

A G E N D A
Lander County Hospital District – Board of Trustees
Regular Session
February 12, 2025 - 5:30 P.M.
John Peters Health Services Center
Board Room
555 West Humboldt Street
Battle Mountain, NV

5:30 PM Call to Order – Regular Session

Pledge of Allegiance

Public Comment

Persons are invited to submit comments in writing and/or attend and make comments on any non-agenda items at the Board Meeting. All public comment may be limited to three (3) minutes per person, at the discretion of the Board. Reasonable restrictions may be placed on public comments based upon time, place and manner, but public comment based upon viewpoint may not be restricted.

❖ **Motion to Consent** – (Lemaire) - (Discussion for Possible Action)

- 1) February 12, 2025 Agenda Notice – Posted February 7, 2025
- 2) Infection Control report – November 2024, December 2024 and January 2025
- 3) Emergency Operations Program/Policy & Procedure – November 2024, December 2024 and January 2025

- 4) Medical Staff appointments/reappointments
Battle Mountain Clinic – 1 year Provisional Privileges:
Denise Roemen-Kramer, FNP

Battle Mountain Clinic – 2 year reappointments:
Abby Burkhart, APRN, FNPC
Dr. Christine Potterjones
Dr. Genadi Maltinski

Battle Mountain General Hospital Emergency Department – 2 year reappointments:
Dr. Donald Hansen
Dr. Paul Herman
Dr. Lawrence Pellegrini
Dr. Daniel Jones
Dr. Ajeet Mahendernath

Teleradiology Services – 2 year reappointments:
Telemedicine Providers credentialed by Proxy through Renown

- 5) Board meeting minutes – January 8, 2025

Public Comment

❖ **Unfinished Business**

- 6) Hospital Board Subcommittees: Finance Subcommittee, Scholarship Subcommittee, Construction Subcommittee and Policy Subcommittee – (Lemaire) - (Discussion for Possible Action)

The Board will discuss and decide future course and use of previously utilized subcommittees and all other matters properly related thereto. (No more than two Trustees per committee)

Public Comment

- 7) Hospital Board of Trustees Confidentiality Agreement - (Lemaire) - (Discussion for Possible Action)

The Board will review and discuss the Hospital Board of Trustees Confidentiality Agreement for 2025 and all other matters properly related thereto.

Public Comment

- 8) Critical Access Hospital Construction – (Lemaire) - (Discussion for Possible Action)

The Board will review and discuss updates on the hospital construction project and all other matters properly related thereto.

Public Comment

❖ **New Business**

- 9) Hospital Admitting Renovations – (Lemaire) – (Discussion for Possible Action)

The Board will review and discuss the previously approved hospital admitting renovations to determine further course of action and all other matters properly related thereto.

Public Comment

❖ **Financials – (Lemaire) - (Discussion for Possible Action)**

- 10) December 2024 Financial Reports

The Board will review and discuss financial reports for December 2024 and all other matters properly related thereto.

Public Comment

❖ **Chief Executive Officer Summary – (Lemaire) - (Discussion for Possible Action)**

- 11) Summary Report

Chief Executive Officer Jason Bleak, will present a summary of hospital activities to the Board of Trustees, and all other matters properly related thereto.

Public Comment

❖ **ADJOURN OPEN MEETING**

❖ **CLOSED SESSION**

A CLOSED SESSION WILL BE HELD IN ACCORDANCE WITH THE PROVISIONS OF NRS 241.033 to review the employment contract for Denise Roemen-Kramer, FNP, as presented.

Discussion regarding employment contract for Denise Roemen-Kramer FNP.

❖ **ADJOURN CLOSED SESSION**

❖ **CALL TO ORDER OPEN MEETING**

11) Discussion and Action to ratify the employment contract for Denise Roemen-Kramer, FNP, as presented.

Public Comment

❖ **Adjournment Regular Session**

This is the tentative schedule for the meeting. The Board reserves the right to take items out of order to accomplish business in the most efficient manner. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

AFFIDAVIT OF POSTING

State of Nevada)

) ss

County of Lander)

Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees, states that on the 7th day of February 2025, A.D., she was responsible for posting a notice, of which the attached is a copy, at the following locations: 1) Battle Mountain General Hospital, 2) Lander County Courthouse, 3) Battle Mountain Post Office, and 4) Austin Courthouse, all in said Lander County where the proceedings are pending.

RECORDING SECRETARY

Subscribed and sworn to before me on this 7th day of February 2025

WITNESS

NOTICE TO PERSONS WITH DISABILITIES: Members of the public who wish to attend this meeting by teleconference or who may require assistance or accommodations at the meeting are required to notify the Hospital Board Recording Secretary in writing at Battle Mountain General Hospital, 535 South Humboldt Street, Battle Mountain, NV 89820, or telephone (775) 635-2550, Ext. 1111, at least two days in advance of pending meeting.

NOTICE: Any member of the public that would like to request any supporting material from the meeting, please contact, Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees, 535 South Humboldt Street, Battle Mountain, NV 89820 (775) 635-2550, Ext. 1111.

INFECTION CONTROL REPORT MEDICAL STAFF MEETING
NOV 2024

1. Clinic had 7 procedures with 0 wound infection.
2. ER had 7 procedures with 3 wound infection.
3. 0 Needle sticks in NOV, a total of 1 for the year.
4. Immunization shots:
 - ❖ 80% of the BMGH employees received the flu shot.
 - ❖ 0 LTC Residents received any vaccinations.
5. Flu Test:
 - ❖ 0 Positive A; 9 Positive B
 - ❖ 0 RSV Positive
 - ❖ 42 Influenza-like symptoms
6. Yearly TB testing:
 - ❖ 1 New hire employee tested positive for TB Quantiferon/TST; X-ray is clear.
7. House Cultures site:
 - ❖ Working closely with Nursing and Environmental Services and Maintenance on insect control. Infection control rounds have been conducted in Long Term Care. Corrective actions have been applied.
8. Hand Hygiene monitor is ongoing in Hospital and Clinic.
9. Complete hand washing and PPE in-service for the LTC residents and staff, as well as additional training for the CNAs at meal times.
10. Total Long Term Care Residents: 23; Infection/s 5 SSTI; 1 UTI.
11. Nov 6 Acute 1 Infection/s
12. Nov 1 Swing 1 Infection/s
13. Immunizations are recorded in Web IZ administered at BMGH. Required by State of Nevada.
14. Cultures need to be reported ASAP.
15. Infection Control – COVID-19 Reports:

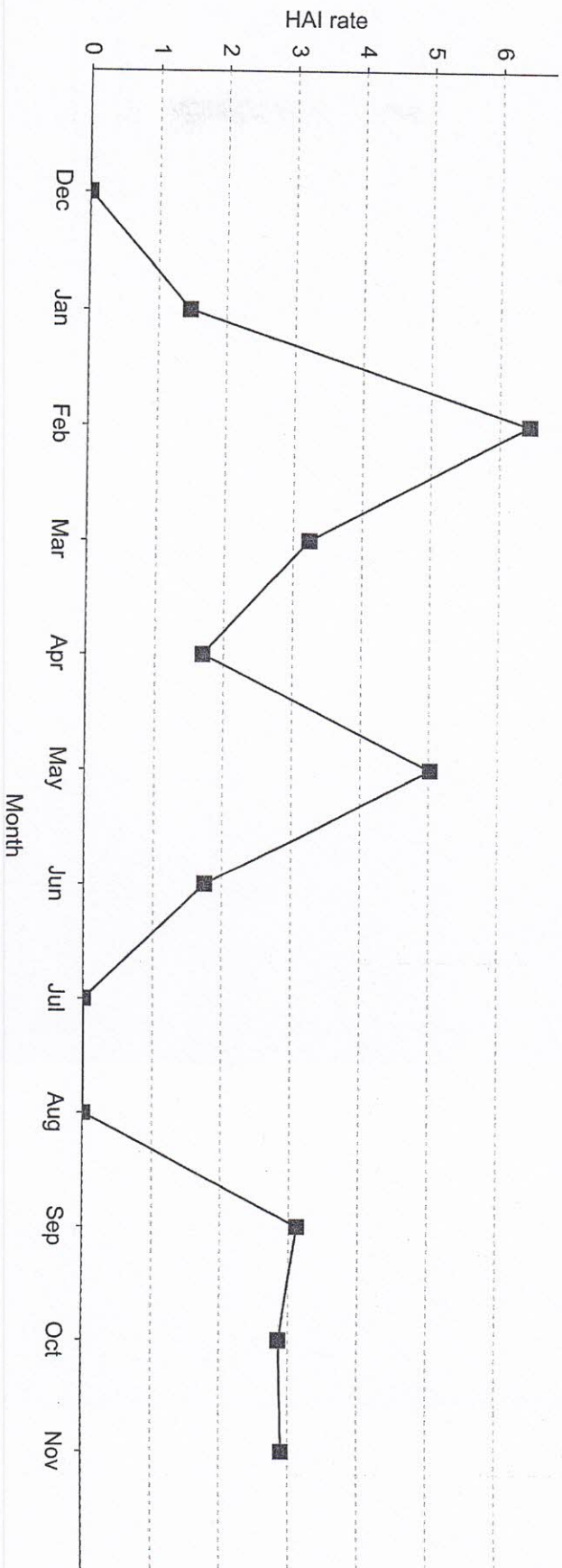
Tested: 44 Negative: 40 Positives: 4 Invalid: 0

No COVID positive case for all LTC residents and employees for the month of November.
16. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.
17. As per CDC the 5 days' isolation for COVID positive patients is no longer mandatory; Less than 5 days of isolation is now allowed as long as the symptoms are resolved. This is for the general public only; no change on isolation policy for hospital settings, still 10 days for LTC.
18. Policy in effect for masking during Flu season- unvaccinated staff must wear mask around staff and patients.

Summary

Total Infection	CAI	HAI	HAI Rate	Number Of MDRO
5	0	2	2.90	0

HAI Rate 12-Month Trend



Summary By Infection Category

Infection Category	Total	HAI	HAI Rate
Blood/Systemic	0	0	0.00
Bone & Joint	0	0	0.00
Cardiovascular	0	0	0.00
Ear Nose, Mouth & Throat	0	0	0.00
Eye	0	0	0.00

Summary By Infection Category

Infection Category	Total	HAI	HAI Rate
Gastrointestinal	0	0	0.00
Genital	0	0	0.00
MDRO	0	0	0.00
Neurologic	1	1	1.45
Other	2	0	0.00
Parasitic	0	0	0.00
Respiratory	1	1	1.45
Skin & Soft Tissue	0	0	0.00
Urinary Tract/Kidney	1	0	0.00
Total	5	2	

Neurologic Infection Category

HAI 1.45

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 10/15/24)						
LTC. LONG TERM CARE/	09/03/24	Herpes Zoster	Skin Lesions	Open - Confirmed (P)	valACYclovir HCl Oral Tablet 500 MG (09/12/24) Prescriber: Burkhardt, Abby	Started on Acyclovir 800mg PO every 5 hours x 5 days. Starting to come back, put on Valacyclovir 500mg PO QHS for preventative measures.

Infection Surveillance Monthly Report

November 2024

Other Infection Category

HAI 0.00

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 06/21/22)						
LTC. LONG TERM CARE/	11/29/24	Unknown		Closed (12/08/24) - Resolved	Doxycycline Hyclate Oral Tablet 100 MG (11/29/24) Prescriber: Burkhart, Abby	
(Admit Date 01/28/20)						
LTC. LONG TERM CARE/	11/25/24	Unknown		Closed (12/08/24) - Resolved	Doxycycline Monohydrate Oral Capsule 100 MG (11/25/24) Prescriber: Burkhart, Abby	

Respiratory Infection Category

HAI 1.45

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 08/28/17)						
LTC. LONG TERM CARE/	11/12/24	Upper Respiratory Tract Infection	Chills: Sweating and Shaking, Cough - often with thick phlegm or mucous, Muscle aches, body aches or joint pain, New or marked increase in incontinence, Weakness	Closed (11/19/24) - Resolved	Doxycycline Monohydrate Oral Capsule 100 MG (11/12/24) Prescriber: Burkhart, Abby	Started on Doxycycline 100mg PO BID x 7 days

Urinary Tract/Kidney Infection Category

HAI 0.00

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 10/09/24)						
LTC. LONG TERM CARE/	11/12/24	Urinary Tract Infection	Burning when urinating, Urinary frequency	Closed (12/13/24) - Resolved	Levaquin Oral Tablet 750 MG (11/19/24) Prescriber: Maltinski, Genadi	amoxicillin 500mg PO TID x 10 days changed to levaquin

Infection Surveillance Monthly Report

November 2024

As of Dec 18, 2024 08:46 AM

User: jgreenhalgh

750mg PO QD x 10
days on 11/19/2024,
started Macrobid
100mg PO BID x 7
days on 12/2/24.

12/12/24: Follow up
UA came back
Negative for UTI.

INFECTION CONTROL REPORT MEDICAL STAFF MEETING
DECEMBER 2024

1. Clinic had 5 procedures with 0 wound infection.
2. ER had 9 procedures with 0 wound infection.
3. 0 Needle sticks in DECEMBER, a total of 1 for the year.
4. Immunization shots:
 - ❖ 80% of the BMGH employees received the flu shot.
 - ❖ 0 LTC Residents received any vaccinations.
5. Flu Test:
 - ❖ 123 Positive A; 45 Positive B 0
 - ❖ 0 RSV Positive
 - ❖ 123 Influenza-like symptoms
6. Yearly TB testing:
 - ❖ 2 New hire employee tested positive for TB Quantiferon/TST; X-ray is clear.
7. House Cultures site:
 - ❖ Working closely with Nursing and Environmental Services and Maintenance on insect control. Infection control rounds have been conducted in Long Term Care. Corrective actions have been applied.
8. Hand Hygiene monitor is ongoing in Hospital and Clinic.
9. Complete hand washing and PPE in-service for the LTC residents and staff, as well as additional training for the CNAs at meal times.
10. Total Long Term Care Residents: 23; Infection/s 7 SSTI; 6 UTI. 1
11. DECEMBER 1 Acute 1 Infection/s
12. NODECEMBER 2 Swing 0 Infection/s
13. Immunizations are recorded in Web IZ administered at BMGH. Required by State of Nevada.
14. Cultures need to be reported ASAP.
15. Infection Control – COVID-19 Reports:

Tested: 125 Negative: 118 Positives: 5 Invalid: 0

No COVID positive case for all LTC residents and employees for the month of DECEMBER
16. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.
17. As per CDC the 5 days' isolation for COVID positive patients is no longer mandatory; Less than 5 days of isolation is now allowed as long as the symptoms are resolved. This is for the general public only; no change on isolation policy for hospital settings, still 10 days for LTC.
18. Policy in effect for masking during Flu season- unvaccinated staff must wear mask around staff and patients.

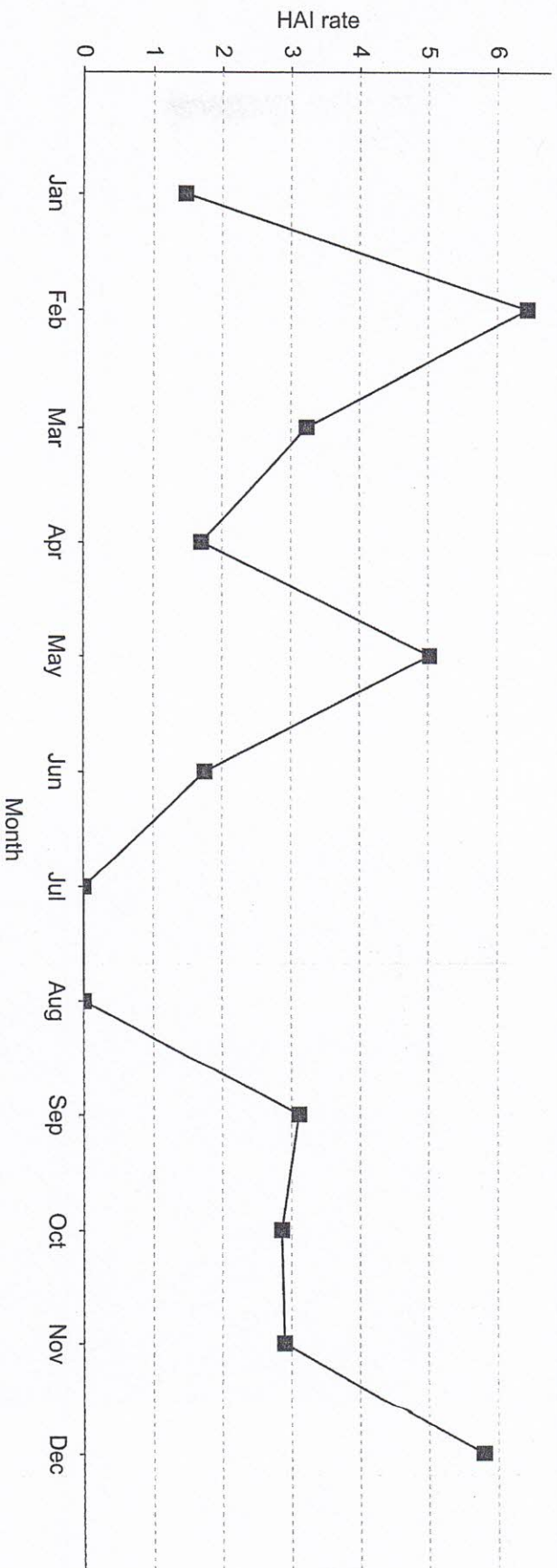
Infection Surveillance Monthly Report

December 2024

Summary

Total Infection	CAI	HAI	HAI Rate	Number Of MDRO
7	0	4	5.79	0

HAI Rate 12-Month Trend



Summary By Infection Category

Infection Category	Total	HAI	HAI Rate
Blood/Systemic	0	0	0.00
Bone & Joint	0	0	0.00
Cardiovascular	0	0	0.00
Ear Nose, Mouth & Throat	0	0	0.00
Eye	0	0	0.00

Summary By Infection Category

Infection Category	Total	HAI	HAI Rate
Gastrointestinal	0	0	0.00
Genital	0	0	0.00
MDRO	0	0	0.00
Neurologic	1	1	1.45
Other	2	0	0.00
Parasitic	0	0	0.00
Respiratory	2	2	2.89
Skin & Soft Tissue	0	0	0.00
Urinary Tract/Kidney	2	1	1.45
Total	7	4	

Neurologic Infection Category

HAI 1.45

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 10/15/24)						
LTC. LONG TERM CARE/	09/03/24	Herpes Zoster	Skin Lesions	Open - Confirmed (P)	valACYclovir HCl Oral Tablet 500 MG (09/12/24) Prescriber: Burkhardt, Abby	Started on Acyclovir 800mg PO every 5 hours x 5 days. Starting to come back, put on Valacyclovir 500mg PO QHS for preventative measures.

Infection Surveillance Monthly Report

December 2024

As of Jan 02, 2025 01:02 PM
User: jgreenhalgh

Other Infection Category

HAI 0.00

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 06/21/22)						
LTC. LONG TERM CARE/	11/29/24	Unknown		Closed (12/08/24) - Resolved	Doxycycline Hyclate Oral Tablet 100 MG (11/29/24) Prescriber: Burkhart, Abby	
(Admit Date 01/28/20)						
LTC. LONG TERM CARE/	11/25/24	Unknown	skin	Closed (12/08/24) - Resolved	Doxycycline Monohydrate Oral Capsule 100 MG (11/25/24) Prescriber: Burkhart, Abby	

Respiratory Infection Category

HAI 2.89

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 08/28/17)						
LTC. LONG TERM CARE/	12/16/24	Pneumonia	Cough, Extreme, unexplained tiredness, New or marked increase in incontinence, Weakness	Closed (12/26/24) - Resolved	Azithromycin Oral Tablet 250 MG (12/19/24) Prescriber: Burkhart, Abby	Started on Levaquin 750mg PO QD x 7 days on 12.15, and then added z-pack x 5 days on 12.19.24.
(Admit Date 09/16/19)						
LTC. LONG TERM CARE/	12/20/24	Pneumonia	Extreme, unexplained tiredness, Loss of appetite, Weakness	Closed (12/26/24) - Resolved		Started on Azithromycin PO QHS x 5 days, lasix and potassium and medrol dosepak.

Urinary Tract/Kidney Infection Category

HAI 1.45

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 10/09/24)						
LTC. LONG TERM CARE	12/19/24	Urinary Tract Infection		Open - Confirmed (D)		The resident only has one kidney and a history of bladder cancer, chronic UTI reoccurrence. Urology wants her on Macrobid 50mg PO QD x 3 months.
(Admit Date 10/09/24)						
LTC. LONG TERM CARE	11/12/24	Urinary Tract Infection	Burning when urinating, Urinary frequency	Closed (12/13/24) - Resolved	Levaquin Oral Tablet 750 MG (11/19/24) Prescriber: Maltinski, Genadi	amoxicillin 500mg PO TID x 10 days changed to levaquin 750mg PO QD x 10 days on 11/19/2024, started Macrobid 100mg PO BID x 7 days on 12/2/24. 12/12/24: Follow up UA came back Negative for UTI.

INFECTION CONTROL REPORT MEDICAL STAFF MEETING

JANUARY 2025

1. Clinic had 17 procedures with 0 wound infection.
2. ER had 11 procedures with 0 wound infection.
3. 0 Needle sticks in JANUARY, a total of 0 for the year.
4. Immunization shots:
 - ❖ 80% of the BMGH employees received the flu shot.
 - ❖ 0 LTC Residents received any vaccinations.
5. Flu Test:
 - ❖ 53 Positive A; 8 Positive B 2
 - ❖ 0 RSV Positive
 - ❖ 53 Influenza-like symptoms
6. Yearly TB testing:
 - ❖ 3 New hire employee tested positive for TB Quantiferon/TST; X-ray is clear.
7. House Cultures site:
 - ❖ Working closely with Nursing and Environmental Services and Maintenance on insect control. Infection control rounds have been conducted in Long Term Care. Corrective actions have been applied.
8. Hand Hygiene monitor is ongoing in Hospital and Clinic.
9. Complete hand washing and PPE in-service for the LTC residents and staff, as well as additional training for the CNAs at meal times.
10. Total Long Term Care Residents: 23; Infection/s 2 SSTI; 1 UTI. 1
11. JANUARY 3 Acute 1 Infection/s
12. JANUARY 1 Swing 0 Infection/s
13. Immunizations are recorded in Web IZ administered at BMGH. Required by State of Nevada.
14. Cultures need to be reported ASAP.
15. Infection Control – COVID-19 Reports:

Tested: 53 Negative: 47 Positives: 3 Invalid: 0

No COVID positive case for all LTC residents and employees for the month of JANUARY
16. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.
17. As per CDC the 5 days' isolation for COVID positive patients is no longer mandatory; Less than 5 days of isolation is now allowed as long as the symptoms are resolved. This is for the general public only; no change on isolation policy for hospital settings, still 10 days for LTC.
18. Policy in effect for masking during Flu season- unvaccinated staff must wear mask around staff and patients.

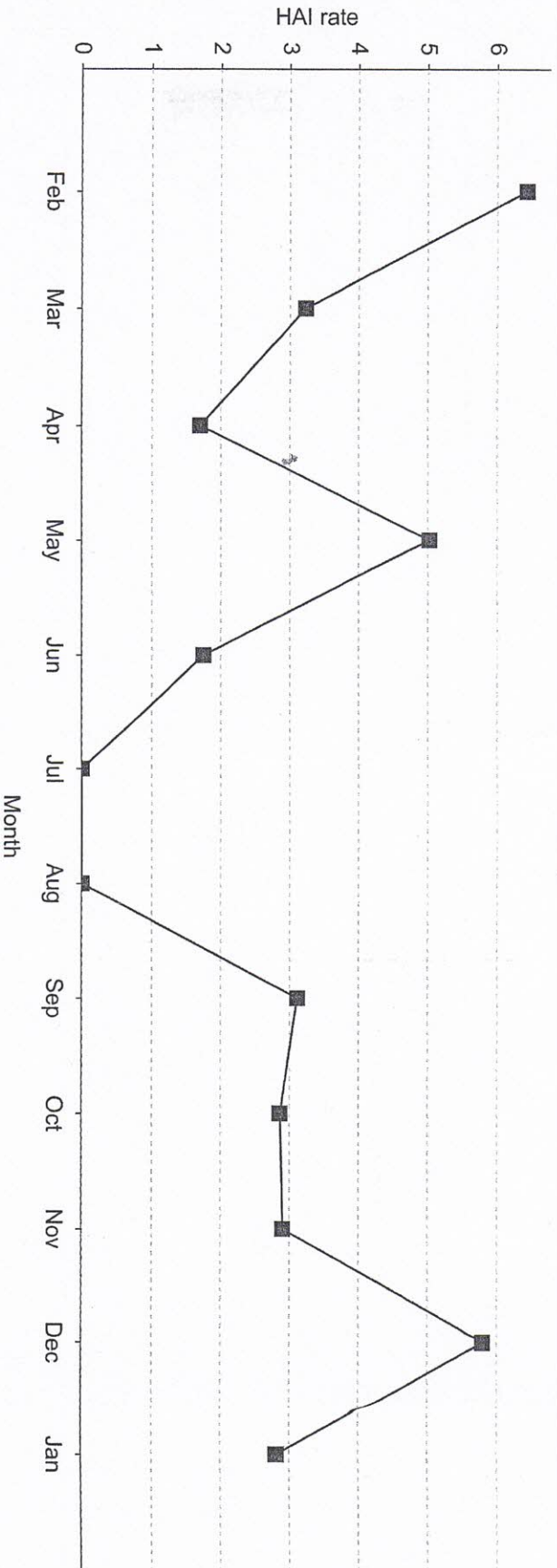
Infection Surveillance Monthly Report

January 2025

Summary

Total Infection	CAI	HAI	HAI Rate	Number Of MDRO
2	0	2	2.81	0

HAI Rate 12-Month Trend



Summary By Infection Category

Infection Category	Total	HAI	HAI Rate
Blood/Systemic	0	0	0.00
Bone & Joint	0	0	0.00
Cardiovascular	0	0	0.00
Ear Nose, Mouth & Throat	0	0	0.00
Eye	0	0	0.00

Summary By Infection Category

Infection Category	Total	HAI	HAI Rate	
Gastrointestinal	0	0	0.00	
Genital	0	0	0.00	
MDRO	0	0	0.00	
Neurologic	1	1	1.40	
Other	0	0	0.00	
Parasitic	0	0	0.00	
Respiratory	0	0	0.00	
Skin & Soft Tissue	0	0	0.00	
Urinary Tract/Kidney	1	1	1.40	
Total	2	2		

Neurologic Infection Category

HAI 1.40

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 10/15/24)						
LTC. LONG TERM CARE/	09/03/24	Herpes Zoster	Skin Lesions	Open - Confirmed (P)	valACYclovir HCl Oral Tablet 500 MG (09/12/24) Prescriber: Burkhardt, Abby	Started on Acyclovir 800mg PO every 5 hours x 5 days. Starting to come back, put on Valacyclovir 500mg PO QHS for preventative measures.

Infection Surveillance Monthly Report

January 2025

Urinary Tract/Kidney Infection Category

HAI 1.40

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
(Admit Date 10/09/24)						
LTC. LONG TERM CARE,	12/19/24	Urinary Tract Infection		Open - Confirmed (D)		The resident only has one kidney and a history of bladder cancer, chronic UTI reoccurrence. Urology wants her on Macrobid 50mg PO QD x 3 months.



**Battle Mountain
General Hospital**

Board of Governance
Emergency Operation Program and Policy and Procedure Summary

Date: **November 13, 2024**

Policy and Procedure Committee Meeting Summary:

- **Maintenance /Life Safety/Fire Safety**
 - Presented no changes in any policy for Life Safety, Fire Safety or Maintenance.
 - Maintenance would research conducted on the new regulations regarding the generators.
- **Policy and Procedure**
 - LTC policies have been formatted and sent for updates to Nursing
 - In Preparation for Survey Nursing and Compliance has worked on transfer letters
 - New Room rates have been updated and waiting on approval from CEO.
 - Job Descriptions, Grievance Process, Chain of command and Release of information have been updated.
 - All departmental annual review has been conducted and Close out procedures will begin for the month of December in MCN.
- **Emergency Preparedness/Life Safety-OSHA and the Emergency Operations Program**
 - Policies, Plans and Procedures continue to be done as rules and regulations change.

BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]

Emergency Operations Committee Meeting Summary:

MINUTES:

- Pre-Construction Risk assessment has been completed.
- Working on egress maps compliance.
- Working on updated Title VI statements to comply with the Civil acts requirements.
- Requested EPCRA Title II Information sent to the state. Emergency Planning and Community Right-to-Know Act (EPCRA)
- Helmsley Grant release has been sent for board approve at Helmsley.
- FLU POD Thursday October 17, 2024pm to 8pm 398 vaccinations given.
- IV Fluid Shortage starting to affect our supply chain
- **FEMA Region 9 Drill in conjunction with Humboldt County**
 - HazMat component including possible closure of I-80
 - Drill would happen somewhere between Pumpnickel and Mote
 - Unified command with Humboldt County, Lander County, State, Federal and stakeholder responding agencies.
 - Drill Wednesday May 21 2025



Board of Governance
Emergency Operation Program and Policy and Procedure Summary

- February 2025 RHPP @ HGH

Completed by: Holly Heese, Compliance Coordinator

- ♦ Policy and Procedure Coordinator
- ♦ Certified Hospital Emergency Coordinator



Battle Mountain
General Hospital

Board of Governance

Emergency Operation Program and Policy and Procedure Summary

Date: December 11, 2024

Policy and Procedure Committee Meeting Summary:

- **Laboratory Manager**

Dr. Daniel Mockler and Notification of Uncrossed Blood, combination of policy and sign-out sheet. Asked to update the form to a professional look.

- **Policy and Procedure**

Save the date for all 12 months in 2025 with calendar invites to all departmental managers

- | | |
|---------------------|--------------------|
| ❖ January 8, 2025 | July 9, 2025 |
| ❖ February 12, 2025 | August 13, 2025 |
| ❖ March 12, 2025 | September 10, 2025 |
| ❖ April 9, 2025 | October 8, 2025 |
| ❖ May 14, 2025 | November 12, 2025 |
| ❖ June 11, 2025 | December 10, 2025 |

BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]

Emergency Operations Committee Meeting Summary:

MINUTES:

- Discussion and Possible action on the mitigation of water testing for legionella. HGH will host a training on Legionella mitigation January 13, 2025. 200pm (Infection Control and Emergency Management will attend the class)
- Review on RHPP Meeting November 21, 2024
 - RHPP Annual Requirements (2025)
 - ✓ Define Boundaries and Sphere of Influence
 - ✓ Membership make-up
 - ✓ Current membership
 - ✓ Additional community partners
 - ✓ Hazard Vulnerabilities Assessment
 - Discuss possible RHPP enhancements:
 - ✓ Monthly zoom calls (in addition to the quarterly in-person meetings)
 - ✓ Special interest groups (e.g., Skilled Nursing, CMS Issues, etc.)
 - ✓ Other Ideas – open discussion
 - eCOMMS – General Discussion
 - CMS Updates – discussion / attachments

The Centers for Medicare and Medicaid Services (CMS) requires healthcare facilities to perform Hazard Vulnerability Assessments (HVAs) to identify and prioritize potential hazards that could impact the facility and the surrounding community. Once a HVA is completed the finding determine the annual reviews and training for the facility.



Board of Governance

Emergency Operation Program and Policy and Procedure Summary

In accordance with the HVA finds conducted in October the BMGH Emergency Operations Committee will be reviewing and training on the following areas.

2025 Emergency Preparedness and Life Safety Committee Meetings		
Month	Measure	Comments /Ideas
January	Cyber Security Cyber Related Incident	Tyson IT Manager
February	Security Surveillance , Survey Prep, Walk Around, Facility Security	Jason CEO
March	Infectious Disease Outbreak Including emerging infectious diseases (EIDs), unforeseen widespread communicable diseases	Joy Infection Preventionist
April	HAZ-MAT , Decon, Chemical Spill	Holly Certified Hospital Emergency Coordinator
May	Critical Staffing Shortage	Emily RHC Director
June	Trauma/MCI	Hope Chief Nursing Officer
July	Work Place Violence	Jodi Business Office Manager
August	Security Surveillance , Survey Prep, Walk Around,	Jason CEO
September	HVA	Holly Certified Hospital Emergency Coordinator
October	Severe Weather , includes drought, floods, snow, rain, etc.	Haleigh Medicare Biller
November	Supply Chain Disruptions Transportation Disruptions	Brynn Material Management Manager
December	Utility Failure	Roy/Danny Maintenance
OTHER:		

Completed by: Holly Heese, Compliance Coordinator

- ◆ Policy and Procedure Coordinator
- ◆ Certified Hospital Emergency Coordinator



Board of Governance
Emergency Operation Program and Policy and Procedure Summary

Date: January 8, 2025

Policy and Procedure Committee Meeting Summary:

MINUTES:

- **Policy and Procedure Coordinator:**
Working with HR to format new Policies.
- **Human Resources**
 - Asked to be moved to next month
 - A new hand book will be brought soon to P&P.
- **Business Office Manager**
 - Working with P&P coordinator to update new regulations and formatting.
- **Food and Nutrition Manager**
 - All policy has been approved and are in the approval process

BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]

Emergency Operations Committee Meeting Summary:

MINUTES:

- **Infection Control:** The Isolation Red Cart is missing. After several attempts to recover the cart for the new isolation acute rooms it was never found. Joy will order and establish a new cart for the acute area.
- **LTC Nursing:** Security Issues were brought to the committee. It was mentioned that the ER was telling the residents families on the weekend/evenings that they were not allowed to come through the ER. Most resident's families have been informed to come to the door at the end of the hall but keeping it locked has been hard as that there is just one key that the Charge Nurse has. (If she is busy the family are waiting for long amounts of time). Options for solutions were discussed.
 - **Leaving the door unlocked:** possible unwanted people can enter, residents could wander off. Its survey time and requirements are that the doors remain secured.
 - **Adding a door bell:** Still having families remaining outside for long amounts of time in inclement weather. Still waiting on the charge nurse to open the door.



Board of Governance

Emergency Operation Program and Policy and Procedure Summary

- **Having the ER Call the LTC:** Asking the ER staff to guide the families to LTC or making a call to the LTC care staff so that they could guide the family members to LTC.
- **Key Card Assess:** Not an option at this time Bright Blue is not Operable. Looking for a new system.
- **Policy Review:** Handout of expectations on reviewing policies.
- **Emergency Operations Committee:** Email has gone out for all staff members regarding the annual fit testing. Respiratory is out of saccharine solution more is ordered. Will restart hooded test when it arrives.

MONTHLY TRAINING:

- ♦ **Cyber Security**
Cyber Related Incident

Tyson Zacharias IT Manager

- ♦ **Policies Reviewed:**
Sanction Policy
Cyber Written Reprimand
Breach Notification
Protection from Malicious Software

Discussion on the policies, objective decided to add to malicious software include:

- Conducting personal business on hospital computers and work stations.
- Not allowing anyone to remote in to hospital computers and work stations.
- Adding reprimands/adding Sanctions policy punishments for not following the policy.

Completed by: Holly Heese, Compliance Coordinator

- ♦ Policy and Procedure Coordinator
- ♦ Certified Hospital Emergency Coordinator

**LANDER COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES
REGULAR SESSION
JOHN PETERS HEALTH SERVICES CENTER
BOARD ROOM
555 W HUMBOLDT STREET
BATTLE MOUNTAIN, NV
January 8, 2025**

BOARD PRESENT:

Lyle Lemaire, Chairman
Shawn Mariluch, Vice Chair
Lyle Farr, Board Secretary via Zoom
Paula Tomera, Trustee via Zoom
Alicia Price, Commissioner Trustee

STAFF PRESENT:

Jason Bleak, Chief Executive Officer
Wayne Allen, Chief Financial Officer
Cindy Fagg, Financial Controller

GUESTS:

Kathy Freeman
Emily Benso
Dr. Paul Herman
James Matheus
Karen Matheus
Mike Sheppard
Mike Macdonald
Jodi Price
Hope Bauer
Suzanne Lemaire
Marla Sam via Zoom

CALL TO ORDER

Lyle Farr, Board Secretary, called the January 8, 2025, Regular Session to order at 5:34 p.m.

PUBLIC COMMENT

No public comment.

NEW BUSINESS

2025 Election of Board Officers

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed that Lyle Lemaire serve as the 2025 Board Chair as discussed was approved.

By motion duly made (Tomera), seconded (Price), and the Board unanimously passed that Shawn Mariluch serve as the 2025 Vice Chair as discussed was approved.

By motion duly made (Tomera), seconded (Mariluch), and the Board unanimously passed that Lyle Farr serve as the 2025 Board Secretary as discussed was approved.

MOTION TO CONSENT

By motion duly made (Tomera), seconded (Farr), and the Board unanimously passed the Agenda Notice for the January 8, 2025, was approved.

Addendum 1

By motion duly made (Tomera), seconded (Farr), passed the Infection Control Report for November and December 2024 as discussed was approved.

Addendum 2

By motion duly made (Tomera), seconded (Farr), passed the Emergency Operations Program/Policy & Procedure meeting minutes from November and December 2024 as discussed was approved.

Addendum 3

By motion duly made (Tomera), seconded (Farr), passed the Board meeting minutes from November 20, 2024 and December 11, 2024 as discussed was approved.

Addendum 4

NEW BUSINESS

2025 Board of Trustees Meeting Schedule

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed to keep the 2025 Board of Trustees meeting schedule for the second Wednesday, monthly at 5:30 p.m., as discussed was approved.

Assignment of Trustees to the Finance Subcommittee, Scholarship Subcommittee, Construction Subcommittee and Board Policy Subcommittee

Trustee Price asked for clarification on these Subcommittees. Subcommittees meet sporadically per Chief Executive Officer Bleak and only two Trustees can participate on these subcommittees. The Finance Subcommittee addresses the budget. This Subcommittee will sit with all Department Managers to discuss the budget and review their individual budget, line by line.

The Chief Executive Officer is approved to spend an amount up to \$50,000. Any amount over \$50,000, will need Board approval.

If an item cannot wait until the next Board meeting, the Finance Subcommittee can address, review and take care of immediate need. Then the item will need to be addressed during the next Board meeting for ratification/Board approval.

Per CEO Bleak these subcommittee meetings are not agendized and are not formal meetings. Trustee Price asked when these subcommittees were established. Bleak replied, before his arrival.

Chairman Lemaire, Vice Chair Mariluch and Commissioner Trustee Price stated the Subcommittees should have documentation. If a Trustee were to receive payment for attending these meetings there should be documentation of the meeting minutes.

Chief Executive Officer Bleak confirmed that the meeting minutes from the Construction Subcommittee are provided by Michael Clay Corporation. The Scholarship Subcommittee can be a responsibility of the Trustees who serve on the Finance Subcommittee. The Board Policy Subcommittee was developed when there was some concern about personnel policies.

Trustee Price would like to educate herself more and would like to discuss if these Subcommittees should have documentation of meeting minutes or not.

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed to table this item for further discussion was approved.

Confidentiality Agreements

CEO Bleak addressed the Confidentiality Agreement with the Board. Per Bleak this document is customary in Healthcare and was in place prior to his arrival. There are times Trustees may come across patient care, patients, legal meetings, law suits, personnel, etc.

Trustee Mariluch stated the Confidentiality Agreement is very broad and he will not sign the form. Per agreement it stated the financial information including the annual budgets, revenues, expenses, etc. should remain confidential and Trustee Mariluch felt this information should be public knowledge.

CEO Bleak addressed a section of the agreement where it states, "each Board Trustee reaffirms that the Governing Board has only one voice and agrees to keep confidential information not yet made public. Per CEO Bleak once action is taken, the information can be made public.

Trustee Mariluch stated each Board member has common sense and knows what to share and what not to share. Trustee Price would like more information regarding this agreement. She asked if any other facilities have to sign a Confidentiality Agreement similar to Battle Mountain General Hospital. Per Price she felt that the Confidentiality Agreement limits the Trustees, and the Trustees have a responsibility for the tax payers and the Community.

Trustee Lemaire addressed the last section of the Confidentiality Agreement, "It is the Board Chairperson's responsibility to address infractions of confidentiality by individual Board Trustees and to take action to remedy the problem. If infractions of confidentiality by individual Board Trustees are continued, it is the expectation that the Board Chairperson will ask for the resignation of the individual Board Trustee who has violated this Confidentiality Agreement." Per Lemaire, each Trustee is voted in, how can a Trustee be removed.

CEO Bleak stated if a Trustee does not abide by the Governing Board Bylaws and the policies established by the facility, there can be some ramifications.

A public comment was made by Marla Sam. She shared that the Governing Board Bylaws were set in place by Kathy Ancho when she was a Trustee.

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed to table this item for further discussion was approved.

Addendum 5

Financial Disclosure Statements

CEO Bleak reminded the Trustees about the January 15, 2025, deadline to file their individual contributions and expenses report. The financial disclosure is due for all Trustees and elected officials.

UNFINISHED BUSINESS

Critical Access Hospital Construction

Mike Sheppard, Project Manager, addressed the progress of the construction project. On December 9, 2024, BMGH received approval from the State of Nevada for Phase 2 of the Construction project. This part of the project is now available to the public. The Contractors began demolition of Phase 3. The old CT machine cannot be removed for another few weeks. The Mammography machine will be adjacent to the CT room. The Contractors are currently working through the overhead and duct work.

Sheppard invited the new Trustees to the weekly Construction meetings scheduled for 2:00 p.m. on Thursdays'. Only two Trustees can attend to avoid a quorum. Per Sheppard, the Trustee can view the daily progress of the Construction project by logging into the Internet based Construction Management process. This is an active dialog between the sub-contractors and design team.

FINANCIALS

Chief Financial Officer Allen addressed the November 2024 Balance Sheet Summary for the Board. This report displayed a breakdown of BMGH's assets, cash and liquid capital, short term investments, long term investments and current liabilities. The Accounts Receivable, Net of allowance, totaled \$899,177.53. Construction in Progress displayed an amount of \$15,839,977.89. The Income Statement displayed details against the budget. Total Patient Revenue, which is the units of service provided to patients for the month and billed charges, totaled \$1,432,407.

On page 13, this report displayed a five-month year to date sum of charges for year 2023 and 2024. Per CFO Allen, services have decreased in the Laboratory which displayed an amount of (116,787.90). Services have gone down in the Emergency Room which displayed a decrease of (129,684.88), ER visits are down and the revenues are down as well. Clinic visits are down and displayed a decrease of (111,676.45).

Chief Financial Officer Allen continued to address page 12 of the November 2024 Financial reports. The Schedule of Patient Revenue vs. Patient Payments for fiscal years ended June 30, 2024 and fiscal year 2025. This breakdown displayed the gross patient monthly revenue, three month rolling average, patient payments and the patient payment percentage versus monthly rolling average.

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the financial reports for November 2024 as discussed was approved.

Addendum 6

Chief Executive Officer Summary

Chief Executive Officer Bleak presented a summary of hospital activities to the Board of Trustees.

Provider Recruiting: Before Christmas, BMGH enjoyed an interview visit with Denise Roemen-Kramer with interest of filling a nurse practitioner position in the clinic. Following her visit, an offer letter was extended and accepted. CEO Bleak just received a signed employment agreement from Roemen-Kramer and a brief note of her excitement to come to BMGH. The staff and CEO Bleak look forward to her joining the team to provide healthcare in the community. She is a general practitioner that is very familiar with rural/frontier medicine and has experience in various women's health skills that will be valuable to the female population.

Survey Readiness: BMGH continues to look forward to the long-term care inspection. It could happen at any time. These inspections are very stressful and difficult but the staff is ready to show the high quality care that BMGH offers to each of the residents.

Trustee Orientation and Education: January 6, 2025, BMGH found out that the hospital would be welcoming three new Trustees to the Board. A Board of Trustees Welcome binder has been prepared for the new Trustees with pertinent information relating to the governance responsibilities that each Trustee holds. As part of the CEO's responsibility, he will work with the new Chair to set up opportunities for orientation and education for the Trustees.

Acute Hospital Use: Now that BMGH has five private acute rooms available, CEO Bleak will begin working with the Medical Staff to establish a new process for admission, rounding and discharging of acute and swing patients. BMGH hopes to utilize the new rooms to take care of the neighbors and friends close to their home.

BMGH Influencers: CEO Bleak has selected Holly Heese and Asly Santos to join with Kathy Freeman, CEO Bleak and others to be make regular posts of information regarding hospital activities on the facility's social media platforms and webpage. The group is learning how to better use the new sign to provide helpful information.

Pharmacy Restroom: CEO Bleak received notification that the Pharmacy Board has granted a waiver for the current design of the new pharmacy without a restroom in the pharmacy. Construction will continue as designed for the pharmacy.

ER Physician Increase: BMGH has a very strong and consistent group of ER Physicians that continue to do a great job for the Community. CEO Bleak is working with Dr. Herman to address the need to give a wage increase to the ER Physicians. CEO Bleak will keep the Board updated on the established plan.

Budget Process: The budget process will begin and each manager has been asked to begin generating a list of capital expenditures that they would like for this next fiscal year. CEO Bleak will keep the Board updated on the budget as it begins to come together.

Customer Service: Each week at the beginning of the Department Manager meeting, the group focuses on customer service and give Customer Service Awards to those staff members that have displayed great customer service. BMGH also gives out Employee Recognition Awards to those that do extraordinary acts of service and kindness. This past month BMGH gave Customer Service Awards to Tina Barnes and Caressa Hansen and an Employee Recognition Award to Michael Lake.

Holiday Gratitude: CEO Bleak wanted to publicly thank those family members, volunteers, youth groups, and staff that made the holiday season special for the long-term care residents. CEO Bleak had the opportunity to participate in some of the activities and could see the happiness on the resident's faces.
Addendum 7

PUBLIC COMMENT

Marla Sam made a public and shared that she felt very threatened during the Board meeting and that she did not appreciate being accused of things that are not factual.

ADJOURNMENT

With no further business, Chairman Matheus adjourned the Regular Session at 7:12 p.m.

Respectfully Submitted, 

Jessica Ceja, Recording Secretary


BOARD SIGNATURES:




Lyle Lemaire, Board Chairman

ABSENT DURING MOTION 

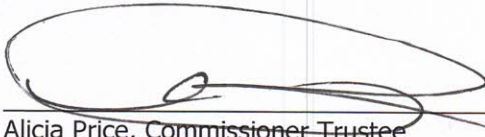
Shawn Mariluch, Vice Chairman

APPROVED VIA ZOOM 

Lyle Farr, Board Secretary

APPROVED VIA ZOOM 

Paula Tomera, Trustee



Alicia Price, Commissioner Trustee



535 South Humboldt Street Battle Mountain, Nevada 89820
Phone: 775-635-2550

LANDER COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES CONFIDENTIALITY AGREEMENT

Each member of the Governing Board of Trustees acknowledges the extreme importance of confidentiality with respect to the affairs of this organization. In light of this acknowledgement, each Board Trustee reaffirms that the Governing Board has only one voice and agrees to keep confidential information not yet made public, during and after services on the Board, and all information acquired pertaining to the hospital operations, patients, and any related activities in the course of membership on the Board. This commitment to confidentiality includes:

- Issues related to the Board's legal, moral and regulatory responsibility for the oversight of quality patient care. This includes information in quality reports and statistical data about the hospital's clinical services and patient care, information regarding appointment and reappointment of professionals to the medical staff, risk management and malpractice information regarding hospital and individual professional performances, and employee situations which may, or may not, require Board intervention.
- All patient information whether derived from the medical record, electronic health record, quality reports, written complaints, hearsay or other.
- Financial information including annual budgets, revenues, expenses, long-term capital expenditure plans and information regarding the hospital's financial condition such as debt, liquidity, return on investments, profitability, and other financial data.
- Performance of management executive(s), including evaluation data, compensation, contract and employment conditions, and top management succession plans.
- Information regarding the strategic plan, programs, and process toward meeting goals in the plan which could affect the hospital's competitive position.

It is important that each Board Trustee recognizes the sensitivity of information regarding medical recruitment plans, capital decisions, real estate transactions, decision regarding closures, mergers, and other strategic plans that may have impact on the hospital's competitive position relative to other health care providers, both institutional and individual, in the service area.

It is the Board Chairperson's responsibility to address infractions of confidentiality by individual Board Trustees and to take action to remedy the problem. If infractions of confidentiality by individual Board Trustees are continued, it is the expectation that the Board Chairperson will ask for the resignation of the individual Board Trustee who has violated this Confidentiality Agreement.

DATE: _____

PRINT NAME: _____

TRUSTEE SIGNATURE: _____

NOTE: This Confidentiality Agreement will be maintained in the Governing Board file located in the office of the CEO/Administrator of Battle Mountain General Hospital.

Jason Bleak

From: Zachary Gerber <zag@gerberlegal.com>
Sent: Wednesday, January 29, 2025 2:38 PM
To: Jason Bleak
Cc: lyle14@yahoo.com
Subject: Re: Confidentiality Statement

Jason,

I researched this issue and I am not aware of any rule that requires a trustee to sign a confidentiality agreement. Elko County does not require Commissioners to sign a confidentiality agreement.

I understand the concern regarding significant confidential information that the Hospital and its employees possess, and that is likely the reason that the confidentiality agreement has been used in the past. However, all information discussed in the Hospital's Board meetings must only include public information and records that are open to the public. Therefore, no confidential information should be shared at the board meetings or with the Board. Another way of stating this is that the only information that should be shared with the Board should be non-confidential information that could be disclosed to the public in a public records request. That does not include confidential health and identifying information that the Hospital possesses.

The only exception to this is when a closed meeting of the Board is held for things like possible litigation or actual litigation.

The reason that only non-confidential information should be shared is because the Board is subject to the Open Meeting Law. Any meeting that includes a quorum must be noticed and open to the public, which should make all information shared with the Board, except for the closed meeting exception, open to the public. This even includes conversations between two board members that is then shared with other board members individually, until a quorum has all been contacted.

I remembered that the State has information explaining the Open Meeting Law. I found several slideshows regarding the Open Meeting Law. I think having the Board review some of these would be helpful to educate them and you about what is and is not following the law:

- I liked this one from 2019 (there are some updates since then, but this explains the main requirements of the OML): https://ag.nv.gov/uploadedFiles/agnv.gov/Content/Issues/Open%20Meeting%20Law%20Training%20with%20Leg%20Update%208-22-2019_RMB.pdf
- This one includes 2023 and is a little more basic: https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/Support/Nevada%E2%80%99s%20Open%20Meeting%20Law%202023%20Training_ADA.pdf
- Here is an update manual from 2019: https://ag.nv.gov/uploadedFiles/agnv.gov/Content/About/Governmental_Affairs/2019-03-26_OML_12TH_AGOMANUAL.pdf

Although the Board may not be required to sign a confidentiality agreement, they have increased ethical duties as part of accepting a public office. This powerpoint sets forth some of those duties: <https://ag.nv.gov/uploadedFiles/agnv.gov/Content/Issues/2023%20Ethics%20Law%20Basics%20Power%20Point%20-%20Boards%20and%20Commissions.pdf>

Lastly, here are training materials for Boards: https://ag.nv.gov/Hot_Topics/Training_Materials/ Included in the materials is a slideshow about Public Records, which includes confidentiality tests.

Please contact me if I can provide more information or be of further assistance.

Best regards,

ZACHARY A. GERBER

GERBER LAW OFFICES, LLP | GERBERLEGAL.COM

491 4TH STREET | ELKO, NV 89801

OFFICE 775.777.4357 | FAX 775.738.8198

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On Mon, Jan 27, 2025 at 2:48 PM Jason Bleak <jbleak@bmgh.org> wrote:

Zach,

I hope you are doing well today. During the January Hospital Board Meeting, the attached Confidentiality Statement was on the agenda for Board signature. There were some concerns expressed during the meeting about the restrictions and statements that they were asked to agree to. Would you please take a look at the statement and offer your thoughts and opinions that can be passed along to the whole Board? The agenda item was tabled in the last meeting and will be discussed again in the February meeting.

We will be putting the agenda and packet of information together this week and would like to have something to put in the packet. If you could have something back to me by next Monday it would be appreciated.

Thanks,

Jason Bleak

Administrator / CEO

Battle Mountain General Hospital

775-635-2550

[illegible][illegible]

10. COVER WALL ON CENTER OF MOBILE WALL TO 6" ABOVE FINISH FLOOR.
11. PARTIAL, HEAVY SWING DOOR WITH LATCHING HORIZONTAL LATCH CONNECTION OF BRASS ALUMINUM IN HORIZONTAL PLANE, PREFER TO BE OPENED TO THE RIGHT.
12. 80% ISOL. SURFACE WALL, CAP INSTALLED ON HALF HEIGHT WALL.
13. PROVIDE COATED STEEL BRACKET AS DETAIL, NO MORE THAN 3" FROM INSIDE WALL ON OTHER BRACKET.
14. PROVIDE 2" DIA. STUD IN DECK, ONE PER WORKSTATION PLASTIC TO PROVIDE ISOL. SURFACE IN DOOR.

Architectural floor plan of a bathroom. The plan includes a circular shower area with a central drain, a toilet, and a vanity with a sink. Dimensions are provided for various areas: 7' 0" for the shower area, 7' 0" for the vanity area, and 7' 0" for the toilet area. Callouts include 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. A hatched area is shown in the center of the plan, indicating a specific material or finish.

DEMOLITION PLAN LEGEND

① → DEMOLITION KEYNOTE

→ 3000 NUMBER (SEE SHEET 3000)

→ 300000 TO 1/4" OF INCHES

→ 3000000 TO GROUND

→ 3000000 TO CEMENT LINE

→ LEAVE EXISTING CONSTRUCTION

→ EXISTING WALL, CONSTRUCTION

[illegible]

- 1 REMOVE EXISTING WALL, COMPLETELY PULL OUT AND REPAIR ADJACENT SURFACES AS REQUIRED. COORDINATE WITH ALL MECHANICAL, ELECTRICAL, PIPING AND STRUCTURAL, CEILING
- 2 REMOVE DOORING DOOR FRAME, AND MORTARING, COMPLETELY
- 3 REMOVE DOORING DOOR, SET INTO SHOWN, PAPER SPECIFIC
- 4 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS
- 5 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS
- 6 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS
- 7 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS
- 8 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS
- 9 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS
- 10 REMOVE DOORING DOOR TO EXISTENTS SHOWN, AND ALL RELATED ITEMS

18' - 11"

ENTRY AND RECEPTION DEMOLITION PLAN

[illegible]

Diagram of a window with a blind. The blind is partially open, with the top edge at 2' 6" and the bottom edge at 4' 0" from the top of the wall. The window frame is 4' 0" high. The blind is labeled "BLIND".

[illegible]

A cross-section diagram of a wall assembly. From left to right, the layers are:

- STUDS
- WALL BOULE EACH SIDE
- PAINT PTF
- INSUL W. SURFACE
- STUD WALL
- WALL CONTINUOUS THRO
- STUD SURFACE
- STUD SURFACE

Below the diagram, the thermal properties for each layer are listed:

- STUDS: 1.0
- WALL BOULE EACH SIDE: 0.08
- PAINT PTF: 0.04
- INSUL W. SURFACE: 0.04
- STUD WALL: 1.0
- WALL CONTINUOUS THRO: 0.08
- STUD SURFACE: 0.04
- STUD SURFACE: 0.04

[illegible]

GENERAL NOTES - DEMOLITION

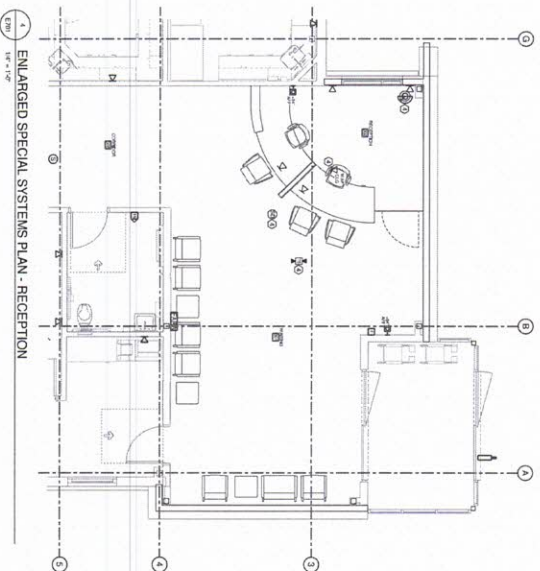
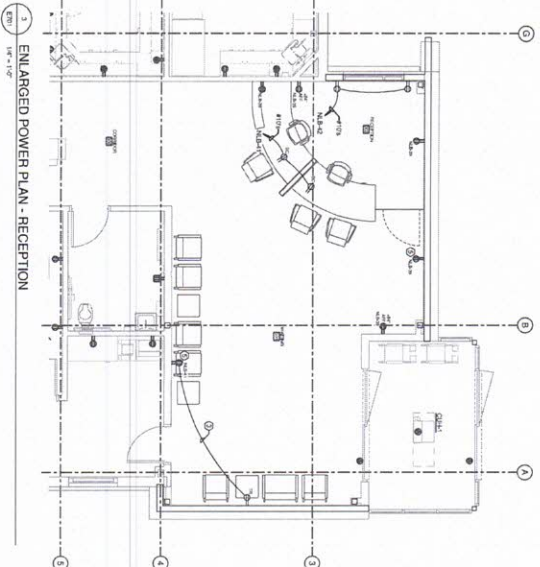
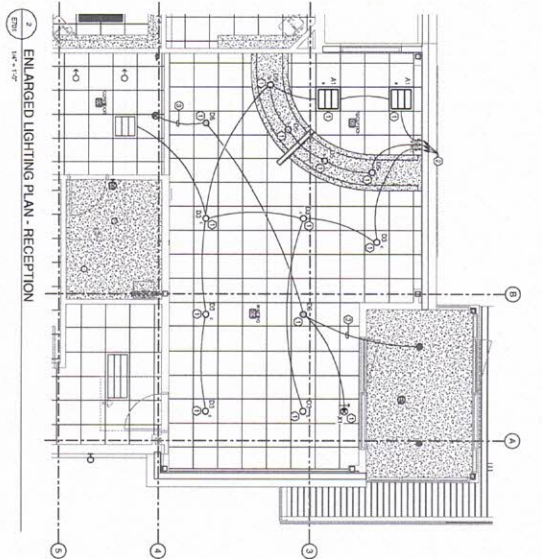
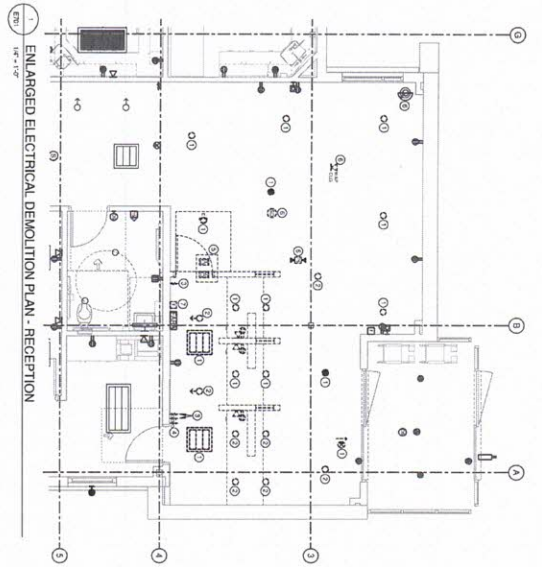
- ELECTRICAL WORK IS THE RESPONSIBILITY OF THE ELECTRICAL CONTRACTOR. CONSULT THE ELECTRICAL CONTRACTOR FOR THE LOCATION OF ALL ELECTRICAL WORK.
- REMOVE ALL EXISTING ELECTRICAL WORK, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING ELECTRICAL PANELS, SWITCHES, AND OUTLETS.
 - ALL EXISTING ELECTRICAL WIRING, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING ELECTRICAL WIRING IN THE CEILING.
 - ALL EXISTING ELECTRICAL WIRING IN THE WALL.
 - ALL EXISTING ELECTRICAL WIRING IN THE FLOOR.
- REMOVE ALL EXISTING LIGHTING FIXTURES, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING RECESSED CEILING LIGHTS.
 - ALL EXISTING TRACK LIGHTS.
 - ALL EXISTING PENDANT LIGHTS.
 - ALL EXISTING FLOOR MOUNTED LIGHTS.
- REMOVE ALL EXISTING ELECTRICAL CONDUIT, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING RIGID CONDUIT.
 - ALL EXISTING FLEXIBLE CONDUIT.
 - ALL EXISTING PLASTIC CONDUIT.
- REMOVE ALL EXISTING ELECTRICAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING ELECTRICAL PANELS.
 - ALL EXISTING ELECTRICAL SWITCHES.
 - ALL EXISTING ELECTRICAL OUTLETS.
 - ALL EXISTING ELECTRICAL WIRING.
 - ALL EXISTING ELECTRICAL CONDUIT.
 - ALL EXISTING ELECTRICAL EQUIPMENT.
- REMOVE ALL EXISTING ELECTRICAL WORK, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING ELECTRICAL PANELS, SWITCHES, AND OUTLETS.
 - ALL EXISTING ELECTRICAL WIRING, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING ELECTRICAL WIRING IN THE CEILING.
 - ALL EXISTING ELECTRICAL WIRING IN THE WALL.
 - ALL EXISTING ELECTRICAL WIRING IN THE FLOOR.
- REMOVE ALL EXISTING LIGHTING FIXTURES, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING RECESSED CEILING LIGHTS.
 - ALL EXISTING TRACK LIGHTS.
 - ALL EXISTING PENDANT LIGHTS.
 - ALL EXISTING FLOOR MOUNTED LIGHTS.
- REMOVE ALL EXISTING ELECTRICAL CONDUIT, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING RIGID CONDUIT.
 - ALL EXISTING FLEXIBLE CONDUIT.
 - ALL EXISTING PLASTIC CONDUIT.
- REMOVE ALL EXISTING ELECTRICAL EQUIPMENT, INCLUDING BUT NOT LIMITED TO:
 - ALL EXISTING ELECTRICAL PANELS.
 - ALL EXISTING ELECTRICAL SWITCHES.
 - ALL EXISTING ELECTRICAL OUTLETS.
 - ALL EXISTING ELECTRICAL WIRING.
 - ALL EXISTING ELECTRICAL CONDUIT.
 - ALL EXISTING ELECTRICAL EQUIPMENT.

⑨ KEYNOTES - DEMOLITION

- REMOVE EXISTING LIGHTING TO BE RELOCATED SEE LIGHTING PLAN
- REMOVE EXISTING ELECTRICAL PANELS TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WIRING TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL CONDUIT TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL EQUIPMENT TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN

⑩ KEYNOTES - NEW

- REMOVE EXISTING LIGHTING TO BE RELOCATED SEE LIGHTING PLAN
- REMOVE EXISTING ELECTRICAL PANELS TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WIRING TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL CONDUIT TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL EQUIPMENT TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
- REMOVE EXISTING ELECTRICAL WORK TO BE RELOCATED SEE ELECTRICAL PLAN
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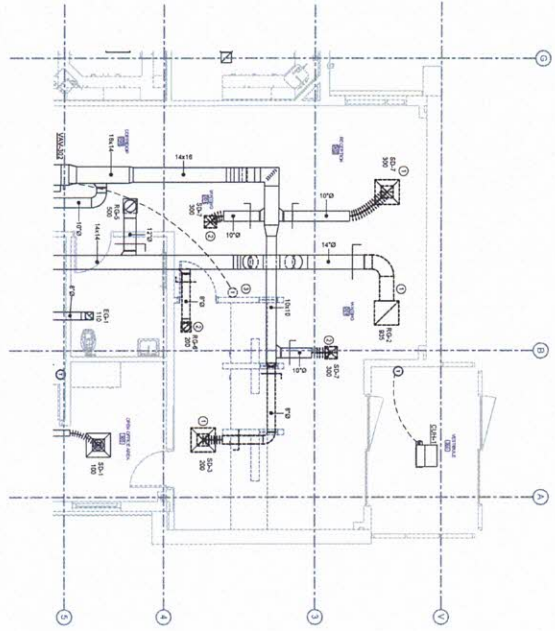


DEMOLITION KEYNOTES

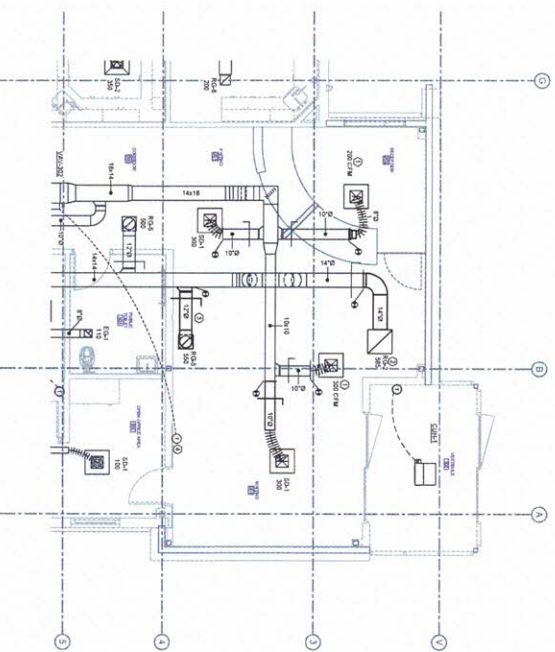
1. REMOVE EXISTING EXTERIOR SECTION OF SOUTHWALL RELOCATION.
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KEYNOTES

1. RELOCATE EXISTING EXTERIOR TO THE LOCATION IN CIRCULAR SHOWN.
2. RELOCATE EXISTING EXTERIOR TO THE LOCATION IN CIRCULAR SHOWN.
3. RELOCATE EXISTING EXTERIOR TO THE LOCATION IN CIRCULAR SHOWN.
4. EXISTING EXTERIOR CONTROL WINDING FOR WINDING UNIT.

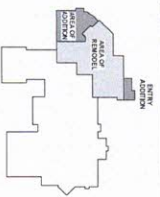


1 ENLARGED RECEPTION DEMOLITION MECHANICAL PLAN
1/8" = 1'-0"



1 ENLARGED RECEPTION MECHANICAL PLAN
1/8" = 1'-0"

KEY PLAN



CONFIRMED SET
1/15/2024

2022.05.15
DESIGNED BY JAMES J. MURPHY, P.E.
REVISIONS
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BATTLE MOUNTAIN GENERAL HOSPITAL
REMODEL AND ADDITIONS



Battle Mountain General Hospital

FINANCIALS

DECEMBER 2024

BATTLE MOUNTAIN GENERAL HOSPITAL
DECEMBER 2024
FINANCIAL STATEMENT REVIEW
BALANCE SHEET

ASSETS

- Operating Cash at the end of December 2024 was \$1,922,014, with an additional \$250,079, in money market funds, LGIP Accounts of \$5,096, in the Construction Reserve, \$228,879, in the Capital Expenditures, and \$667,815, in the Operations Reserve, \$985,817 in the Savings Reserve, with long-term cash investments equal to an additional \$28,725,830. Balance of short term investment accounts were, Operations Reserve \$10,878,425, Cap Ex Reserve \$3,061,363, Construction Reserve \$9,418,904.
- Gross accounts receivable had a balance of \$5,037,128 (total) and net accounts receivable (what we expect to collect) had a balance of \$968,172. The balance of the accounts receivable is made up of Athena A/R, \$4,989,695, Prognosis A/R, -0-, Point Click Care A/R, \$312,048, Sharp Ambulance Billing A/R, 54,847, and (\$319,462) in Athena A/R Clearing accounts.
- Accounts payable balance at December month end was \$1,077,451.
- Total payroll liabilities were \$156,155, and is comprised mostly of accrued payroll and accrued vacation totals.
- Deferred Revenues are sitting at 620,000, which is the Helmsley Grant that was received but not all equipment has been purchased.

INCOME STATEMENT

REVENUES

- Gross patient revenue for December was \$1,672,675 compared to a budget of \$1,640,595. December revenues came in over budget by \$32,080. December's gross revenues were \$240,268 more than November's.

Month Ending 12/31/2023			Month To Date 12/31/2024			Prior Year To Date 12/31/2023			Year To Date 12/31/2024		
Actual	Actual	Budget 2025		Actual	Actual	Budget 2025		Actual	Actual	Budget 2025	
524,898	786,920	629,066	Emergency	3,662,347	3,919,107	3,774,393					
21,438	22,144	24,235	Inpatient	34,363	80,984	145,415					
488,205	447,136	540,128	Outpatient	3,384,261	2,915,483	3,240,767					
622	3,532	6,226	Observation	35,259	44,247	37,353					
158,190	158,356	177,153	Clinic	1,031,020	887,627	1,062,921					
32,895	22,915	26,172	Swing bed	152,467	142,259	157,031					
215,946	231,672	237,615	Skilled nursing (SNF)	1,296,761	1,310,610	1,425,690					
1,442,194	1,672,675	1,640,595	Total Patient Revenue	9,596,478	9,300,317	9,843,570					

- In December ER was the only level of care that exceeded the budgeted amount. All other levels were under budget.
- Gross Clinic revenues were under budget in December at \$158,356, compared to a budget of \$177,153. The Clinic had an increase in revenues of \$46,554, when compared to November's revenue numbers.

DEDUCTIONS

- *Contractual Adjustments for December were \$487,544, with a budgeted amount of \$533,193.*
- *Bad debt was \$46,448, which is made up of Athena accounts, Bad Debt recovery, AR Allowance adjustment, and return on equity that is received from Noridian. Bad Debt Passthrough from Noridian was (\$2,156), EMS(SHARP) B/D write offs were 11,908, Athena write offs were \$45,341. B/D recovery for Prognosis accounts was (\$162), and for Athena accounts (\$8,308), sharp (EMS) (175).*

EXPENSES

- *Total Operating Expenses for December were \$1,129,112 compared to a budget of \$1,590,038, under budget, or a difference of \$460,926.*
- *Employee Related Expenses were \$519,954 as compared to a budget of \$927,382 which is 44% under budget for the month. This huge swing from last month to the month of December was due to the accrual. If you look at the year to date the amount ties out to the total payroll paid for the six months. This has been confirmed through balancing of payroll reports to the salary accounts.*

OPERATING INCOME AND NET INCOME

- *During the month of December BMGH overall experienced (Loss)/Gain from operations of \$90,022 as compared to a budgeted net loss of (\$543,180), YTD as of December (\$1,959,486).*
- *The Overall (Loss)/Gain for the month of December was 550,741 compared to a budget of \$2,103 YTD (Loss)Gain was 1,505,191, compared to the budgeted amount of 12,619.*

Battle Mountain General Hospital
Balance Sheet -- Summary
As of December 31, 2024

Reporting Book:
As of Date:

ACCRUAL
12/31/2024

	Month Ending 12/31/2024 Actual	Month Ending 06/30/2024 Actual
Assets		
Current Assets		
Cash and Liquid Capital	16,056,425.79	27,289,977.59
Short Term Investments		
TBILL-Operations Reserve	5,400,000.00	3,500,000.00
TBILL-Construction Reserve	4,700,000.00	0.00
TBILL-Capital Expenditures Reserve	1,500,000.00	0.00
Mark to Market - TBILLS	(131,292.51)	(5,089.59)
Total Short Term Investments	11,468,707.49	3,494,910.41
Accounts Receivable, Net of Allowance		
Accounts Receivable	5,037,128.04	4,991,493.76
Allowances against Receivables	4,068,956.27	3,903,956.27
Total Accounts Receivable, Net of Allowance	968,171.77	1,087,537.49
Other Receivables	878,513.79	6,184,701.63
Inventory	609,333.66	593,324.05
Prepaid Expenses	110,313.20	100,783.96
Total Current Assets	30,091,465.70	38,751,235.13
Long Term Assets		
Fixed Assets, Net of Depreciation		
Fixed Assets	41,099,238.41	40,340,500.83
Accumulated Depreciation	25,823,601.92	24,897,903.79
Construction in Progress	15,881,972.80	14,639,484.57
Total Fixed Assets, Net of Depreciation	31,157,609.29	30,082,081.61
Total Long Term Assets	31,157,609.29	30,082,081.61
Long Term Investments		
Wells Fargo - Long Term Investments	29,015,000.00	20,987,000.00
Mark to Market - Long Term Investments	(289,169.65)	(392,028.34)
Total Long Term Investments	28,725,830.35	20,594,971.66
Deferred Outflow (Pension Liability)		
Deferred Outflow (Pension Liability)	4,975,083.00	4,975,083.00
Total Deferred Outflow (Pension Liability)	4,975,083.00	4,975,083.00
Total Assets	94,949,988.34	94,403,371.40
Liabilities		
Current Liabilities		
Accounts Payable	1,077,450.59	1,479,815.47
Accrued Taxes	(0.03)	(0.02)
Accrued Payroll and Related	156,154.70	392,155.85
Deferred Revenue	620,000.00	952,000.00
Total Current Liabilities	1,853,605.26	2,823,971.30
Suspense Liabilities		
Uncategorized Liabilities	(163,166.98)	(174,958.70)
Total Liabilities	14,607,890.00	14,607,890.00
Retained Earnings	16,298,328.28	17,256,902.60
Net Income	78,100,919.53	71,910,386.43
	550,740.53	5,236,082.37

See Accompanying Notes to the Financial Statements

Battle Mountain General Hospital
Income Statement - Detail against Budget
As of December 31, 2024
Reporting Book: ACCRUAL
As of Date: 12/31/2024

Month Ending 12/31/2023			Month To Date 12/31/2024			Prior Year To Date 12/31/2023			Year To Date 12/31/2024		
Actual	Actual	Budget 2025		Actual	Budget 2025	Actual	Actual	Budget 2025		Actual	Budget 2025
524,898	786,920	629,066	Emergency			3,662,347	3,919,107	3,774,393			
21,438	22,144	24,235	Inpatient			34,363	80,984	145,415			
488,205	447,136	540,128	Outpatient			3,384,261	2,915,483	3,240,767			
622	3,532	6,226	Observation			35,259	44,247	37,353			
158,190	158,356	177,153	Clinic			1,031,020	887,627	1,062,921			
32,895	22,915	26,172	Swing bed			152,467	142,259	157,031			
215,946	231,672	237,615	Skilled nursing (SNF)			1,296,761	1,310,610	1,425,690			
1,442,194	1,672,675	1,640,595	Total Patient Revenue			9,596,478	9,300,317	9,843,570			
203,117	487,544	533,193	Contractual Adjustments			2,826,212	2,589,415	3,199,156			
			Bad Debt								
282,836	55,094	98,435	Bad Debt Write Off Hospital/Clinic			776,473	605,572	590,614			
(4,152)	(8,646)	0	Bad Debt Recovery			(29,484)	(25,365)	0			
278,684	46,448	98,435	Total Bad Debt			746,989	580,207	590,614			
66	672	0	Revenue Deductions			(10,056)	671	0			
481,867	534,664	631,628	Total Revenue Deductions			3,563,145	3,170,293	3,789,770			
0	0	333	Incentive Revenue			1,333	511	2,000			
0	0	333	Total Other Patient Revenue			1,333	511	2,000			
960,327	1,138,011	1,009,300	Total Net Patient Revenue			6,034,666	6,130,535	6,055,800			
46,472	90,123	37,558	Other Operating Revenue			361,047	390,515	225,350			
362,777	387,449	387,450	Non-Operating Revenue			2,224,840	2,341,237	2,324,697			
300,506	64,710	158,333	Interest Income			1,517,439	1,125,037	950,000			
663,283	452,159	545,783	Total Non-Operating Revenue			3,742,279	3,466,274	3,274,697			
1,670,082	1,680,293	1,592,641	Total Income before Expenses			10,137,992	9,987,324	9,555,847			
19,831	14,496	24,765	Repairs and Maintenance			120,710	150,044	148,593			
5,085	3,986	3,694	Leases and Rental Expenses			26,418	49,180	22,163			
994,363	519,954	927,382	Employee Related Expenses			5,121,157	4,916,807	5,564,289			
97,509	117,775	110,821	Supplies			629,632	673,231	664,928			
224,690	239,803	227,922	Contract Services			1,543,502	1,359,473	1,367,529			
3,736	2,770	11,625	Other Department Expenses			77,814	75,231	69,754			
1,345,214	898,784	1,306,209	Total Departmental Expenses			7,519,233	7,223,966	7,837,256			
28,808	20,135	27,059	Hospital Insurance Expenses			139,327	120,497	162,350			
40,631	26,908	40,203	Utilities			211,986	142,948	241,220			
160,009	159,301	210,583	Depreciation and Amortization			963,970	925,698	1,263,500			
940	1,776	4,169	Recruitment and Credentialing			7,214	14,239	25,012			
580	297	1,565	Other Fees			5,065	14,544	9,390			
0	21,911	250	Other Operating Expenses			20,401	38,644	1,500			
230,968	230,328	283,829	Total General and Administrative Expenses			1,347,963	1,256,570	1,702,972			
1,576,182	1,129,112	1,590,038	Total Operating Expenses			8,867,196	8,480,536	9,540,228			
479	440	500	Non-Operating Expenses			2,344	1,597	3,000			
1,576,661	1,129,552	1,590,538	Total Expenses			8,869,540	8,482,133	9,543,228			
93,421	550,741	2,103	Total Net Income			1,268,452	1,505,191	12,619			

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See Accompanying Notes to the Financial Statements

**Battle Mountain General Hospital
Wells Fargo - Operating Account
DECEMBER 2024**

Beginning Balance:

Cash in Operating Account for Operations	2,232,370.62	
Petty Cash - Hospital	1,700.00	2,234,070.62

Deposits

Ad Valorem	7,106.60	
Net Proceeds of Mines	0.00	
Consolidated Tax	68,016.32	
County JPHSC EMS Rent	4,000.00	
340B	81,378.77	
DSH	0.00	
Transfer	0.00	
Misc/Rebates/Dietary	8,982.06	
Hospital/Clinic Receipts	1,050,995.76	
		1,220,479.51

Expenditures:

Accounts Payable	675,419.04	
Construction	274,397.50	
Athena	26,289.86	
Allied Insurance	38,712.45	
Payroll (Net)	428,450.14	
Payroll Taxes	87,268.65	
Misc Payroll Payments	0.00	
Transfer to Money Market (Net Proceeds)	0.00	
Merchant Charges	298.26	
HELMSLEY GRANT PURCHASE	0.00	
		1,530,835.90

Ending Balance:

Cash in Operating Account for Operations	1,922,014.23	
Petty Cash - Hospital	1,700.00	<u>1,923,714.23</u>

1,923,714.23



Wells Fargo Securities, LLC
333 MARKET ST
SAN FRANCISCO, CA 94105
USA
WILLIAMS/LEWIS
1-415-644-9026

Operations Reserve -
Combined Summary

Statement Period
12/01/2024 - 12/31/2024

Brokerage Account and Bank Account

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST

Account Number

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the
value of unpriced securities.
Repurchase agreements are reflected
at par value.

	Amount Last Statement Period	Amount This Statement Period	Portfolio %
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	10,835,657.02	5,539,543.78	51%
Bonds	0.00	5,338,881.07	49%
Stocks	0.00	0.00	0%
Total Account Value	\$ 10,835,657.02	\$ 10,878,424.85	100%
Value Change Since Last Statement Period		\$ 42,767.83	0%
Percent Increase Since Last Statement Period			0%
Value Last Year-End		\$ 10,318,706.43	5%
Percent Increase Since Last Year-End			5%
***Includes amortized Par value of municipal leases and notes.			

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 75,250.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	31,139.76	287,111.38
Other	0.00	0.00
Income Total	\$ 31,139.76	\$ 362,361.38

Total Interest Charged USD

Description	This Period
Debit Interest For December 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 10,835,657.02
Deposits and Other Additions	0.00
Distributions and Other Subtractions	(5,327,253.00)
Dividends Reinvested	31,139.76
Change in Value	0.00
Closing Balance	\$ 5,539,543.78



Wells Fargo Securities, LLC
333 MARKET ST
SAN FRANCISCO, CA 94105
USA
WILLIAMS/LEWIS
1-415-644-9026

Construction Reserve

Combined Summary

Brokerage Account and Bank Account

Statement Period
12/01/2024 - 12/31/2024

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST
Account Number
~~1000000000~~

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the
value of unpriced securities.
Repurchase agreements are reflected
at par value.

	Amount Last Statement Period	Amount This Statement Period	Portfolio %
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	9,382,386.80	4,772,100.12	51%
Bonds	0.00	4,646,803.90	49%
Stocks	0.00	0.00	0%
Total Account Value	\$ 9,382,386.80	\$ 9,418,904.02	100%
Value Change Since Last Statement Period		\$ 36,517.22	0%
Percent Increase Since Last Statement Period			0%
Value Last Year-End		\$ 12,563,798.83	25%
Percent Decrease Since Last Year-End			25%
***Includes amortized Par value of municipal leases and notes.			

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 112,500.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	26,396.49	395,417.87
Other	0.00	0.00
Income Total	\$ 26,396.49	\$ 507,917.87
Total Interest Charged	USD	

Description	This Period
Debit Interest For December 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 9,382,386.80
Deposits and Other Additions	0.00
Distributions and Other Subtractions	(4,636,683.17)
Dividends Reinvested	26,396.49
Change in Value	0.00
Closing Balance	\$ 4,772,100.12



Wells Fargo Securities, LLC
333 MARKET ST
SAN FRANCISCO, CA 94105
USA
WILLIAMS/LEWIS
1-415-644-9026

CAP-Ex Reserve

Combined Summary

Brokerage Account and Bank Account

Statement Period
12/01/2024 - 12/31/2024

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST

Account Number
~~WILLIAMS/LEWIS~~

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the
value of unpriced securities.
Repurchase agreements are reflected
at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	3,049,069.87	1,578,340.85	52%
Bonds	0.00	1,483,022.52	48%
Stocks	0.00	0.00	0%
Total Account Value	\$ 3,049,069.87	\$ 3,061,363.37	100%
Value Change Since Last Statement Period		\$ 12,293.50	0%
Percent Increase Since Last Statement Period			0%
Value Last Year-End		\$ 2,893,644.11	6%
Percent Increase Since Last Year-End			6%

***Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 32,500.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	9,063.48	106,369.38
Other	0.00	0.00
Income Total	\$ 9,063.48	\$ 138,869.38

Total Interest Charged USD

Description	This Period
Debit Interest For December 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 3,049,069.87
Deposits and Other Additions	0.00
Distributions and Other Subtractions	(1,479,792.50)
Dividends Reinvested	9,063.48
Change in Value	0.00
Closing Balance	\$ 1,578,340.85



Wells Fargo Bank, N.A.
333 MARKET ST
SAN FRANCISCO CA 94105
WILLIAMS/LEWIS
1-415-644-9152

Money Market (Long term Investments)

Combined Summary

Statement Period

Brokerage Account and Bank Account

12/01/2024 - 12/31/2024

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST

Account Number
~~XXXXXXXXXX~~

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the
value of unpriced securities.
Repurchase agreements are reflected
at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	\$ 54,806.25	0%
Money Market Mutual Funds	166,859.98	195,273.17	1%
Bonds	28,843,245.94	28,725,830.35	99%
Stocks	0.00	0.00	0%
Total Account Value	\$ 29,010,105.92	\$ 28,975,909.77	100%
Value Change Since Last Statement Period		\$ (34,196.15)	
Percent Decrease Since Last Statement Period		0%	
Value Last Year-End		\$ 24,436,683.58	
Percent Increase Since Last Year-End		19%	
***Includes amortized Par value of municipal leases and notes.			

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 82,779.29	\$ 671,750.44
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	440.15	159,378.15
Other	0.00	0.00
Income Total	\$ 83,219.44	\$ 831,128.59
Total Interest Charged USD		

Description	This Period
Debit Interest For December 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 166,859.98
Deposits and Other Additions	27,973.04
Distributions and Other Subtractions	0.00
Dividends Reinvested	440.15
Change in Value	0.00
Closing Balance	\$ 195,273.17

Battle Mountain General Hospital
LGIP - Reserve Accounts
DECEMBER 2024

Beginning Balance:

LGIP - Operations Reserve	665,222.20	
LGIP - Construction Reserve	5,076.35	
LGIP - Capital Expenditures Reserve	227,990.12	
LGIP - SAVINGS	981,990.01	1,880,278.68

Deposits:

Interest Operations Reserve	2,592.48	
Interest Construction Reserve	19.78	
Interest Capital Expenditures Reserve	888.52	
Interest Savings	3,826.98	7,327.76

Expenditures:

<i>Purchase of Treasury Bills</i>	LGIP - Operations Reserve	0.00	
<i>Purchase of Treasury Bills</i>	LGIP - Construction Reserve	0.00	
<i>Purchase of Treasury Bills</i>	LGIP - Capital Expenditures Reserve	0.00	
	LGIP - Savings	0.00	0.00

Ending Balance:

LGIP - Operations Reserve	667,814.68	
LGIP - Construction Reserve	5,096.13	
LGIP - Capital Expenditures Reserve	228,878.64	
LGIP - Savings	985,816.99	1,887,606.44
	1,887,606.44	

Battle Mountain General Hospital
Schedule of Patient Revenue vs. Patient Payments
Fiscal Years ending June 30, 2024 & 2025

Fiscal Year ending June 30, 2024

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-23	\$1,744,249	\$1,496,730	\$1,129,987	75.5%
Aug-23	\$1,646,627	\$1,576,053	\$1,185,199	75.2%
Sep-23	\$1,605,096	\$1,665,324	\$939,528	56.4%
Oct-23	\$1,639,373	\$1,630,365	\$1,033,439	63.4%
Nov-23	\$1,518,939	\$1,587,803	\$1,279,843	80.6%
Dec-23	\$1,442,194	\$1,533,502	\$960,516	62.6%
Jan-24	\$1,723,518	\$1,561,550	\$904,238	57.9%
Feb-24	\$1,518,618	\$1,561,443	\$1,047,944	67.1%
Mar-24	\$1,527,231	\$1,589,789	\$945,921	59.5%
Apr-24	\$1,504,163	\$1,516,671	\$730,309	48.2%
May-24	\$1,408,658	\$1,480,017	\$828,687	56.0%
Jun-24	\$1,337,284	\$1,416,702	\$719,662	50.8%
YTD 12 mo. AVG	\$1,551,329	\$1,551,329	\$975,439	62.9%

Fiscal Year ending June 30, 2025

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-24	\$1,455,416	\$1,400,453	\$796,186	56.9%
Aug-24	\$1,449,563	\$1,414,088	\$888,117	62.8%
Sep-24	\$1,674,162	\$1,526,380	\$985,409	64.6%
Oct-24	\$1,616,094	\$1,579,940	\$1,896,715	120.0%
Nov-24	\$1,432,407	\$1,574,221	\$1,113,188	70.7%
Dec-24	\$1,672,675	\$1,573,725	\$1,050,996	66.8%
Jan-25				
Feb-25				
Mar-25				
Apr-25				
May-25				
Jun-25				
YTD 6 mo. AVG	\$1,550,053	\$1,511,468	\$1,121,769	74.2%

DECEMBER

SIX Month Year-to-date 2023		SIX Month Year-to-date 2024		Changes Greater than \$5K FY 2023 Increase (Decrease)	
Sum of Charges		Sum of Charges			
Ambulance	440,556.23	Ambulance	0.00	(440,556.23)	100%
Outpatient	440,556.23	Outpatient	0.00	(440,556.23)	100%
CM - Blood Bank	6,749.90	CM - Blood Bank	29,926.32	23,176.42	343%
Emergency	5,245.74	Emergency	18,845.99	13,600.25	259%
Outpatient	1,504.16	Outpatient	11,080.33	9,576.17	637%
Swing bed	0.00	Swing bed	0.00		
CM - Central Supply	6,740.49	CM - Central Supply	5,003.89		
Emergency	6,697.13	Emergency	5,003.89		
Observation	-34.65	Observation	0.00		
Outpatient	78.01	Outpatient	0.00		
CM - CT Scan	1,108,879.44	CM - CT Scan	1,377,204.55	268,325.11	24%
Emergency	851,276.91	Emergency	1,106,217.11	254,940.20	30%
Inpatient	0.00	Inpatient	0.00		
Observation	1,693.44	Observation	0.00		
Outpatient	255,909.09	Outpatient	270,987.44	15,078.35	6%
Swing bed	0.00	Swing bed	0.00		
CM - Infusion	332,346.96	CM - Infusion	375,385.85	43,038.89	13%
Emergency	267,529.00	Emergency	315,685.48	48,156.48	18%
Inpatient	2,143.27	Inpatient	0.00		
Observation	8,001.94	Observation	8,895.12		
Outpatient	54,672.75	Outpatient	50,805.25		
Swing bed	0.00	Swing bed	0.00		
CM - Laboratory	1,853,236.87	CM - Laboratory	1,735,871.83	(117,365.04)	-6%
Emergency	465,773.30	Emergency	476,759.79	10,986.49	2%
Inpatient	1,033.95	Inpatient	1,867.06		
Observation	1,342.47	Observation	2,896.46		
Outpatient	1,379,093.81	Outpatient	1,251,913.17	(127,180.64)	-9%
Swing bed	5,993.34	Swing bed	2,435.35		
CM - MRI	207,308.75	CM - MRI	208,607.59		
Emergency	0.00	Emergency	0.00		
Inpatient	0.00	Inpatient	0.00		
Outpatient	207,308.75	Outpatient	208,607.59		
CM - Observation	11,628.09	CM - Observation	14,479.20		
Observation	11,628.09	Observation	14,479.20		
CM - Pharmacy	366,948.23	CM - Pharmacy	382,104.88	15,156.65	4%
Emergency	141,034.25	Emergency	104,402.33	(36,631.92)	-26%
Inpatient	544.10	Inpatient	7,467.12	6,923.02	1272%
Observation	1,751.10	Observation	2,964.37		
Outpatient	210,135.31	Outpatient	249,848.36	39,713.05	19%
Swing bed	13,483.47	Swing bed	17,422.70		
CM - Physical Therapy	553,639.27	CM - Physical Therapy	501,829.64	(51,809.63)	-9%
Emergency	0.00	Emergency	902.73		
Inpatient	147.00	Inpatient	7,048.06	6,901.06	4695%
Observation	0.00	Observation	0.00		
Outpatient	530,154.71	Outpatient	471,286.55	(58,868.16)	-11%
Swing bed	23,337.56	Swing bed	22,592.30		
CM - Professional Fees	45,406.97	CM - Professional Fees	29,442.43	(15,964.54)	-35%
Emergency	45,372.24	Emergency	28,760.59	(16,611.65)	-37%
Observation	0.00	Observation	681.84		
Outpatient	34.73	Outpatient	0.00		
CM - Radiology	306,790.51	CM - Radiology	340,373.60	33,583.09	11%
Emergency	136,601.06	Emergency	130,072.92	(6,528.14)	-5%
Inpatient	0.00	Inpatient	1,289.29		
Observation	0.00	Observation	338.03		
Outpatient	168,990.32	Outpatient	207,026.04	38,035.72	23%
Swing bed	1,199.13	Swing bed	1,647.32		
CM - Ultrasound	112,112.23	CM - Ultrasound	120,017.33	7,905.10	7%
Emergency	13,415.43	Emergency	14,019.59		
Inpatient	0.00	Inpatient	0.00		
Observation	0.00	Observation	0.00		
Outpatient	98,696.80	Outpatient	105,997.74	7,300.94	7%

DECEMBER

SIX Month Year-to-date 2023		SIX Month Year-to-date 2024		Changes Greater than \$5K FY 2023 Increase (Decrease)	
	Sum of Charges		Sum of Charges		
CM- Swing Bed	1,008.78	CM- Swing Bed	6,282.70		
Swing bed	1,008.78	Swing bed	6,282.70	5,273.92	523%
Emergency	1,607,434.45	Emergency	1,601,216.36	(6,218.09)	0%
Emergency	1,601,343.37	Emergency	1,595,078.10	(6,265.27)	0%
Inpatient	1,368.20	Inpatient	5,020.62		
Observation	1,997.92	Observation	240.79		
Outpatient	2,319.24	Outpatient	1,288.45		
Swing bed	405.72	Swing bed	-411.60		
Med/Surg	31,693.93	Med/Surg	69,504.88	37,810.95	119%
Inpatient	24,244.61	Inpatient	58,292.02	34,047.41	140%
Observation	7,449.32	Observation	11,212.86		
Swing bed	0.00	Swing bed	0.00		
Respiratory Therapy	127,287.98	Respiratory Therapy	133,652.03	6,364.05	5%
Emergency	96,679.04	Emergency	101,634.49	4,955.45	5%
Inpatient	745.30	Inpatient	0.00		
Observation	1,429.95	Observation	2,537.54		
Outpatient	28,433.69	Outpatient	29,480.00		
Swing bed	0.00	Swing bed	0.00		
OP Lab/Rad	989.64	OP Lab/Rad	3,417.75		
Outpatient	989.64	Outpatient	3,417.75		
SNF/Respite	105,945.00	SNF/Respite	93,073.12	(12,871.88)	-12%
Inpatient	0.00	Inpatient	0.00		
Swing bed	105,945.00	Swing bed	93,073.13	(12,871.87)	-12%
Clinic	1,073,013.51	Clinic	962,313.08	(110,700.43)	-10%
Clinic	1,031,962.30	Clinic	887,627.26	(144,335.04)	-14%
Emergency	30,436.55	Emergency	18,306.29	(12,130.26)	-40%
Inpatient	4,136.07	Inpatient	-0.04		
Observation	5,383.92	Observation	0.00	(5,383.92)	-100%
Outpatient	0.00	Outpatient	57,162.24	57,162.24	100%
Swing bed	1,094.67	Swing bed	-782.67		
LTC	1,296,761.00	LTC	1,310,609.87	13,848.87	1%
Grand Total	9,596,478.23	Grand Total	9,300,316.90	(296,161.33)	-3%

Company name: Battle Mountain General Hospital
 Report name: Check register
 Created on: 1/10/2025

Bank	Date	Vendor	Document no.	Amount
	12/3/2024	810--nCred	4138443631N	1,374.45
	12/9/2024	201--ALLEN, JODY	ACH	1,881.00
	12/9/2024	1328--ANTHEM BLUE CROSS AND BLUE SHIELD	111128	3,841.77
	12/9/2024	725--ANTHEM BLUE CROSS AND BLUE SHIELD, NV	111129	138.56
	12/9/2024	1531--AZALEA HEALTH	ACH	1,500.00
	12/9/2024	900851--BAIR DISTRIBUTING INC	111130	259.78
	12/9/2024	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	111131	200.00
	12/9/2024	303--BLUE CROSS BLUE SHIELD NEVADA	111132	582.39
	12/9/2024	367--CARDINAL HEALTH 110, LLC	111133	7,048.96
	12/9/2024	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	430.67
	12/9/2024	679--CHEMAQUA	ACH	1,019.95
	12/9/2024	843--CHG MEDICAL STAFFING INC	ACH	28,600.00
	12/9/2024	366--CIRRUS PHARMACY SYSTEMS	111134	1,224.15
	12/9/2024	54--COMMUNITY CARE SERVICE, LLC	111135	657.00
	12/9/2024	9716--DONALD CARTER HANSEN MD PC	ACH	22,896.00
	12/9/2024	435--DR. AJETT MAHENDERNATH	ACH	11,448.00
	12/9/2024	754--DR. JONES, DANIEL C	ACH	15,423.00
	12/9/2024	708--DR. PELLEGRINI	ACH	7,632.00
	12/9/2024	678--EMCOR SERVICES	111136	614.25
	12/9/2024	500433--EMPLOYEE FUND BMGH	ACH	183.00
	12/9/2024	240000--ETCHEVERRYS FOODTOWN	111137	312.21
	12/9/2024	100100--FARMER BROS. CO.	ACH	215.80
	12/9/2024	548--FERGUSON ENTERPRISES LLC#686	111138	77.26
	12/9/2024	655--FIDELITY INVESTMENTS	ACH	1,000.00
	12/9/2024	94300--FISHER HEALTHCARE	ACH	154.56
	12/9/2024	278--HEALTH ASSURE BY ALSCO	111139	5,523.64
	12/9/2024	569--HEALTHSURE INS SERVICES, INC	111140	8,249.40
	12/9/2024	324--HENRY SCHEIN	111141	197.65
	12/9/2024	9706--HERMAN, PAUL	ACH	40,051.20
	12/9/2024	814--HSA	ACH	30.00
	12/9/2024	9762--ICU MEDICAL	ACH	365.88
	12/9/2024	98455--JOHNSONS MEDICAL INC	111142	2,111.16
	12/9/2024	180008--LANDER HARDWARE	111143	364.12
	12/9/2024	564--LINDE GAS & EQUIPMENT INC	111144	531.17
	12/9/2024	712--MCCLANAHAN, SHAWNEE	ACH	253.75
	12/9/2024	130031--MCKESSON DRUG COMPANY	ACH	2,234.21
	12/9/2024	349--MCKESSON MEDICAL SURGICAL	ACH	78.53
	12/9/2024	130044--MEDLINE INDUSTRIES, INC.	111145	5,731.23
	12/9/2024	9433--MEDTOX DIAGNOSTICS, INC	111146	1,794.00
	12/9/2024	3--MICHAEL CLAY CORPORATION	111147	111,413.17
	12/9/2024	130049--MIDWAY MARKET	111148	155.80
	12/9/2024	9630--NETWORK SERVICES CO	ACH	33.92
	12/9/2024	721--NORTHERN NEVADA OPERATING ENGINEERS HEALTH & WEL	111149	189.37
	12/9/2024	10--NOVARAD CORPORATION	111150	1,108.49
	12/9/2024	190008--NV ENERGY	111151	10,328.99
	12/9/2024	652--ODP BUSINESS SOLUTIONS LLC	111152	1,593.45
	12/9/2024	150000--OFFICE PRODUCTS INC (OPI)	111153	734.18
	12/9/2024	767--OPTUM BANK	ACH	25.00
	12/9/2024	9615--PACIFIC STATES COMMUNICATIONS	111154	1,287.70
	12/9/2024	87--PANACEA SOLUTIONS, LLC	111155	1,600.00
	12/9/2024	9539--PHARMERICA	ACH	287.05
	12/9/2024	824--PRECISION CREDENTIALING SERVICES	111156	210.00
	12/9/2024	56--PRICE, JODI	ACH	1,664.40
	12/9/2024	100141--PUBLIC EMPLOYEES BENEFIT PROGRAM	111157	2,563.14
	12/9/2024	98984--PUBLIC EMPLOYEES RETIREMENT SYSTEM	ACH	242,851.06
	12/9/2024	2963--QUEST DIAGNOSTICS	111158	1,542.24
	12/9/2024	9295--RADIATION DETECTION COMPANY	111159	211.41
	12/9/2024	140027--RELIASTAR LIFE INSURANCE COMPANY	111160	550.00
	12/9/2024	1551--RT TECHNOLOGIES	111161	1,600.00
	12/9/2024	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	754.18
	12/9/2024	190016--SOUTHWEST GAS	111162	10,416.47
	12/9/2024	98738--TEAM OF NEVADA	111163	4,002.00
	12/9/2024	190033--US FOODSERVICE, INC.	ACH	4,196.38
	12/9/2024	846--VILLAVARDE, THEA	ACH	1,000.00
	12/9/2024	220008--VITALANT	111164	3,722.00
	12/9/2024	100801--WELLS FARGO	111165	11,138.41
	12/9/2024	1076--WESTERN NEVADA SUPPLY	111166	2,950.75

Company name: Battle Mountain General Hospital
 Report name: Check register
 Created on: 1/10/2025

Bank	Date	Vendor	Document no.	Amount
	12/16/2024	594--OVERTIME SPORTS BAR & GRILL	111167	5,050.96
	12/19/2024	785--AGAPE HOSPICE COMPLIANCE GUIDANCE	111168	21,910.96
	12/19/2024	302--ANTHEM BLUE CROSS BLUE SHIELD	111169	120.86
	12/19/2024	9442--AT&T	111170	95.04
	12/19/2024	900851--BAIR DISTRIBUTING INC	111171	271.37
	12/19/2024	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	111172	200.00
	12/19/2024	92100--BATTLE MTN. WATER & SEWER	111173	527.90
	12/19/2024	1323--BOUND TREE MEDICAL, LLC	111174	74.90
	12/19/2024	138--BRACCO DIAGNOSTICS INC.	111175	526.65
	12/19/2024	367--CARDINAL HEALTH 110, LLC	111176	14,898.32
	12/19/2024	77--CAREFUSION SOLUTIONS, LLC	ACH	1,062.00
	12/19/2024	679--CHEMAQUA	ACH	516.66
	12/19/2024	843--CHG MEDICAL STAFFING INC	ACH	5,700.00
	12/19/2024	808--Clearlyip INC	ACH	1,722.34
	12/19/2024	757--CONSENSUS CLOUD SOLUTION, LLC	ACH	826.33
	12/19/2024	11--CORCOM COMMUNICATION	111177	699.00
	12/19/2024	1441--CTA INC/ CUSHING TERRELL	ACH	27,828.74
	12/19/2024	3039--DESERT DISPOSAL	111178	66.00
	12/19/2024	100187--DIRECT SUPPLY, INC.	ACH	780.00
	12/19/2024	562--DISH NETWORK LLC	111179	753.44
	12/19/2024	9716--DONALD CARTER HANSEN MD PC	ACH	22,975.50
	12/19/2024	708--DR. PELLEGRINI	ACH	7,632.00
	12/19/2024	500433--EMPLOYEE FUND BMGH	ACH	180.00
	12/19/2024	240000--ETCHEVERRYS FOODTOWN	111180	650.26
	12/19/2024	100103--FALLS BRAND INDEPENDENT MEAT	111181	155.48
	12/19/2024	100100--FARMER BROS. CO.	ACH	276.53
	12/19/2024	655--FIDELITY INVESTMENTS	ACH	805.00
	12/19/2024	94300--FISHER HEALTHCARE	ACH	7,839.18
	12/19/2024	35--GALLAGHER BENEFIT SERVICES	111182	496.80
	12/19/2024	842--GIBBS, KATIE	ACH	51.52
	12/19/2024	902502--GRAINGER	111183	85.72
	12/19/2024	278--HEALTH ASSURE BY ALSCO	111184	5,541.57
	12/19/2024	650--HEALTHSTREAM, INC	111185	495.90
	12/19/2024	324--HENRY SCHEIN	111186	126.60
	12/19/2024	814--HSA	ACH	75.00
	12/19/2024	361--HUMANA INC	111187	24.26
	12/19/2024	9762--ICU MEDICAL	ACH	248.16
	12/19/2024	9663--IDEXX DISTRIBUTION, INC.	111188	378.14
	12/19/2024	764--INOVALON PROVIDER, INC.	ACH	610.68
	12/19/2024	9271--KINGSTON WATER UTILITY	111189	50.85
	12/19/2024	3015--LANDER COUNTY GATEFEES	111190	20.00
	12/19/2024	180008--LANDER HARDWARE	111191	193.06
	12/19/2024	120015--LICON	111192	7,796.46
	12/19/2024	564--LINDE GAS & EQUIPMENT INC	111193	523.62
	12/19/2024	818--MAGMUTUAL INSURANCE COMPANY	111194	21,497.00
	12/19/2024	676--MALTINSKI, GENADI	ACH	3,687.50
	12/19/2024	712--McCLANAHAN, SHAWNEE	ACH	262.50
	12/19/2024	130031--MCKESSON DRUG COMPANY	ACH	1,941.18
	12/19/2024	130044--MEDLINE INDUSTRIES, INC.	111195	6,478.70
	12/19/2024	3--MICHAEL CLAY CORPORATION	111196	135,155.59
	12/19/2024	130049--MIDWAY MARKET	111197	61.41
	12/19/2024	844--MOUNTAIN MEDICAL GAS, LLC	111198	2,802.20
	12/19/2024	9630--NETWORK SERVICES CO	ACH	167.60
	12/19/2024	804--NEVADA ADVERTISING & PRINTING	111199	7,345.30
	12/19/2024	9776--NEVADA RURAL HOSPITAL PARTNER	111200	5,678.88
	12/19/2024	190008--NV ENERGY	111201	35.75
	12/19/2024	652--ODP BUSINESS SOLUTIONS LLC	111202	925.49
	12/19/2024	767--OPTUM BANK	ACH	70.00
	12/19/2024	514--PERFORMANCE HEALTH SUPPLY, INC	ACH	209.59
	12/19/2024	19--PHARMERICA	111203	140.31
	12/19/2024	9304--POINTCLICKCARE TECHNOLOGIES	ACH	1,189.14
	12/19/2024	2963--QUEST DIAGNOSTICS	111204	11,642.14
	12/19/2024	140027--RELIASTAR LIFE INSURANCE COMPANY	111205	550.00
	12/19/2024	745--RENOWN MEDICAL SCHOOL ASSOCIATES NORTH, INC	111206	1,550.00
	12/19/2024	847--ROEMEN KRAMER, DENISE	111207	562.70
	12/19/2024	657--SHARP AMBULANCE BILLING	111208	20.19
	12/19/2024	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	2,814.54

Company name: Battle Mountain General Hospital

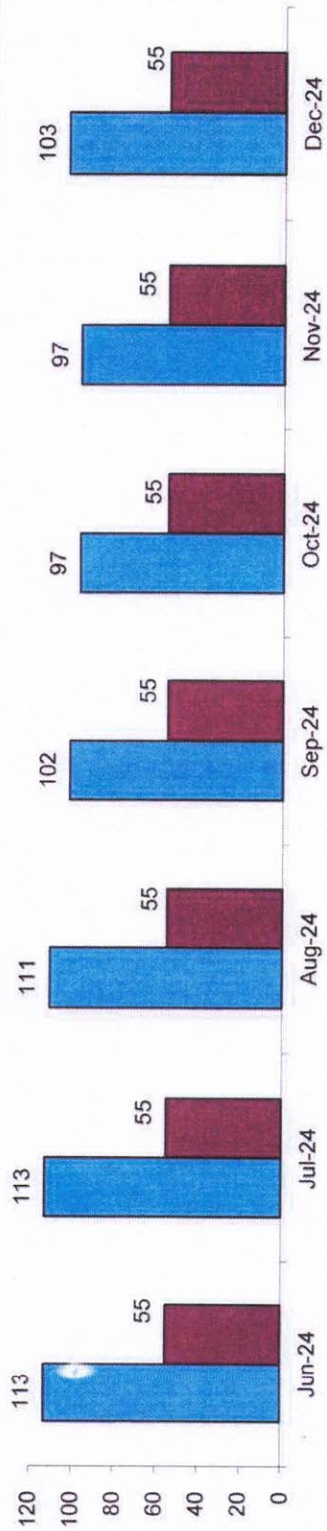
Report name: Check register

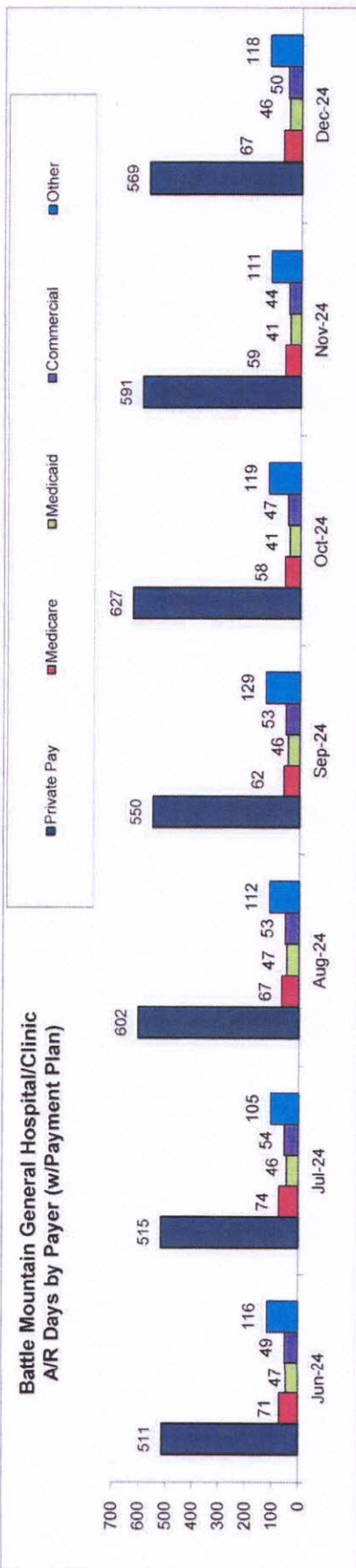
Created on: 1/10/2025

Bank	Date	Vendor	Document no.	Amount
	12/19/2024	740--SILAS	111209	49.90
	12/19/2024	98541--STATE OF NV DEPT OF PUBLIC SAFETY RECORDS	111210	80.50
	12/19/2024	190033--US FOODSERVICE, INC.	ACH	3,657.75
	12/19/2024	1598--VERIZON WIRELESS	111211	288.89
	12/19/2024	220008--VITALANT	111212	2,935.00
	12/19/2024	1391--WAYSTAR/ ZIRMED INC	111213	1,256.55
	12/19/2024	1601--WERFEN USA LLC	111214	980.53
	12/19/2024	1563--WEX BANK	ACH	549.69
Operating Account - Wells Fargo				
Total for Operating Account				949,816.54

Battle Mountain General Hospital/Clinic A/R Days (w/Payment Plan)

Actual Days Target Days





BATTLE MOUNTAIN GENERAL HOSPITAL **BATTLE MOUNTAIN CLINIC**

PHYSICIAN	DAYS WORKED Dec-24	PATIENTS SEEN Dec-24	PATIENTS SEEN PER DAY (AVERAGE)	PATIENTS SEEN YTD
Dr Maltinski Telehealth	12	178	15	1,547
Dr Potterjones(Includes LTC)	12	1	1	1
Telehealth		187	17	1,514
Abby Burkhardt(Includes LTC)	12	11		13
Telehealth		272	23	1,885
Charloth Bledsoe, NP	17	4		17
Telehealth		19	1	19
Katlynn Hymas, MHNP	0	2		2
Telehealth		0	#DIV/0!	20
Jennifer Douglas, LCSW-I	8	0		22
Telehealth		26	3	204
Delta Physician Group Rosales, Romeo PA	20	1		12
Telehealth		238	12	409
Jodi Allen, RD	0	0		0
Injections	0	0	0	0
Total		46	0	223
		985		5,888

YTD	Face to Face
Telehealth	5,598
Injections	67
Dietician	223
	0
	5,888

PATIENTS SEEN DECEMBER 2023 926

PATIENTS SEEN YTD DECEMBER 2023 6,261

**LANDER COUNTY HOSPITAL DISTRICT
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL
NOTES TO DECEMBER 30, 2024
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NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations and Reporting Entity

Lander County Hospital District dba: Battle Mountain General Hospital (the Hospital or District) is a hospital district formed under the provisions of the Nevada Revised Statutes. The Hospital primarily earns revenues by providing inpatient, outpatient, long-term care and emergency care services to patients in Battle Mountain, Nevada. It also operates a primary care clinic in Battle Mountain.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally federal and state grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific (such as county appropriations), property taxes, and investment income are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities and deferred inflows of resources and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Hospital considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. At June 30, 2022 and 2021, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than medical malpractice and employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Investments and Investment Income

The Hospital maintains fixed income investments and certificate of deposits with an investment broker. Investments are carried at fair value. Fair value is determined using quoted market prices. Investment income includes dividend and interest income and the net change for the year in fair value of investments carried at fair value.

**LANDER COUNTY HOSPITAL DISTRICT
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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Fair Value Measurements

To the extent available, the District's investments are recorded at fair value. GASS Statement No. 72 - *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources.

In contrast, unobservable inputs reflect an entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

Level 1 - Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the district has the ability to access.

Level 2 - Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 - Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Patient Accounts Receivable

Patient accounts receivable are obligations that are stated at the amount management expects to collect for outstanding balances. These obligations are primarily from patients whom are insured under third-party payor agreements. The District bills third-party payors on the patients' behalf, or if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient receivables are applied to the specific claim identified on the remittance advice or statement. The district does not have a policy to charge interest on past due accounts.

Patient accounts receivable are recorded on the accompanying financial statements at an amount net of contractual adjustments and an allowance for doubtful accounts, which reflect management's estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patients accounts receivable.

In addition, management provides for probable uncollectible amounts, primarily for uninsured patient and amounts for which patient are personally responsible, through a reduction of gross revenue and a credit to an allowance for doubtful accounts.

In evaluating the collectability of patient accounts receivable, the District analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, the district analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid for payors who are known to be having financial difficulties that make the realization of amounts due unlikely.

For receivables associated with self-pay patients (which includes patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which that are financially responsible. The difference between the standard rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method or market.

**LANDER COUNTY HOSPITAL DISTRICT
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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Capital Assets

The District capitalizes assets whose cost exceeds \$5,000 and have an estimated life of at least three years. Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Hospital:

Buildings and Leasehold Improvements	5 to 40 Years
Equipment	3 to 20 Years

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs, and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date plus an additional amount for compensation-related payments such as Medicare taxes computed using rates in effect at that date. The estimated compensated absences liability expected to be paid more than one year after the statement of net position date is included in other long-term liabilities.

Pension Plan

The Hospital participates in the Public Employees Retirement System of the state of Nevada, (PERS), a cost-sharing multiple employer defined benefit pension plan. For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the plan and additions to/deductions from the plan's fiduciary net position have been determined on the same basis as they are reported by the plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Deferred Outflow of Resources

Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and will not be recognized as an outflow of resources (expense) until then. Deferred outflows of resources consist of unrecognized items not yet charged to pension expense and contributions from the employer after the measurement date but before the end of the employer's reporting period.

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(CONTINUED)**

Deferred Inflow of Resources

Although certain revenues are measurable, they are not available. Available means collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred inflows of resources represent the amount of assets that have been recognized, but the related revenue has not been recognized since the assets are not collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred inflows of resources consist of pension related deferred inflows.

Unearned Revenue

Revenue received in advance of the performance of services deemed to be exchange transactions are deferred until such time as related expenditures are incurred and then recognized as revenue.

Net Position

Net position of the Hospital is classified in two components. Net investment in capital assets consists of capital assets net of accumulated depreciation. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts.

Net Patient Service Revenue (Continued)

Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Income Taxes

As an essential government function, the Hospital is generally exempt from federal income taxes under Section 115 of the Internal Revenue Code. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

**LANDER COUNTY HOSPITAL DISTRICT
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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

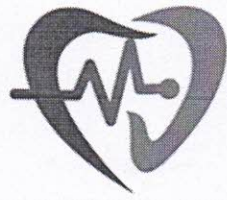
Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare - The Hospital is certified as a Medicare critical access hospital. The Hospital is reimbursed under a cost reimbursement methodology for inpatient and most outpatient services. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2021.

Medicaid - Inpatient and nursing home services rendered to Medicaid program beneficiaries are reimbursed under cost reimbursement methodologies. Outpatient services are reimbursed at prospectively determined rates. The Hospital is reimbursed at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid administrative contractor. The Hospital's Medicaid cost reports have been audited by the Medicaid administrative contractor through June 30, 2023.

Approximately 50% and 44% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2024 and 2023, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.



Battle Mountain General Hospital

535 South Humboldt Street Battle Mountain, Nevada 89820
Phone: 775-635-2550

Executive Summary

12 February 2025

- **Long-term Care Survey:** Last week and a portion of this week, we went through the annual long-term care certification inspection by the State of Nevada. While here, they not only survey us against the federal regulations but also the state regulations. This year, the inspections were performed by five surveyors that analyzed our services from one end to the other. Though we were found to be within care standards, they identified some small compliance concerns. The following is a preliminary list of compliance concerns:

Clinical/Care

- Consent for Psychotropic Medication
- MDS Submittal and Signature
- QAPI Committee Attendance
- Care Plan Implementation
- Wound Care Documentation
- Post the RN Waiver
- Post Staff Hours
- Pre-employment Physicals and Background Checks
- Updated Non-Discrimination Posting
- Post the Facility Star Rating

Life Safety

- Debris on sprinkler head
- Fire Extinguishers (Low Pressure)
- EVS Chemical Mixing Sink
- Boxes Stacked Too High in Storage
- Oxygen Cylinder Storage
- Generator Testing Documentation

I want to publicly complement and praise the BMGH staff for their great work to take care of our long-term care residents and patients. Year after year, the surveyors leave us with great complements of the care and professionalism that is shown in the work of our staff. Each department has performed their responsibilities with great expertise.

- **Emergency Department Radio:** In 2026 there is a state requirement that all EMS radio systems that are connected to the Department of Transportation have to be upgraded to new standards. However, our current radio system that is many years old is limping along. We are seeking bid proposals for a new radio that will meet the new standards to be installed soon. I am planning to purchase the radio system through State Purchasing to get the best price possible. Thank you to Tyson, Mike Harris and his EMS staff for helping us keep our system up and running.
- **Budget Process:** Cindy and I have begun our budget process with individual departmental interviews to hear of their specific needs and desires for next fiscal year. When these interviews are completed and the revenues are estimated, the preliminary budget will be prepared for submittal by April 15th. After the preliminary budget is submitted, final work will be done for the final budget to be approved by the Board and submitted to the State around the 3rd or 4th week of May.
- **Denise Roemen-Kramer, FNP:** I'm very excited to have Denise joining us next week to provide her healthcare services in our clinic. Each person that had the opportunity to meet

Denise during her in-person visit were impressed and many expressed their hope for her to join us. She will be oriented next week in the clinic and will begin seeing patients toward the end of the week and the following week.

- **Physical Therapy:** We have interviewed a physical therapist that has shown interest in joining our team to continue to build and grow our Physical Therapy Department. An offer has been extended with great hopes of acceptance.
- **Dr. Roberson:** I met with Dr. Conrad Roberson from Elko last week to explore the opportunity of him renting some space from us in the John Peters Building. Dr. Roberson is an OBGYN that has served this part of Nevada for a while now. I hope to find a way to make it possible that his Battle Mountain patients will be able to access his services here rather than driving to Elko. The rental of medical space is regulated by CMS and Stark Laws.
- **POOL/Pact Contacts:** We received notification from POOL/Pact requesting two contacts from the Hospital Board. I need to know which two Board Members would like to be the contact persons from the Board.
- **Board Agenda:** As the new Board Leadership was established last month, there has been a few questions about the meeting agenda. Administration would like to get some direction of how to bring the agenda forward in the future. The two questions that I have received are:
 - When can the whole board receive a copy of the agenda?
 - Should the Zoom link be printed on the agenda rather than requesting it?