▪ Case Manager is faxing bed availability for SNF and Swing on a weekly basis to surrounding facilities. ▪ CDPH and CMS on site for annual SNF survey 11/26-11/28/2018. Plan of Correction has been submitted. ▪ SNF QAPI meeting was held, new projects are being initiated: o Care Plan- multidisciplinary process o Dietary-SNF snack delivery process/ resident preferences o Pain assessments
▪ Surgical Services	▪ Orthopedic procedures are being done weekly. ▪ Ophthalmic procedures are being done monthly. ▪ OR manager is reviewing possible equipment purchase to prepare for general surgeon/ expanded ortho services. (budgeted purchase) ▪ OR Manager is working on OR supply inventory and ordering in anticipation of a general surgeon.

▪ Case Management	▪ DON and Eligibility Worker are working on referrals for SNF residents and Swing patients. ▪ Case Management continues to attend re-admissions collaborative.
▪ Respiratory Therapy	▪ 1 FT RT resignation
▪ Physical Therapy	▪ PT is running volumes at budget
▪ Food and Nutritional Services	▪ FT cook has been hired. ▪ FNS department hosted a Christmas themed candlelight dinner for SNF residents. ▪ A Quality Improvement project has been initiated using California Association of Healthcare Facilities Guidelines: o Proper labeling, storage and rotation of food o Safe food storage o Hand Hygiene monitoring o Administrative Rounding o Staff Competencies o New forms/ tracking tools implemented for multiple areas in the kitchen
4. Infection Prevention	▪ Hand Hygiene monitoring continues. ▪ Infection Preventionist is rounding weekly to educate staff on hand hygiene and infection issues. ▪ Infection Preventionist is conducting monthly rounds to monitor POC compliance and is reporting findings through Infection Control Committee ▪ Flu shots have been administered to staff. Employees who declined the flu shot will be required to wear a mask through the flu season-per SB County guidelines.
5. Quality Improvement	▪ SCORE action plan has been developed and will be presented at Department Staff meetings in January. ▪ A Culture of Safety Newsletter is being developed- anticipated to be published in January ▪ PFAC project for ED lobby and ED art work is in process. Photographs have arrived and are waiting to be hung for display. ▪ PFAC met in December for this cohort's final meeting and a recognition luncheon. New PFAC members will be recruited for continuation of the program in 2019.
6. Policy Updates	▪ Policies reviewed weekly by Policy and Procedure committee.

7. Safety & Products	▪ Workplace Violence training is being provided to all BVCHD staff. ▪ Workplace Violence reports are submitted to CalOSHA on an ongoing basis. ▪ Annual Security assessment is being reviewed and updated by departments. The safety committee will review the annual plan in January.
8. Education	▪ BLS Classes scheduled monthly, ACLS & PALS scheduled quarterly ▪ Smoking Cessation classes being held as scheduled. ▪ HSAG visited BVCHD and presented a training on “Teach back method” of patient education ▪ A wound care in service was held
9. Information Items/Concerns	▪ CARE Grant application was approved. BVCHD will received 15,000 to develop a community outreach program for diabetic education and assistance.
Respectfully Submitted by: *Kerri Jex, CNO* *Date: December 28th, 2018*	

2018 Surgery Report

Dec-18		
Physician	**# of Cases**	**Procedures**
Pautz - DO	2	Medial Patellofemoral Ligament Reconstruction
Pautz - DO	1	Removal Foreign Body Shoulder
Pautz - DO	1	Repair Non-Union Right Scaphoid
Pautz - DO	1	Repair Non-Union Elbow
Pautz - DO	1	ORIF Wrist
Critel - CRNA	2	Wrist Injection
Critel - CRNA	6	LESI
Critel - CRNA	3	Elbow Injection
Critel - CRNA	2	Hip Injection
Tayani	6	Cataracts
Total	25	

Annual Total 207

BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

CHIEF EXECUTIVE OFFICER REPORT

December 2018

CEO Information:

California Department of Public Health was on site to complete the Annual SNF Survey. The Plan of Corrections have been submitted to the State. (Attachment)

BVCHD Board of Directors Self Evaluation link was provided to the Board of Directors via email. If you need the link to complete the assessment please contact Administration.

The ambulance/air transportation insurance process has begun; employees are very excited that they have received this additional benefit at no cost. (Attachment)

Riverside Community Hospital Senior Leadership Team will be here on January 21, 2019 to discuss services/affiliation.

Administration completed the process for the Board of Director's vacancy. At this time we have emailed two questionnaires' but have not received any completed questionnaires' back at this time.

The Board of Directors are required to complete AB1234 Ethics Training on a biannual basis. A link has been emailed to the full Board. Please complete the training and provide Administration a copy of the completion course certificate. If you need any assistance please feel free to contact Administrion.

We are in the process of executing an agreement with Lab Corp for blood draw services.

The District will be purchasing a table for the Chamber of Commerce "A Red Carpet Soiree" February 23 beginning at 5:00 pm at the Convention Center. If you would like to attend please contact Administration.

Marketing:

The following updates have been made to the District Website:

- New "Resource" tab added to ensure we are in compliance with CMS and additional regulatory organizations.
- Charge Master is posted to the website
- Quality and Safety has been added as a precautionary measure per CMS; worked with Nursing Leadership for content.
- Meetings are being scheduled with managers to confirm current content is posted on the website.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	555468		11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR VALLEY COMMUNITY HOSPITAL	41870 GARSTIN RD BIG BEAR LAKE, CA 92315

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a Recertification Survey conducted on November 26, 2018 through November 28, 2018. Representing the California Department of Public Health: Surveyor ID Number: 33786 - Health Facilities Evaluator Nurse 39723 - Health Facilities Evaluator Nurse Census: 15 Sampled Resident size: 8	F000		
F657	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) 483.21(b) Comprehensive Care Plans 483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined	F657	Corrective Action for Identified Residents Care Plan was updated for resident #4 on 11/28/18 to reflect Pepcid medication for GERD. Protonix was discontinued from the care plan. Identifying other residents with the potential to be affected and corrective action. Audit was done on 11/28/18 for all residents with care plans for GERD. No updates were needed for 7 identified residents. System/Measures to Prevent Re-occurrence Licensed staff was in-serviced on policy for updating care plans and weekly summaries from 11/28/18-12/14/18.	1/7/19 12:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	CEO Electronically Signed	12/20/2018

Any Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F657	Continued From page 1 not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to follow their policy and procedure for one (1) of 8 residents (Resident 4) when the care plan was not revised to reflect the current medication order prescribed by her physician. This failure had the potential for miscommunication among the health care team and result in unsafe care. A review of the clinical record for Resident 4, the "History and Physical" indicated Resident 4 was admitted on May 8, 2018 with diagnoses that included peripheral neuropathy (pain or numbness in the face, back, feet, hands or thighs), Alzheimer's disease (a brain disorder that causes problems with memory, thinking and behavior) and gastroesophageal reflux disease (GERD-when stomach acid backflow into the tube that connect the stomach to the mouth) During a review of the clinical record for Resident 4, the "Physician Orders" dated November 13, 2018, at 2:00 PM indicated: "D/C (discontinue) Protonix (medicine that prevents the production of acid in the stomach) 40 mg (unit of measurement) daily when Pepcid (medicine that blocks the release of stomach acid) is available 2. Pepcid 20 mg 1 tab (tablet)	F657	Monitoring Care Plan Committee will meet weekly x 4 weeks, then bi-weekly thereafter to ensure Care Plan accuracy. Person Responsible: Director of Nursing	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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F657	Continued From page 2 po (by mouth) q (every) HS (hours of sleep) DX (diagnosis) GERD when available." A review of the clinical record for Resident 4, the "Care Plan" dated August 21, 2018, indicated: Resident is on Protonix for GERD. Monitor usage .... Administer Pantoprazole for GERD ..." During an interview with the Director of Nursing (DON), on November 28, 2018, at 10:20 AM, she reviewed the clinical record for Resident 4 and was unable to find a revised care plan for the current treatment for GERD. She stated the medication administration record indicated Pepcid was available for use on November 14, 2018. The DON stated the care plan should have been revised and indicated the current treatment plan and care needs for Resident 4. The facility policy and procedure titled "Nursing Care Plan-SNF (Skilled Nursing Facility)" dated December 14, 2017, indicated: " ...6. The Care Plan is updated with any change to the resident's care needs ..."	F657		
F695	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:	F695	Corrective Action for Identified Residents Resident # 9 oxygen was placed at 2L on 11/28/18. SPO2 of 98% was verified at 2L at 1000 on 11/28/18. Identifying other residents with the potential to be affected and corrective action. Oxygen verification was done for all residents with orders for oxygen. All other residents were confirmed to be at the proper liters. System/Measures to Prevent Re-	1/7/19 12:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555468	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/28/2018
NAME OF PROVIDER OR SUPPLIER BEAR VALLEY COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 41870 GARSTIN RD BIG BEAR LAKE, CA 92315	

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F695	Continued From page 3 Based on observation, interview, and record review, the facility failed to follow their policy and procedure for one (1) of 8 sampled residents (Resident 9), when the oxygen therapy order was not carried out as prescribed by her physician. This failure had the potential result in irritation to the airway including lung damage. A review of the clinical record for Resident 9, the "Record of Admission (demographic information)" indicated Resident 9 was admitted on March 9, 2017 with diagnoses that included hemiplegia (right side body weakness), chronic pain, hypoxia (body is deprived of adequate oxygen supply), and seizure disorder (an abnormal brain activity that causes unusual sensations and behaviors). During an observation on November 28, 2018, at 5:30 AM, in Resident 9's room, she was observed in bed with a nasal cannula (device that delivers oxygen through the nose). The flowmeter (device that measures oxygen delivery) was set at 3 liters (unit of measure or dose). A review of the clinical record for Resident 9, the "Physician Order" dated October 10, 2018, at 1:30 PM, indicated: "1. D/C (discontinue) O2 (oxygen) via (through) nasal cannula 3 LPM (liters a minute). 2. O2 via nasal cannula 2 LPM PRN (as needed) to maintain SPO2 (blood oxygen level) above 90% (percent)." During an interview with the Licensed Vocational Nurse (LVN 1), on November 28, 2018, at 5:45 AM, she viewed the flowmeter rate and stated Resident 9's oxygen rate was set at 3 liters. She reviewed the clinical record for Resident 9, the "Physician Orders" dated October 10, 2018, at 1:30 PM, and stated the oxygen rate should	F695	occurrence All staff was in-serviced from 11/28/18-12/14/18 regarding "Physician Orders" policy and 24 hour chart checks. Oxygen verifications audits are done daily by night shift LVN and turned into the DON for review. Any discrepancies will be verified against the physician orders and corrected immediately. Oxygen saturations will be checked for any residents found with a discrepancy. Monitoring DON will monitor audits and data will be reported to the QI Committee, SNF QAPI committee and up through the Governing Body for six months at which time the indicator will be evaluated for continuation, modification or deletion. Person Responsible: Director of Nursing	

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F695	Continued From page 4 have been set at 2 liters. LVN 1 stated she did not know how long Resident 9 had received 3 liters of oxygen. During an observation on November 28, 2018, at 5:49 AM, in Resident 9's room, LVN 1 was observed decreasing the oxygen rate to 2 liters. LVN 1 did not reassess Resident 9's respiratory response after decreasing her oxygen rate. During an interview with the Director of Nursing (DON), on November 28, 2018, at 9:45 AM, she stated Resident 9's oxygen level and breathing pattern should have been assessed after decreasing the oxygen rate. She further stated the physician's order should have been followed. During a review of the clinical record for Resident 9, the "Care Plan" dated October 10, 2018, indicated: "O2 2L/NC (nasal cannula) as needed per MD (a medical doctor) order to maintain SPO2 > (greater than) 90 %." A review of the facility's policy and procedure titled, "Assessment/Reassessment of Patients-Interdisciplinary" dated August 16, 2018, indicated: " ...3.2.1: The patient shall be reassessed: 3.2.1.1. To determine response to medication, treatment, and nursing interventions ...4.1.4. the patient's response to treatment, procedure and medication administered shall be documented ..." A review of the facility's policy and procedure titled, "Oxygen Use in the SNF (Skilled Nursing Facility)" undated, indicated: " ... Procedure: 1. All residents receiving oxygen in the SNF will have an order from a physician noting the L/M (liters a minute-amount) and designated as nasal cannula or mask (type) as well as continuous and PRN (as needed) ...5. Oxygen	F695		

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F695	Continued From page 5 flow rate ...will be validated during licensed staff walking rounds between shifts."	F695		
F697	Pain Management CFR(s): 483.25(k) 483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy and procedure on pain management for one (1) of 8 sampled residents (Resident 9), when pain assessments were not documented in Resident 9's clinical record. A review of the clinical record for Resident 9, the "Record of Admission (demographic information)" indicated Resident 9 was admitted on March 9, 2017 with diagnoses that included hemiplegia (right side body weakness), chronic pain, hypoxia (body is deprived of adequate oxygen supply), and seizure disorder (an abnormal brain disorder that causes unusual sensations and behaviors). During an observation on November 28, 2018, at 5:30 AM, the Licensed Vocational Nurse (LVN 1) was observed examining Resident 9's back. She stated "Fentanyl patch (continuous pain reliever) attached." LVN 1 further administered a scheduled medication tablet and one-half cup of water to Resident 9.	F697	Corrective Action for Identified Residents Pain assessment was done with Resident #9 on 11/28/18. Identifying other residents with the potential to be affected and corrective action. Initial audit was completed on 11/28/18. All of the residents were identified to not having documented every shift pain monitoring. System/Measures to Prevent Re-occurrence In-services with all licensed staff was conducted between 11/28/18-12/14/18 regarding facility policy for pain assessments to be completed every shift and documented in the nurses notes. Flow chart pain assessment audits to be conducted weekly to ensure compliance. Monitoring DON will monitor audits and data will be reported to the QI Committee, SNF QAPI committee and up through the Governing Body for six months at which time the indicator will be evaluated for continuation, modification or deletion. Person Responsible: Director of Nursing	1/7/19 12:

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F697	Continued From page 6 During an interview with LVN 1, on November 28, 2018, at 5:40 AM, she stated pain is assessed once on each shift and as needed. LVN 1 stated she did not address Resident 9's pain because she was asleep. When asked did Resident 9 take medicine by mouth with water? LVN 1 stated, "Oh I guess, I could have asked her about pain." During a review of the clinical record for Resident 9, the "Care Plan" updated on November 12, 2018, indicated "Monitor Pain every shift using Dementia scale (observation scale to recognize pain) ...apply Fentanyl patch (continuous pain reliever) per MD order (as ordered by Medical Doctor) and monitor for ADR (adverse reaction) administer Norco (pain reliever) per MD orders as needed not to exceed 4 doses in 24 hours. Monitor for ADR. During an interview with Resident 9, on November 28, 2018, at 6:05 AM, she was observed in bed watching television. Resident 9 stated the nurse rarely ask if she had pain. She further stated sometimes she hurts for a while without relief. During an interview with LVN 2, on November 28, 2018, at 9:40 AM, she stated Resident 9's pain should have been assessed on every shift. A review of the policy and procedure titled "Pain Management- SNF (Skilled Nursing Facility)" dated October 18, 2017, indicated: "Policy: ... [Facility Name] shall ensure that all residents receive pain management services and treatment in accordance with professional standards of practice in accordance with their person-centered care plan to reflect the resident's goals, choices and preferences	F697		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F697	Continued From page 7 related to their pain management ...Procedure: 3. Pain recognition is ongoing. 3.1. Daily, the resident shall be evaluated for pain using the applicable pain scale. 3.1.1. Pain scale assessment shall be done on both day and evening shift ... 9. Pain management programs shall have ongoing monitoring reassessment and care plan revision to minimize the potential for adverse effects and to validate the effectiveness of the current pain management regime."	F697		
F812	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) 483.60(i) Food safety requirements. The facility must - 483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. 483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F812	Dietary Services will store, prepare and distribute food in accordance with professional standards for food safety. Food items will be properly stored and dated in accordance with BVCHD policy Nutrition and Dietary Services Storage and Labeling Policy as follows: All food items in the refrigerator will be properly marked with an opened date and an expiration date. Opened frozen food shall be labeled, dated and stored in moisture proof tight fitting packages to prevent freezer burn. Unopened food items will be labeled with a received on date and best used by date/ expiration date per manufacturer guidelines. Canned and dry foods that do not have a used by date or expiration date on the can or box are to be used within 6 months of the received by date and labeled accordingly. Food shall be stocked using the first-in, first out rule. Items already on the shelf shall be brought to the front of the shelf and newer items shall be stored behind.	1/7/19 12:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	555468		11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAR VALLEY COMMUNITY HOSPITAL	41870 GARSTIN RD BIG BEAR LAKE, CA 92315

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F812	Continued From page 8 review, the facility failed to follow their policy and procedure when the: 1. Horse radish was opened and did not have an opened date and use-by-date placed on the jar. This failure had the potential for a foodborne illness including physical harm to the facility's residents. 2. Facility had freezer burn feta cheese stored in the freezer and available for use with an opened date on August 15, 2017. This failure had the potential for a decline in quality and taste of the cheese rendering it to be uneatible for eating. 3. Food items were stored with chemical products. This failure had the potential to result in a serious foodborne illness including death. 4. Facility had best-used-by date/expired food items available for use. This failure had the potential for a decline in quality and taste of food items and further cause weight loss including physical harm to the facility's residents. 5. Dietary Aid did not perform hand hygiene (clean hands with soap and water) before she returned to the sandwich preparation area. This failure had the potential to result in cross contamination and transfer germs to the facility's residents. 1. During an observation on November 26, 2018, at 10:50 AM, in the walk-in refrigerator with the Nutrition and Dietary Services Director (NDSD), on opened jar of horse radish was observed and unlabeled. The horse radish did not have an opened date or a use-by-date/expiration date.	F812	All food items shall be used before the manufacturers expiration date. Expired food times shall be removed from food storage areas and discarded. Food items will be properly and safely stored in accordance with BVCHD policy Food Safety and Sanitation. Poisonous and toxic materials including cleaning agents should be stored outside the food storage area. Staff will utilize proper hand hygiene in accordance with BVCHD policy Bare Hand Contact with Food and use of Plastic Gloves. Single use gloves shall be worn when handling food directly with hands. Gloves shall be used for a single task and discarded when damaged or soiled or when interruptions occur in the operation. Any time a contaminated surface is touched, the gloves must be changed. Hands will be washed after removing gloves. All residents in the facility have the potential to be adversely affected by dietary services, therefore a multidisciplinary Performance Improvement Program will be implemented and incorporated into the SNF QAPI program and presented to the hospital QI committee utilizing dashboards and documentation of rounding checklists. All expired food items were immediately discarded. A daily check of the refrigerator has been initiated to assure all food items received are properly stored and labeled. The Registered Dietician will conduct	

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F812	Continued From page 9 During an interview with the NDSD on November 26, 2018 at 10:53 AM, she stated she did not know how long the horse radish had been opened. The NDSD stated the horse radish should have been labeled with an opened date and an expiration date after the item had been opened. She further stated the horse radish should not have been stored in the refrigerator without an opened date and expiration date. The facility's policy and procedure titled, "Nutrition and Dietary Services Storage and Labeling Policy," dated October 15, 2018, indicated, " ... all open food items will have an open date and use-by-date ...Perishable Storage: ...4.11. All food items in the refrigerators are properly labeled, dated ..." 2. During an observation on November 26, 2018, at 11:00 AM, in the facility's walk-in freezer with the Nutrition and Dietary Services Director (NDSD), two (2) thirty-two ounce opened packages of feta cheese was observed with freezer burn and had an opened date on August 15, 2017 and had a manufacturer's expiration date on November 15, 2017. During an interview with the NDSD, on November 26, 2018, at 11:03 AM, she stated the manufacturer's expiration date is July 11, 2017. She further stated the cheese should have been removed from storage. The facility policy and procedure titled "Nutrition and Dietary Services" dated October 15, 2018, indicated "Policy: ... All opened food items will have an open date and used-by-date. Procedure: ...4.11.1. Once opened, frozen food is labeled, dated per this policy and moisture-proof, tight fitting materials are used to prevent	F812	weekly audits beginning 1/1/2019 for a minimum of six months of the walk in refrigerator to validate that all food items are properly stored and labeled. The Registered Dietician conducted an in-service for Dietary staff members on November 29, 2018. The in-service reviewed the following topics and associated policies: Labeling and Storage policy & procedures including expiration dates, storage of food and chemicals, and rotation of stock, proper hand hygiene, and use of gloves. Ongoing education for Dietary staff will be conducted regularly at department staff meetings and morning huddles and will be documented through meeting minutes and huddle sheets. The Infection Preventionist will conduct hand hygiene training, and will observe dietary staff perform hand washing procedures. A hand hygiene competency for dietary staff will be documented. The Registered Dietician will conduct monthly handwashing monitoring. The monthly observation report and compliance rate will be reported to the QI Committee, SNF QAPI committee and up through the Governing Body for six months at which time the indicator will be evaluated for continuation, modification or deletion. A competency checklist for the cook and food service worker will be implemented. Competency checklists include but are not limited to education in proper labeling of food, rotation of food stock, safe storage of food and chemicals, and hand hygiene. The Registered Dietician will review and complete competency checklists for all	

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BEAR VALLEY COMMUNITY HOSPITAL	41870 GARSTIN RD BIG BEAR LAKE, CA 92315

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F812	Continued From page 10 freezer burn ..." 3. During an observation on November 26, 2018, at 11:15 AM, in the storage area of the kitchen with the Nutrition and Dietary Services Director (NDSD), one opened can of oven cleaner and three opened containers of speed ball 2000 chemical cleaner was observed stored on the lower shelf with a food item in a plastic container labeled "pancake mix", a food item in a plastic container labeled "all purpose flour" and a food item contained in a brown bag labeled "sugar." During an interview with the NDSD, on November 26, 2018, at 11:18 AM, she stated food items and chemical products should not have been stored together. She further stated she did not know why chemical products were stored with the food items. The NDSD stated chemical products should have been stored in a designated area located near the dishwasher. During an interview with the Cook (Cook 1), on November 26, 2018, at 11:30 AM, he stated food items and cleaning products should not have been stored together. A review of the facility's policy and procedure titled, "Food Safety and Sanitation" dated 2017, indicated: " ...Procedure: 4. a. Stored food is handled to prevent contamination ...Poisonous and toxic materials including cleaning agents should be stored (and secured) outside the food storage area." 4. During an observation on November 27, 2018, at 12:00 PM, in the facility's back up supply storage area with the Nutrition and Dietary Services Director (NDSD), there were food items labeled with an expired "best-used-	F812	current dietary staff members. All new hires will complete the competency checklist within 90 days of hire. Weekly administrative rounds through the dietary department will be conducted for a minimum of 6 months. A rounding checklist will be utilized to monitor the departments compliance with safe and proper food handling, labeling, preparation and storage. The rounding checklists and data will be reported to the QI Committee, SNF QAPI committee and up through the Governing Body for six months at which time the indicator will be evaluated for continuation, modification or deletion. Person Responsible: Registered Dietician	

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F812	Continued From page 11 by" date or was labeled with an expired manufacturer's date. Food items are as follows: a. Nine (9) cans of cream of mushroom soup with a manufacturer's expiration date on November 21, 2018. b. Five (5) unopened cans of corn did not have a manufacturer's best used by date/expiration date on the cans and were labeled with the facility's received date on November 24, 2017 and best-used-by date on November 24, 2018. c. One (1) unopened can of green beans did not have a manufacturer's best used by date/expiration date on the can and was labeled with the facility's received date on November 24, 2017 and best-used-by date on November 24, 2018. d. Five (5) unopened cans of chunk pineapple did not have a manufacturer's best used by date/expiration date on the cans and were labeled with the facility's received date on November 24, 2017 and best-used-by date on November 24, 2018. e. One (1) bag of dried milk had a manufacturer's expiration date on September 18, 2018. During an interview with the NDSD, on November 27, 2018, at 12:20 PM, she stated the cans should have been rotated using the first-in, first-out rule (all items already on the shelf are brought to the front of the shelf and new items are stored behind, which ensures that the older items are first used). She further stated the expired food items should have been removed from the storage shelf.	F812		

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	555468		11/28/2018

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F812	Continued From page 12 During an interview with the Quality Assurance and Performance Improvement (a program for improving the quality of life, and quality of care and services delivered to residents) Manager (QM), on November 28, 2018, at 4:30 PM, she stated the process for food items should have included a rotation using the first-in, first-out rule. She further stated the process had failed. The facility policy and procedure titled "Nutrition and Dietary Services" dated October 15, 2018, indicated "Policy: ...unopened food items will be labeled with a received on date and best used by date/expiration date per (each) manufacture or per guidelines listed in this policy ... Procedure: 2. Storage Practices 2.1. food is stock using first-in, first-out rule ... 2.2 Unopened canned and dry food without manufacturer's best used by date/expiration date on the can or box are to be used within 6 months of the received by/delivery date and labeled accordingly." 5. During an observation on November 27, 2018, at 12:30 PM, in the facility's kitchen, the Dietary Staff (DS 1) was observed preparing turkey sandwiches in the sandwich preparation area. She left the sandwich preparation area and was observed taking a tray from a shelf that was stored near the dishwashing area. She returned to the sandwich preparation area and placed four individual brown sandwich bags onto the tray. DS 1 left the sandwich preparation area and was observed touching the handle of the walk-in refrigerator with her right gloved hand. She placed the tray of sandwiches into the walk-in refrigerator. DS 1 returned to the sandwich preparation table and started to cut sandwiches in half and place them on a cutting board. DS 1 did not perform hand hygiene before she had restarted the sandwich preparation process.	F812		

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F812	Continued From page 13 During an interview with DS 1, on November 27, 2018, at 12:50 PM, she stated she had not performed hand hygiene after touching the walk-in refrigerator door and before cutting the sandwiches in half and placing them on the cutting board. She stated she should have changed her gloves. During an interview with the Nutrition and Dietary Services Director (NDSD), on November 27, 2018, at 12:55 PM, she stated single-use gloves should be used for a single task and removed when they are soiled or contaminated. She further stated if there was an interruption in the sandwich preparation process and other task were completed, DS 1 should have performed hand hygiene. The facility policy and procedure titled "Bare Hand Contact with Food and Use of Plastic Gloves" dated 2017, indicated "Policy: Single-use gloves will be worn when handling food directly with hands to assure that bacteria are not transferred from the food handler's hands to the food product being served ... Procedure: 1. Staff will use good hygienic practices and techniques with access to proper hand washing facilities ...3. Gloved hands are considered a food contact surface that can get contaminated or soiled ... single-use gloves shall be used for only one task ...used for no other purpose and discarded when damaged or soiled or when interruptions occur in the operation ...6. Gloves are just like hands. They get soiled. Anytime a contaminated surface is touched, the gloves must be changed ...7. Wash hands after removing gloves."	F812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

John Fiel
CEO
12-19-18

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	CA240000979		11/28/2018

NAME OF PROVIDER OR SUPPLIER: BEAR VALLEY COMMUNITY HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE: 41870 GARSTIN RD, BIG BEAR LAKE, CA 92315

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The following reflects the findings of the California Department of Public Health during a Relicensing survey conducted on November 26 through November 28, 2018. Representing the California Department of Public Health: 39913 39519 Census: 15 Sample: 4 Unsample: 0	C 000		
C2000	T22 DIV5 CH3 ART3-72361(c) Pharmaceutical Service--Orders for Drugs (c) Verbal orders for drugs and treatments shall be received only by licensed nurses, psychiatric technicians, pharmacists, physicians, physician's assistants from their supervising physicians only, and certified respiratory therapists when the orders relate specifically to respiratory care. Such orders shall be recorded immediately in the patient's health record by the person receiving the order and shall include the date and time of the order. The order shall be signed by the prescriber within five days. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure telephone orders were signed by the ordering physician within five days for two of 4 patients (Patients 3 and 6). This failure had the potential to result in patients receiving care and treatment that was not verified by a prescribing practitioner. Findings:	C2000	C 2000 Corrective Action for Identified Residents The attending physician signed all verbal orders for residents #3 and #6 on 11/27/18. Identifying other residents with the potential to be affected and corrective action The attending physician signed the remaining 7 of 16 residents requiring signatures for verbal orders. System/Measures to Prevent Reoccurrence The attending physician is here on Mondays, Tuesdays and Wednesdays. All verbal orders will be signed by fax if needed to comply with the 5 day regulation. The attending physician has been educated regarding facility policies and regulatory guidelines. Effective immediately, the HIM Clerk shall flag any unsigned verbal orders Monday – Friday. Any unsigned orders found shall be faxed/ emailed to the attending physician on Thursday of each week or as needed. Monitoring Compliance will be added to the HIM Dashboard and data will be reported to the QI Committee, Medical Staff Committee up through the Governing Body for six months at which time the indicator will be evaluated for continuation, modification or deletion. Person Responsible: Director of Nursing	12/11/18 12/11/18 6/11/19

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chastity Dayber | TITLE: RN, DON | (X6) DATE: 12/11/18

John Tuel | CEO | 12-11-18

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED
	CA240000979		11/28/2018

NAME OF PROVIDER OR SUPPLIER: BEAR VALLEY COMMUNITY HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE: 41870 GARSTIN RD, BIG BEAR LAKE, CA 92315

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C2000	Continued From page 1 During a review of the clinical record on November 27, 2018, for Patient 3, the Physician's Orders indicated telephone orders signed by a Licensed Vocational Nurse on November 15, 2018 was not signed by the ordering physician. During a review of the clinical record on November 27, 2018, for Patient 6, the Physician's Orders indicated telephone orders signed by a Licensed Vocational nurse on October 24, 2018, October 30, 2018, and November 15, 2018 was not signed by the ordering physician. During an interview with the Risk Manager, on November 28, 2018, at 9:30 AM, she stated the physician should have signed the telephone orders within five days. During an interview with the Director of Nursing, on November 28, 2018, at 11:05 AM, she confirmed telephone orders need to be signed within five days. The facility policy and procedure titled, "Telephone and Verbal Orders," revised date October 15, 2018, indicated, "The prescribing practitioner must verify, sign, date and time the order as soon as possible (48 hours after issuing the order). Verbal/Telephone orders for Skilled Nursing Facility must be signed within five days."	C2000		

Thank you! Colleen

Thank you!!

Shaunah

Lindsay

Janet

Thank you! Sheri

Sheila

Shelly

Thank you so much!

Your special ways
and generous heart
make a beautiful difference.
Thank you so much.

Marissa

Amanda

Deb

Rambo

Thank you! -Caitlin M.

Carrie

Thank you Nicole Roberts

Thank You
Diane Lopez

Thank you so much!
April Gray

Thanks!
Karen Jaffe

Thank you
we appreciate it
Cameron
Egre

Board of Directors &
Senior Administration

Your special ways
and generous heart
make a beautiful difference.
Thank you so much.

for the Ambulance/
ALR transportation

V. Villalobos

D. Acosta

A. Buchta

THANK YOU FOR YOUR
EFFORTS! M. Munich
MERRY XMAS

Thank you for the
xmas present!
Shelly

Thank you for thinki
of us and our famili
Merry Christmas,
April Gray
Board of Directo
Senior ADMIN

Thank you for the kind thought
providing employees & families w/ transport
memberships & Nicole

Thanks so
much for the
Brian/Chris/Sharon

for the perfect way
you brightened the day!

Thank you so
Much for the transport
Memberships
Radiology

Thank you for the
transport membership

Thank you!
Accounting

Thank you
so much for what
you have made
possible for us!
Merry X-mas!
Business office

Thank you
-Dietary

Thank you for incredible support for
hospital employees and your generosity.
Sincerely, Kara, Admitting ♡

BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

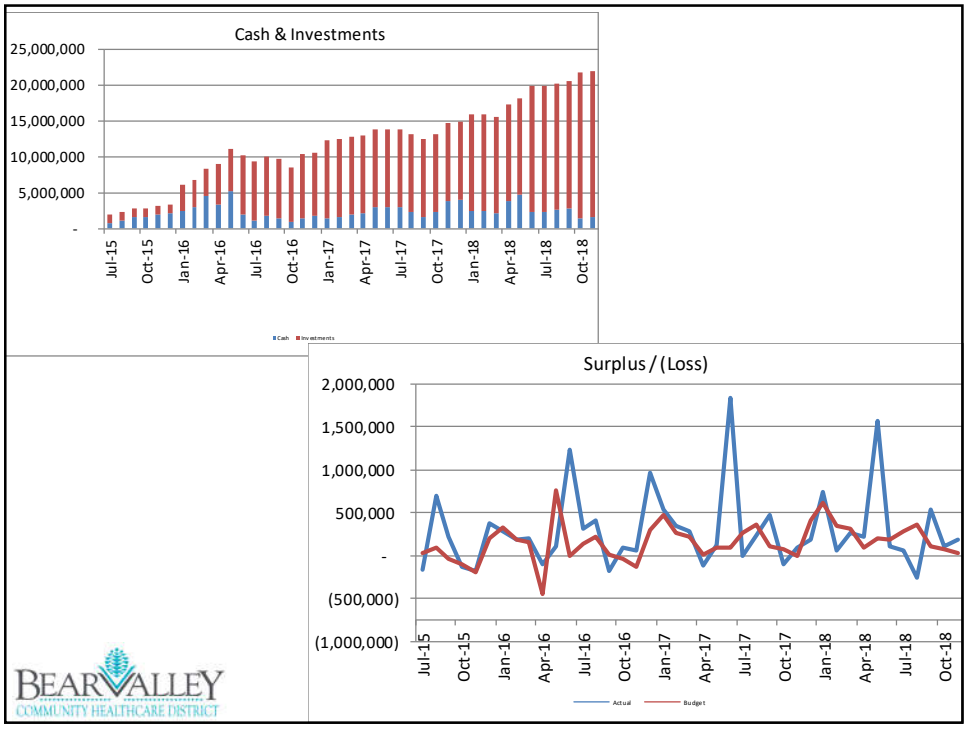
Finance Report

November 2018 Results

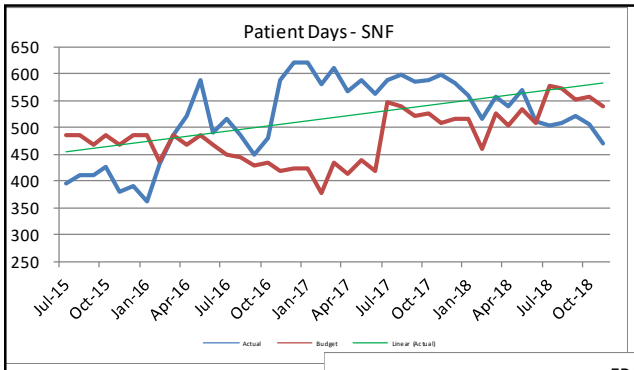
Summary for November 2018

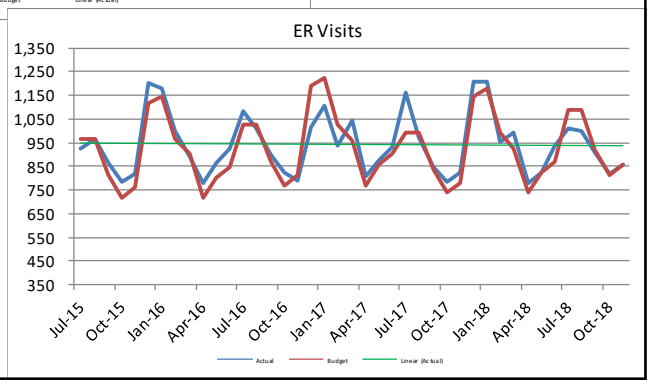
- Cash on Hand - $ 1,688,959
  Investments - $20,260,225
- Days Cash on hand, including investments with LAIF – 339
- Surplus of $193,809 for the month is $162,063 higher than budgeted Surplus
- Total Patient Revenue was over Budget by 2.7% for the month
- Net Patient Revenue was 4.7% under budget.
- Total Expenses were 2.4% lower than budget

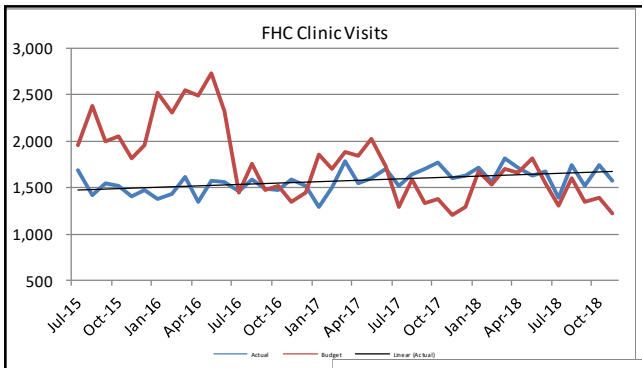
BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

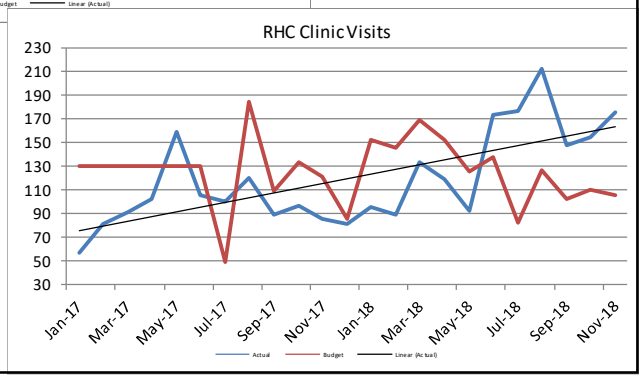

Cash & Investments
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
-
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Cash
Investments
Surplus / (Loss)
2,000,000
1,500,000
1,000,000
500,000
-
(500,000)
(1,000,000)
Actual
Budget
BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

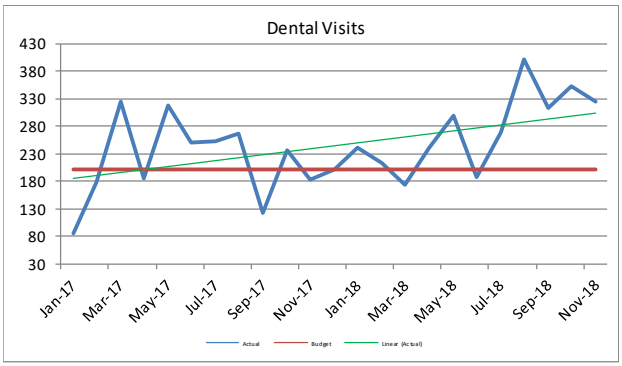
Patient Days - Acute
70
60
50
40
30
20
10
-
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget
Linear (Actual)
Patient Days - Swing
80
70
60
50
40
30
20
10
-
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget
Linear (Actual)
BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

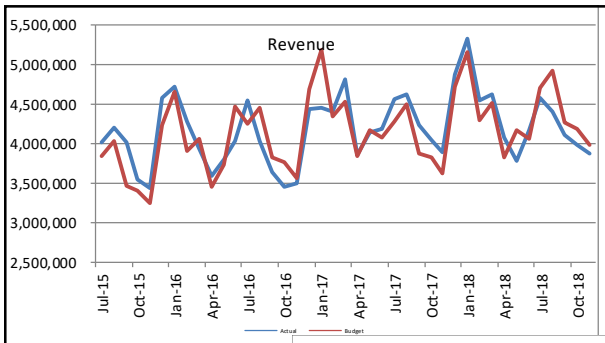

Patient Days - SNF
650
600
550
500
450
400
350
300
250
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget
Linear (Actual)

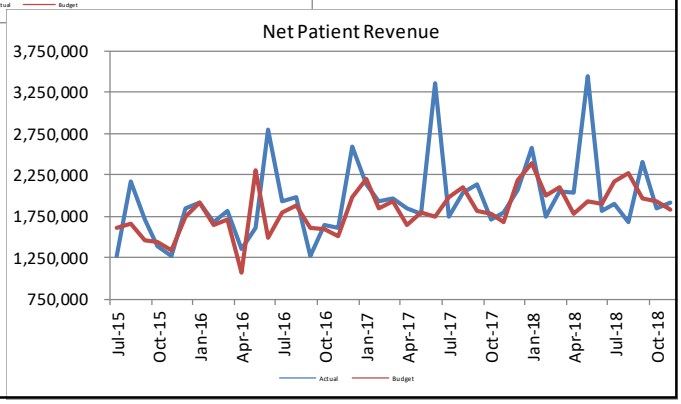

ER Visits
1,350
1,250
1,150
1,050
950
850
750
650
550
450
350
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget
Linear (Actual)

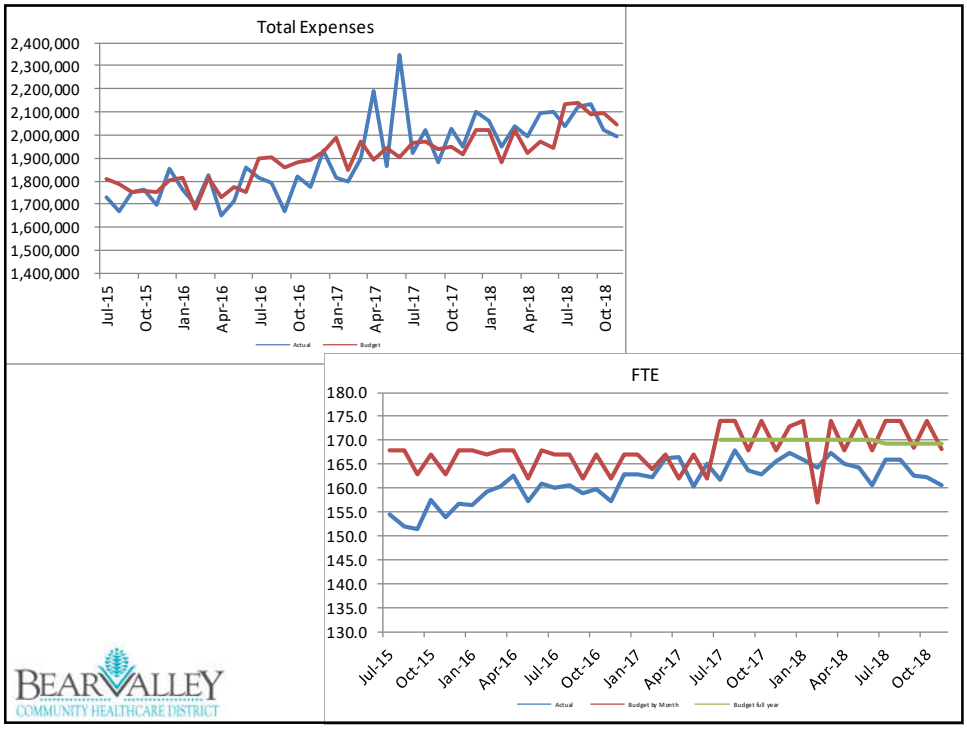

FHC Clinic Visits
3,000
2,500
2,000
1,500
1,000
500
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget
Linear (Actual)

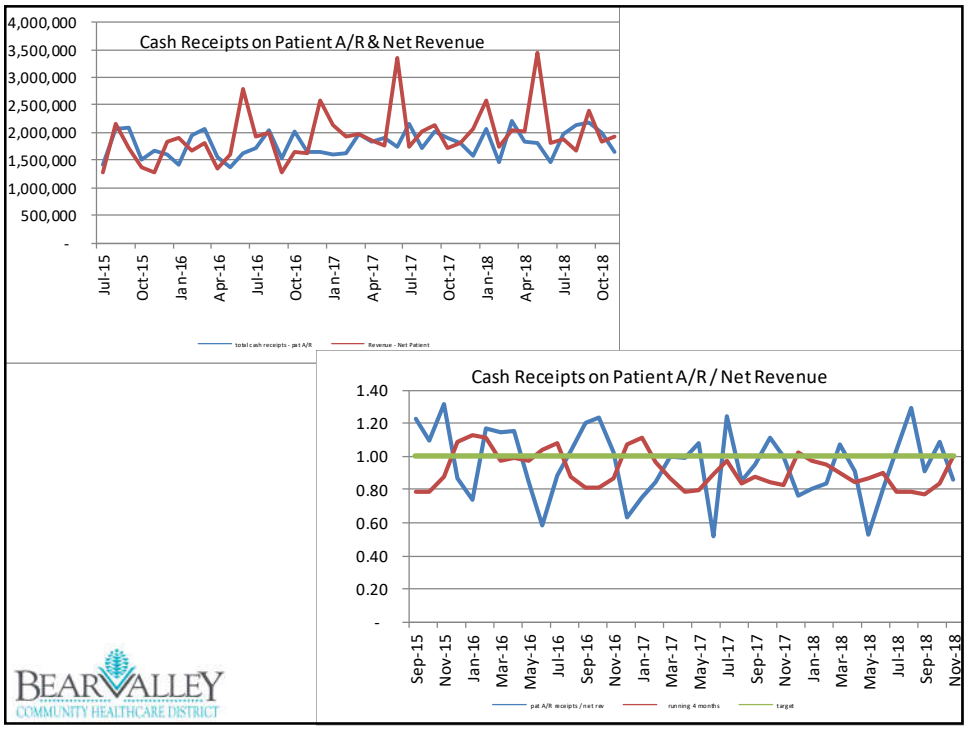

RHC Clinic Visits
230
210
190
170
150
130
110
90
70
50
30
Jan-17
Mar-17
May-17
Jul-17
Sep-17
Nov-17
Jan-18
Mar-18
May-18
Jul-18
Sep-18
Nov-18
Actual
Budget
Linear (Actual)

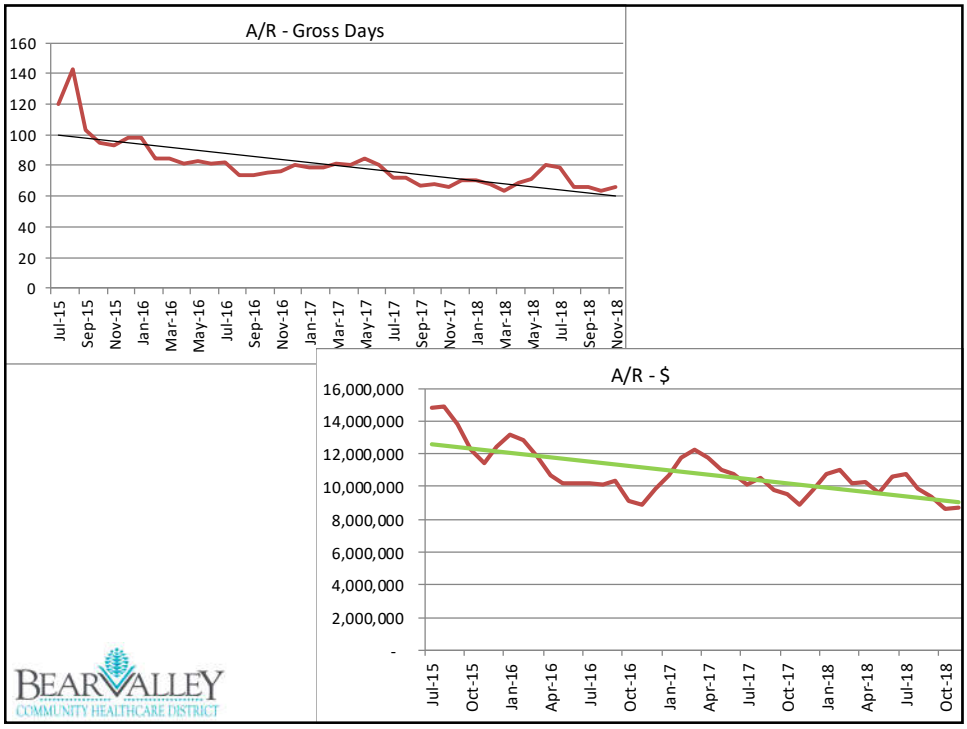

Dental Visits
430
380
330
280
230
180
130
80
30
Jan-17
Mar-17
May-17
Jul-17
Sep-17
Nov-17
Jan-18
Mar-18
May-18
Jul-18
Sep-18
Nov-18
Actual
Budget
Linear (Actual)


Revenue
5,500,000
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget


Net Patient Revenue
3,750,000
3,250,000
2,750,000
2,250,000
1,750,000
1,250,000
750,000
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget


Total Expenses
2,400,000
2,300,000
2,200,000
2,100,000
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget
FTE
180.0
175.0
170.0
165.0
160.0
155.0
150.0
145.0
140.0
135.0
130.0
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
Actual
Budget by Month
Budget full year
BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT


Cash Receipts on Patient A/R & Net Revenue
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
-
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
total cash receipts - pat A/R
Revenue - Net Patient
Cash Receipts on Patient A/R / Net Revenue
1.40
1.20
1.00
0.80
0.60
0.40
0.20
-
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
May-17
Jul-17
Sep-17
Nov-17
Jan-18
Mar-18
May-18
Jul-18
Sep-18
Nov-18
pat A/R receipts / net rev
running 4 months
target
BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT


A/R - Gross Days
160
140
120
100
80
60
40
20
0
Jul-15
Sep-15
Nov-15
Jan-16
Mar-16
May-16
Jul-16
Sep-16
Nov-16
Jan-17
Mar-17
May-17
Jul-17
Sep-17
Nov-17
Jan-18
Mar-18
May-18
Jul-18
Sep-18
Nov-18
A/R - $
16,000,000
14,000,000
12,000,000
10,000,000
8,000,000
6,000,000
4,000,000
2,000,000
-
Jul-15
Oct-15
Jan-16
Apr-16
Jul-16
Oct-16
Jan-17
Apr-17
Jul-17
Oct-17
Jan-18
Apr-18
Jul-18
Oct-18
BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

November 2018 Financial Results

For the month . . .

Total Patient Revenue of $3,868,437 for November was 2.7% under budget. For the month, inpatient, outpatient, and SNF revenue were under budget. Clinic and Emergency Room revenue were over budget.

Revenue Deductions of $1,950,115 were 9.1% lower than budget.

Total Expenses of $1,991,370 were 2.4% lower than budget. Salaries, Wages, and Benefits were 7.5% below budget as FTE continue to be under budget. Professional fees at the FHC or over budget with increased clinic visits. Purchased services are over budget at the RHC with increased dental visits and therefore increase payments to the Center for Oral Health. Purchased services were up in the SNF, Laboratory, Physical Therapy departments with the use of contract employees.

Our Surplus for the month of November 2018 was $193,809 - $162,063 more than budgeted.

Our Operating Cash and Investments total $21,948,296 as of the end of month. Total days cash on hand as of the end of November 2018 are 339.

Key Statistics

Acute patient days of 11 were 50% under budget, Swing days of 15 were 25% higher than budget. SNF days of 470 were 13% lower than budget. ER Visits of 860 were right at the budgeted number.

FTE continue to be under budget.

Year-to-Date

Total Patient Revenue of $20,937,146 is 5% below budget. Net patient revenue of $9,711,893 is 4.4% below budget. Total expenses of $10,300,637 are 1.8% below budget. Our surplus for the first five months of the fiscal year totals $650,196 this is $218,102 below budget.

Acute days are 36% below budget. Swing days are 28% below budget. SNF days are 10% below budget. ER visits are 3.7% below budget. All clinic visit categories are above budget

Bear Valley Community Healthcare District
Financial Statements November 30, 2018

Financial Highlights—Hospital

STATEMENT OF OPERATIONS

		A	B	C	D	E	F	G	H	I	J
		Current Month					Year-to-Date				
		FY 17/18	FY 18/19		VARIANCE		FY 17/18	FY 18/19		VARIANCE	
		Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1	Total patient revenue	3,892,534	3,868,437	3,976,552	(108,115)	-2.7%	21,349,682	20,937,146	22,042,921	(1,105,775)	-5.0%
2	Total revenue deductions	2,092,624	1,950,115	2,144,463	(194,348)	-9.1%	11,945,482	11,225,254	11,887,240	(661,986)	-5.6%
3	% Deductions	54%	50%	54%			56%	54%	54%		
4	Net Patient Revenue	1,799,911	1,918,322	1,832,089	86,233	4.7%	9,404,199	9,711,893	10,155,681	(443,788)	-4.4%
5	% Net to Gross	46%	50%	46%			44%	46%	46%		
6	Other Revenue	35,896	70,177	46,274	23,902	51.7%	143,658	211,171	232,303	(21,133)	-9.1%
7	Total Operating Revenue	1,835,807	1,988,499	1,878,363	110,136	5.9%	9,547,857	9,923,063	10,387,984	(464,921)	-4.5%
8	Total Expenses	1,949,020	1,991,370	2,041,337	(49,967)	-2.4%	9,803,065	10,300,637	10,493,283	(192,646)	-1.8%
9	% Expenses	50%	51%	51%			46%	49%	48%		
10	Surplus (Loss) from Operations	(113,213)	(2,871)	(162,973)	160,102	98.2%	(255,208)	(377,573)	(105,299)	(272,275)	-258.6%
11	% Operating margin	-3%	0%	-4%			-1%	-2%	0%		
12	Total Non-operating	199,249	196,680	194,719	1,961	1.0%	955,912	1,027,769	973,596	54,173	5.6%
13	Surplus/(Loss)	86,036	193,809	31,746	162,063	-510.5%	700,704	650,196	868,298	(218,102)	25.1%
14	% Total margin	2%	5%	1%			3%	3%	4%		

BALANCE SHEET

		A	B	C	D	E
		November	November	October		
		FY 17/18	FY 18/19	FY 18/19	VARIANCE	
					Amount	%
15	Gross Accounts Receivables	8,881,521	8,675,554	8,676,705	(1,151)	0.0%
16	Net Accounts Receivables	3,293,255	2,990,625	2,914,596	76,029	2.6%
17	% Net AR to Gross AR	37%	34%	34%		
18	Days Gross AR	66.0	66.0	63.9	2.1	3.3%
19	Cash Collections	1,802,798	1,642,959	2,000,267	(357,308)	-17.9%
21	Investments	10,921,640	20,260,225	20,260,225	-	0.0%
22	Cash on hand	3,733,239	1,688,071	1,877,795	(189,724)	-10.1%
23	Total Cash & Invest	14,654,879	21,948,296	22,138,020	(189,724)	-0.9%
24	Days Cash & Invest	236	339	340	(2)	-0.5%
	Total Cash and Investments	14,654,879	21,948,296			
	Increase Current Year vs. Prior Year		7,293,417			

Bear Valley Community Healthcare District
Financial Statements November 30, 2018

Statement of Operations

		A	B	C	D	E	F	G	H	I	J
		Current Month					Year-to-Date				
		FY 17/18	FY 16/17		VARIANCE		FY 17/18	FY 16/17		VARIANCE	
		Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
	Gross Patient Revenue										
1	Inpatient	77,702	98,121	132,186	(34,064)	-25.8%	565,565	515,660	841,065	(325,405)	-38.7%
2	Outpatient	997,359	783,804	906,258	(122,453)	-13.5%	5,184,193	4,491,527	4,920,423	(428,897)	-8.7%
3	Clinic Revenue	329,577	375,441	302,027	73,413	24.3%	1,778,106	1,899,415	1,664,289	235,125	14.1%
4	Emergency Room	2,221,976	2,402,375	2,383,687	18,688	0.8%	12,504,392	12,906,019	13,329,593	(423,575)	-3.2%
5	Skilled Nursing Facility	265,920	208,696	252,394	(43,698)	-17.3%	1,317,426	1,124,526	1,287,550	(163,024)	-12.7%
6	**Total patient revenue**	**3,892,534**	**3,868,437**	**3,976,552**	**(108,115)**	**-2.7%**	**21,349,682**	**20,937,146**	**22,042,921**	**(1,105,775)**	**-5.0%**
	Revenue Deductions										
7	Contractual Allow	1,696,412	1,809,657	2,003,296	(193,639)	-9.7%	10,341,222	10,473,391	11,104,716	(631,324)	-5.7%
8	Contractual Allow PY	-	(200,000)	-	(200,000)	#DIV/0!	(27)	(1,093,374)	-	(1,093,374)	#DIV/0!
9	Charity Care	9,999	17,531	8,351	9,180	109.9%	30,516	76,004	46,290	29,714	64.2%
10	Administrative	2,860	5,496	7,555	(2,059)	-27.3%	296,655	18,347	41,882	(23,535)	-56.2%
11	Policy Discount	10,915	12,024	5,965	6,059	101.6%	52,268	68,976	33,064	35,912	108.6%
12	Employee Discount	4,131	2,979	3,181	(202)	-6.4%	25,963	30,633	17,635	12,998	73.7%
13	Bad Debts	205,433	210,921	116,115	94,806	81.6%	497,111	1,013,491	643,653	369,838	57.5%
14	Denials	190,797	91,507	-	91,507	#DIV/0!	701,774	637,785	-	637,785	#DIV/0!
15	**Total revenue deductions**	**2,092,624**	**1,950,115**	**2,144,463**	**(194,348)**	**-9.1%**	**11,945,482**	**11,225,254**	**11,887,240**	**(661,986)**	**-5.6%**
16	**Net Patient Revenue**	**1,799,911**	**1,918,322**	**1,832,089**	**86,233**	**4.7%**	**9,404,199**	**9,711,893**	**10,155,681**	**(443,788)**	**-4.4%**
							-				
	gross revenue including Prior Year	40.2%	40.2%		40.2%		40.2%	447.4%	447.4%	0.0%	
	Contractual Allowances as a percent to gross revenue WO PY and Other CA	39.2%	39.2%		39.2%		39.2%	437.2%	437.2%	0.0%	
17	**Other Revenue**	35,896	70,177	46,274	23,902	51.7%	143,658	211,171	232,303	(21,133)	-9.1%
18	**Total Operating Revenue**	**1,835,807**	**1,988,499**	**1,878,363**	**110,136**	**5.9%**	**9,547,857**	**9,923,063**	**10,387,984**	**(464,921)**	**-4.5%**
	Expenses										
19	Salaries	721,536	824,872	846,577	(21,705)	-2.6%	3,963,999	4,324,752	4,319,210	5,542	0.1%
20	Employee Benefits	296,309	275,061	342,805	(67,744)	-19.8%	1,494,978	1,346,064	1,749,968	(403,904)	-23.1%
21	Registry	-	-	-	-	#DIV/0!	12,718	-	-	-	#DIV/0!
22	Salaries and Benefits	**1,017,845**	**1,099,933**	**1,189,382**	**(89,449)**	-7.5%	**5,471,695**	**5,670,816**	**6,069,178**	**(398,362)**	**-6.6%**
23	Professional fees	168,319	168,548	158,717	9,831	6.2%	832,374	877,536	801,133	76,403	9.5%
24	Supplies	134,939	131,374	118,508	12,866	10.9%	642,141	661,029	647,078	13,951	2.2%
25	Utilities	40,990	40,950	43,331	(2,382)	-5.5%	209,239	214,200	215,931	(1,731)	-0.8%
26	Repairs and Maintenance	38,216	25,786	27,960	(2,174)	-7.8%	145,748	140,202	140,142	60	0.0%
27	Purchased Services	381,162	360,181	313,501	46,680	14.9%	1,684,212	1,897,592	1,669,760	227,832	13.6%
28	Insurance	25,762	28,216	26,975	1,241	4.6%	128,882	141,449	134,875	6,574	4.9%
29	Depreciation	82,456	76,489	81,667	(5,178)	-6.3%	300,488	382,443	408,335	(25,892)	-6.3%
30	Rental and Leases	15,317	11,158	21,112	(9,954)	-47.1%	160,555	56,466	105,560	(49,094)	-46.5%
32	Dues and Subscriptions	4,523	1,585	5,910	(4,325)	-73.2%	26,374	27,192	29,550	(2,358)	-8.0%
33	Other Expense.	39,491	47,150	54,274	(7,124)	-13.1%	201,356	231,711	271,741	(40,030)	-14.7%
34	**Total Expenses**	**1,949,020**	**1,991,370**	**2,041,337**	**(49,967)**	**-2.4%**	**9,803,065**	**10,300,637**	**10,493,283**	**(192,646)**	**-1.8%**
35	**Surplus (Loss) from Operations**	**(113,213)**	**(2,871)**	**(162,973)**	**160,102**	**98.2%**	**(255,208)**	**(377,573)**	**(105,299)**	**(272,275)**	**-258.6%**
36	**Non-Operating Income**										
37	Tax Revenue	186,047	184,244	184,244	(0)	0.0%	930,235	921,220	921,221	(1)	0.0%
38	Other non-operating	20,000	19,775	3,133	16,642	531.2%	30,247	44,095	15,665	28,430	181.5%
	Interest Income	965	377	15,125	(14,748)	-97.5%	34,565	100,617	75,625	24,992	33.0%
	Interest Expense	(7,763)	(7,717)	(7,783)	66	-0.9%	(39,135)	(38,163)	(38,915)	752	-1.9%
	IGT Expense	-	-	-	-	#DIV/0!	-	-	-	-	#DIV/0!
39	**Total Non-operating**	**199,249**	**196,680**	**194,719**	**1,961**	**1.0%**	**955,912**	**1,027,769**	**973,596**	**54,173**	**5.6%**
40	**Surplus/(Loss)**	**86,036**	**193,809**	**31,746**	**162,063**	**-510.5%**	**700,704**	**650,196**	**868,298**	**(218,102)**	**25.1%**

Bear Valley Community Healthcare District
Financial Statements

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2019

			1	2	3	4	5	6	7	8	9	10	11	12	
			July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
	Gross Patient Revenue														
1	Inpatient		74,791	120,993	132,469	89,286	98,121								515,660
2	Outpatient		972,222	931,894	846,425	957,181	783,804								4,491,527
3	Clinic		342,650	422,712	359,375	399,238	375,441								1,899,415
4	Emergency Room		2,957,516	2,703,194	2,533,903	2,309,030	2,402,375								12,906,019
5	Skilled Nursing Facility		223,604	228,589	239,665	223,973	208,696								1,124,526
6	**Total patient revenue**		**4,570,784**	**4,407,382**	**4,111,836**	**3,978,707**	**3,868,437**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**20,937,146**
	Revenue Deductions	C/A	0.51	0.53	0.50	0.49	0.47	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.50
7	Contractual Allow		2,320,958	2,352,744	2,039,158	1,950,874	1,809,657								10,473,391
8	Contractual Allow PY		62	-	(700,000)	(193,436)	(200,000)								(1,093,374)
9	Charity Care		15,343	-	28,015	15,115	17,531								76,004
10	Administrative		806	2,818	6,849	2,378	5,496								18,347
11	Policy Discount		13,989	15,616	12,381	14,966	12,024								68,976
12	Employee Discount		12,793	5,188	6,356	3,317	2,979								30,633
13	Bad Debts		215,076	186,926	169,560	231,008	210,921								1,013,491
14	Denials		103,506	177,395	154,441	110,936	91,507								637,785
15	**Total revenue deductions**		**2,682,534**	**2,740,687**	**1,716,760**	**2,135,158**	**1,950,115**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**11,225,254**
			0.59	0.62	0.42	0.54	0.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
16	**Net Patient Revenue**		**1,888,250**	**1,666,694**	**2,395,076**	**1,843,550**	**1,918,322**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9,711,893**
	net / tot pat rev		41.3%	37.8%	58.2%	46.3%	49.6%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	46.4%
17	**Other Revenue**		19,441	19,594	11,170	90,789	70,177								211,171
18	**Total Operating Revenue**		**1,907,691**	**1,686,288**	**2,406,246**	**1,934,339**	**1,988,499**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9,923,063**
	Expenses														
19	Salaries		885,068	891,463	831,600	891,749	824,872								4,324,752
20	Employee Benefits		303,328	293,241	289,066	185,368	275,061								1,346,064
21	Registry		-	-	-	-	-								-
22	Salaries and Benefits		**1,188,396**	**1,184,704**	**1,120,666**	**1,077,117**	**1,099,933**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**5,670,816**
23	Professional fees		173,695	181,120	174,907	179,265	168,548								877,536
24	Supplies		121,217	135,487	136,991	135,960	131,374								661,029
25	Utilities		46,712	43,958	42,464	40,116	40,950								214,200
26	Repairs and Maintenance		17,407	23,079	32,405	41,525	25,786								140,202
27	Purchased Services		325,455	373,332	457,562	381,061	360,181								1,897,592
28	Insurance		28,258	28,258	28,258	28,460	28,216								141,449
29	Depreciation		76,489	76,489	76,489	76,489	76,489								382,443
30	Rental and Leases		11,421	11,509	11,219	11,158	11,158								56,466
32	Dues and Subscriptions		6,882	7,101	5,879	5,746	1,585								27,192
33	Other Expense.		40,078	55,169	46,430	42,884	47,150								231,711
34	**Total Expenses**		**2,036,009**	**2,120,207**	**2,133,270**	**2,019,782**	**1,991,370**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**10,300,637**
35	**Surplus (Loss) from Operations**		**(128,318)**	**(433,918)**	**272,977**	**(85,443)**	**(2,871)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**(377,573)**
36	**Non-Operating Income**														
37	Tax Revenue		184,244	184,244	184,244	184,244	184,244								921,220
38	Other non-operating		15,020	245	35	9,020	19,775								44,095
	Interest Income		543	6,457	92,115	1,124	377								100,617
	Interest Expense		(7,638)	(7,621)	(7,626)	(7,561)	(7,717)								(38,163)
	IGT Expense		-	-	-	-									-
39	**Total Non-operating**		**192,169**	**183,325**	**268,768**	**186,827**	**196,680**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,027,769**
40	**Surplus/(Loss)**		**63,851**	**(250,594)**	**541,745**	**101,384**	**193,809**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**650,196**

2018-19 Actual BS

BALANCE SHEET						**PY**
Includes Final Entries 6-30-18	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**June**
ASSETS:						
Current Assets						
Cash and Cash Equivalents (Includes CD's)	2,296,309	2,551,340	2,710,313	1,422,386	1,607,290	2,253,824
Gross Patient Accounts Receivable	10,740,258	9,856,844	9,392,893	8,676,040	8,677,891	10,597,934
Less: Reserves for Allowances & Bad Debt	6,470,520	6,125,057	6,146,633	5,761,444	5,687,266	6,413,352
Net Patient Accounts Receivable	4,269,738	3,731,787	3,246,260	2,914,596	2,990,625	4,184,582
Tax Revenue Receivable	2,210,931	2,210,931	2,210,931	2,210,931	1,815,477	52,044
Other Receivables	50,484	78,234	93,056	651,781	-247,452	96,628
Inventories	130,292	134,606	136,936	139,583	133,916	129,318
Prepaid Expenses	299,848	293,739	345,377	346,209	338,892	199,838
Due From Third Party Payers	0	0				
Due From Affiliates/Related Organizations	0	0				
Other Current Assets	0	0				
Total Current Assets	9,257,602	9,000,637	8,742,873	7,685,486	6,638,748	6,916,233
Assets Whose Use is Limited						
Investments	17,668,421	17,668,421	17,760,225	20,260,225	20,260,225	17,668,421
Other Limited Use Assets	144,375	144,375	144,375	144,375	144,375	144,375
Total Limited Use Assets	17,812,796	17,812,796	17,904,600	20,404,600	20,404,600	17,812,796
Property, Plant, and Equipment						
Land and Land Improvements	570,615	570,615	570,615	570,615	570,615	570,615
Building and Building Improvements	9,758,672	9,772,522	9,772,522	9,772,522	9,772,522	9,758,672
Equipment	11,779,820	11,844,577	11,912,516	12,010,795	12,020,625	11,761,910
Construction In Progress	48,953	101,798	127,293	166,571	438,198	32,516
Capitalized Interest						
Gross Property, Plant, and Equipment	22,158,060	22,289,512	22,382,945	22,520,503	22,801,960	22,123,712
Less: Accumulated Depreciation	13,685,197	13,761,686	13,838,174	13,914,663	13,991,151	13,608,708
Net Property, Plant, and Equipment	8,472,863	8,527,826	8,544,771	8,605,840	8,810,808	8,515,004
TOTAL UNRESTRICTED ASSETS	35,543,261	35,341,260	35,192,244	36,695,926	35,854,156	33,244,034
Restricted Assets	0	0	0	0	0	0
TOTAL ASSETS	35,543,261	35,341,260	35,192,244	36,695,926	35,854,156	31,316,969

Units of Service

For the period ending: November 30, 2018

30							153					
Current Month						Bear Valley Community Hospital	Year-To-Date					
Nov-18		Nov-17	Actual -Budget		Act.-Act.		Nov-18		Nov-17	Actual -Budget		Act.-Act.
Actual	Budget	Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
11	22	14	(11)	-50.0%	-21.4%	Med Surg Patient Days	96	149	122	(53)	-35.6%	-21.3%
15	12	15	3	25.0%	0.0%	Swing Patient Days	58	81	58	(23)	-28.4%	0.0%
470	539	597	(69)	-12.8%	-21.3%	SNF Patient Days	2,507	2,799	2,958	(292)	-10.4%	-15.2%
496	**573**	**626**	**(77)**	**-13.4%**	**-20.8%**	**Total Patient Days**	**2,661**	**3,029**	**3,138**	**(368)**	**-12.1%**	**-15.2%**
4	14	6	(10)	-71.4%	-33.3%	Acute Admissions	45	70	57	(25)	-35.7%	-21.1%
6	14	9	(8)	-57.1%	-33.3%	Acute Discharges	45	70	59	(25)	-35.7%	-23.7%
1.8	1.6	1.6	0.3	16.7%	17.9%	Acute Average Length of Stay	2.1	2.1	2.1	0.0	0.2%	3.2%
0.4	0.7	0.5	(0.4)	-50.0%	-21.4%	Acute Average Daily Census	0.6	1	0.8	(0.3)	-35.6%	-21.3%
16.2	18.4	20.4	(2.2)	-12.0%	-20.8%	SNF/Swing Avg Daily Census	16.8	19	19.7	(2.1)	-10.9%	-15.0%
16.5	**19.1**	**20.9**	**(2.6)**	**-13.4%**	**-20.8%**	**Total Avg. Daily Census**	**17.4**	**20**	**20.5**	**(2.4)**	**-12.1%**	**-15.2%**
37%	**42%**	**46%**	**-6%**	**-13.4%**	**-20.8%**	**% Occupancy**	**39%**	**44%**	**46%**	-5%	**-12.1%**	**-15.2%**
4	13	6	(9)	-69.2%	-33.3%	Emergency Room Admitted	38	65	48	(27)	-41.5%	-20.8%
856	847	818	9	1.1%	4.6%	Emergency Room Discharged	4,559	4,708	4,535	(149)	-3.2%	0.5%
860	**860**	**824**	**-**	**0.0%**	**4.4%**	**Emergency Room Total**	**4,597**	**4,773**	**4,583**	**(176)**	**-3.7%**	**0.3%**
29	**29**	**27**	**-**	**0.0%**	**4.4%**	**ER visits per calendar day**	**30**	**31**	**30**	**(1)**	**-3.7%**	**0.3%**
100%	**93%**	**100%**	**111%**	**119.7%**	**0.0%**	**% Admits from ER**	**84%**	**93%**	**84%**	**93%**	**99.7%**	**0.3%**
-	-	-	-	0.0%	#DIV/0!	Surgical Procedures I/P	-	-	-	-	0.0%	#DIV/0!
11	8	16	3	37.5%	-31.3%	Surgical Procedures O/P	65	46	69	19	41.3%	-5.8%
11	**8**	**16**	**3**	**37.5%**	**-31.3%**	**TOTAL Procedures**	**65**	**46**	**69**	**19**	**41.3%**	**-5.8%**
997	**1,013**	**172**	**(16)**	**-1.6%**	**479.7%**	**Surgical Minutes Total**	**4,669**	**5,167**	**584**	**(498)**	**-9.6%**	**699.5%**

Units of Service

For the period ending: November 30, 2018

Bear Valley Community Hospital

Current Month							Year-To-Date					
Nov-18		Nov-17	Actual -Budget		Act.-Act.		Nov-18		Nov-17	Actual -Budget		Act.-Act.
Actual	Budget	Actual	Variance	Var %	Var %		Actual	Budget	Actual	Variance	Var %	Var %
5,752	5,344	5,359	408	7.6%	7.3%	Lab Procedures	32,272	30,136	31,243	2,136	7.1%	3.3%
736	675	683	61	9.0%	7.8%	X-Ray Procedures	3,880	3,561	3,239	319	9.0%	19.8%
256	205	218	51	24.9%	17.4%	C.T. Scan Procedures	1,328	1,188	1,262	140	11.8%	5.2%
210	207	233	3	1.4%	-9.9%	Ultrasound Procedures	1,126	1,123	1,166	3	0.3%	-3.4%
59	62	71	(3)	-4.8%	-16.9%	Mammography Procedures	292	310	379	(18)	-5.8%	-23.0%
217	267	229	(50)	-18.7%	-5.2%	EKG Procedures	1,275	1,502	1,449	(227)	-15.1%	-12.0%
76	91	111	(15)	-16.5%	-31.5%	Respiratory Procedures	481	528	525	(47)	-8.9%	-8.4%
1,264	1,542	1,304	(278)	-18.0%	-3.1%	Physical Therapy Procedures	7,181	6,987	6,860	194	2.8%	4.7%
1,748	1,324	1,683	424	32.0%	3.9%	Primary Care Clinic Visits	8,825	7,385	8,699	1,440	19.5%	1.4%
324	200	183	124	62.0%	77.0%	Specialty Clinic Visits	1,656	1,000	1,059	656	65.6%	56.4%
2,072	**1,524**	**1,866**	**548**	**35.9%**	**11.0%**	**Clinic**	**10,481**	**8,385**	**9,758**	**2,096**	**25.0%**	**7.4%**
80	**59**	**72**	**21**	**35.9%**	**11.0%**	**Clinic visits per work day**	**58**	**46**	**54**	**12**	**25.0%**	**7.4%**
18.3%	20.00%	19.10%	-1.70%	-8.50%	-4.19%	% Medicare Revenue	19.90%	20.00%	20.04%	-0.10%	-0.50%	-0.70%
40.70%	39.00%	40.40%	1.70%	4.36%	0.74%	% Medi-Cal Revenue	38.24%	39.00%	40.52%	-0.76%	-1.95%	-5.63%
35.80%	36.00%	36.10%	-0.20%	-0.56%	-0.83%	% Insurance Revenue	36.96%	36.00%	35.24%	0.96%	2.67%	4.88%
5.20%	5.00%	4.40%	0.20%	4.00%	18.18%	% Self-Pay Revenue	4.90%	5.00%	4.20%	-0.10%	-2.00%	16.67%
140.3	151.82	138.9	(11.5)	-7.6%	1.0%	Productive FTE's	141.41	154.86	143.5	(13.4)	-8.7%	-1.4%
160.7	168.30	165.8	(7.6)	-4.5%	-3.1%	Total FTE's	163.50	171.73	164.5	(8.2)	-4.8%	-0.6%

CFO REPORT for

January 2019 Finance Committee and Board meetings

Admitting (Patient Access Services) Policies
At the October 2018 Board meeting, a number of Admitting policies were presented for review and approval. In the future, policies for departments reporting through the CFO will be brought to the Finance Committee for review.

TruBridge – Accounts Receivable Management
Accounts Receivable days our averaging 66 over the last 10 weeks.

Our new Director at TruBridge has been working with Patient Access Services staff on edits and denials tracking to improve front-end processes. She has conducted training for PAS staff and to develop more monitoring tools and training.

Productivity Benchmarking Assessment
The Administrative Team met with QHR consultants by phone to review preliminary Productivity Benchmarking Assessment report. Meetings will be scheduled with individual departments to review findings.

Financial Advisory Services and Debt Capacity Assessment
We met with QHR consultants to review Preliminary Capacity Assessment and Financial Projections. We will forward to Gary Hicks for his review and consideration as he provides Financial Advisory Services related to any future project.