



**SIERRA VISTA HOSPITAL GOVERNING BOARD
REGULAR MEETING
Elephant Butte Lake RV Resort Center
1-27-26**

TABLE OF CONTENTS

Agenda.....	GB 1-4
December 2, 2025 Regular Meeting Minutes.....	GB 5-10
December 22, 2025 Special Meeting Minutes.....	GB 11-12
December 22, 2025 Closed Special Meeting Minutes.....	GB 13-14
November Financial Analysis.....	GB 15
December Financial Analysis.....	GB 16
Key Statistics December.....	GB 17
Statistics by Month.....	GB 18
12 Month Statistics.....	GB 19
Detailed Stats by Month.....	GB 20-21
December Volume Trends.....	GB 22
December Income Statement.....	GB 23
Income Statement by Month.....	GB 24
12 Month Income Statement.....	GB 25
December Balance Sheet.....	GB 26
Balance Sheet by Month.....	GB 27
December Financial Trends.....	GB 28
Medicare Reserves report.....	GB 29
Finance Dashboard.....	GB 30
Investment Account Statement.....	GB 31-32
Authorized Signature Request.....	GB 33
Policies.....	GB 34-41
HR Report.....	GB 42-45
CNO Report.....	GB 46
CEO Report.....	GB 47-50

Closed session items will be handed out in closed session.



**AGENDA FOR SIERRA VISTA HOSPITAL
GOVERNING BOARD MEETING AT
ELEPHANT BUTTE LAKE RV
EVENT CENTER**

January 27, 2026

12:00pm

MISSION STATEMENT: Provide high quality, highly reliable and medically proficient healthcare services to the citizens of Sierra County.

VISION STATEMENT: Become the trusted, respected, and desired destination for the highest quality of healthcare in the state of New Mexico; exceed compliance and quality expectations and improve the quality life for our patients and community.

VALUES: Stewardship. Honest. Accountable. Respect. Professional. Kindness. Integrity. Trust.

GUIDING PRINCIPLES: High quality for every patient, every day.

TIME OF MEETING: 12:00pm

PURPOSE: Regular

ATTENDEES:

County:

Bruce Swingle, **Vice Chair**
Jesus Baray, Member

City:

Greg D'Amour, **Secretary**
Vacant

Village of Williamsburg:

Serina Bartoo, **Chairperson**

Ex-Officio:

Shauna Cameron, CEO
Amanda Cardona, VCW
Amber Vaughn, CM, SC
Gary Whitehead, CM, TorC
Jim Paxon, JPC Chair

Support Staff:

Ming Huang, CFO
Heather Milton, HR
Zach Heard, PXO, Compliance
Dr. Sonia Seuffer, Chief of Staff
Gera Johnson, Quality & Risk
Sheila Adams, CNO

Ovation: Erika Sundrud

Sutin Law Firm: Deb Mann

AGENDA	PRESENTER	ACTION REQUIRED
1. Call to Order	Serina Bartoo, Chair	
2. Pledge of Allegiance	Serina Bartoo, Chair	
3. Roll Call	Jennifer Burns, Recorder	Quorum Determination
4. Approval of Agenda “Are there any items on this agenda that could cause a potential conflict of interest for any Governing Board member?”	Serina Bartoo, Chair	Amend/ Action
5. Approval of Minutes A. December 2, 2025 Regular Meeting B. December 22, 2025 Special Open Meeting C. December 22, 2025 Special Closed Meeting	Serina Bartoo, Chair	Amend/ Action
6. Public Input – 3-minute limit		
7. Old Business	Serina Bartoo, Chair	
8. New Business		
A. Medical Staff Report -	Dr. Sonia Seufer, Chief of Staff	Report
B. November Financial Report-	Ming Huang, CFO	Action
C. December Financial Report-	Ming Huang, CFO	Action
D. Quarterly Investment Update-	Ming Huang, CFO	Report
E. Authorized signature change	Ming Huang, CFO	Action
F. Policy Review	Sheila Adams, CNO	Action
1. Emergency Preparedness Program Policy		
2. MRSA and HAI Screening and Prevention		
3. Provider Specialty – Rural Health Behavioral Clinic Psychiatrist		
4. Provider Specialty – Sleep Physician		
9. Administrative Reports		
A. Human Resources	Heather Milton, HR Director	Report
B. CNO Report	Sheila Adams, CNO	Report
C. CEO Report	Shauna Cameron, CEO	Report
1. EMS Building Update		
D. Governing Board	Serina Bartoo, Chair	Report

Motion to close the meeting:

10. Executive Session – In accordance with Open Meetings Act, **NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2, 7 and 9 including credentialing under NM Review Organization Immunity Act, NMSA Section 41-2E (8) and 41-9-5** the Governing Board will vote to close the meeting to discuss the following items:

Order of business to be determined by Chairperson-

10-15-1 (H) 2 – Limited Personnel Matters

A. Privileges- Shauna Cameron

RP Delegated Initial appointments –

- William Harvey II, MD
- Nelson Uzquiano, MD

ESS Initial appointment- 6-month provisional

- Toikus Westbrook, MD (ER)

Two Year Reappointment-

- Frank Ralls, MD (Sleep)

Terms-

- Vishal Tolia, MD (Arena Health) contract revision

10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation

A. Risk Report Gera Johnson

B. City of Elephant Butte GRT debt Ming Huang

10-15-1 (H) 9 – Public Hospital Board Meetings

A. Survey Updates Sheila Adams

1. CMS

2. Safety

B. Quality and QAPI FY26 Gera Johnson

C. Compliance Zach Heard

1. SVH NPP

2. Use of Qualified Medical Interpreters

D. Patient Experience Report Zach Heard

E. Ovation Report to Board Erika Sundrud

F. Annual GPO disclosure Erika Sundrud

G. Contract Discussion Deb Mann / Shauna Cameron / Erika Sundrud

H. CEO Discussion with Board Shauna Cameron

Roll call vote to close meeting:

11. Re-open meeting – As required by **Section 10-15-1 (J), NMSA 1978** matters discussed in executive session were limited to only those items specified in the motion to close the meeting.

10-15-1 (H) 2 – Limited Personnel Matters

- | | | |
|---|--|--------|
| A. Privileges- | | Action |
| RP Delegated Initial appointments – | | |
| • William Harvey II, MD | | |
| • Nelson Uzquiano, MD | | |
|
 | | |
| ESS Initial appointment- 6-month provisional | | |
| • Toikus Westbrook, MD (ER) | | |
|
 | | |
| Two Year Reappointment- | | |
| • Frank Ralls, MD (Sleep) | | |
|
 | | |
| Terms- | | |
| • Vishal Tolia, MD (Arena Health) contract revision | | |

10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation

- | | | |
|------------------------------------|--------------|----------------|
| A. Risk Report | Gera Johnson | Report |
| B. City of Elephant Butte GRT debt | Ming Huang | Report/ Action |

10-15-1 (H) 9 – Public Hospital Board Meetings

- | | | |
|--|--------------|----------------|
| A. Survey Updates | Sheila Adams | Report |
| 1. CMS | | |
| 2. Safety | | |
| B. Quality and QAPI FY26 | | Report/ Action |
| C. Compliance | | Report |
| 1. SVH NPP | | Action |
| 2. Use of Qualified Medical Interpreters | | Action |
| D. Patient Experience Report | | Report |
| E. Ovation Report to Board | | Report |
| F. Annual GPO disclosure | | Report |
| G. Contract Discussion | | Report |
| H. CEO Discussion with Board | | Information |

12. Other

Next meeting – February 24, 2026

13. Adjournment

Action



SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

December 2, 2025

12:00pm

Elephant Butte Lake RV Event Center

1. The Governing Board of Sierra Vista Hospital met December 2, 2025 at Elephant Butte Lake RV Resort Event Center for a regular meeting. Serina Bartoo, Chairperson, called the meeting to order at 12:05.

2. Pledge of Allegiance –

3. Roll call – Jennifer Burns, Recording Secretary:

County:

Bruce Swingle, **Vice Chair**, Present
Jesus Baray, Present

City:

Greg D'Amour, **Secretary**, Present
Cookie Johnson, Present

Village of Williamsburg:

Serina Bartoo, **Chair**, Present

There is a quorum of voting Governing Board members.

Ex-Officio:

David Faulkner, ICEO, P
Amanda Cardona, VCW, P
Amber Vaughn, CM, A
Gary Whitehead, CM, TorC, A
Jim Paxon, JPC Chair, P

Support Staff:

Ming Huang, CFO, P
Sheila Adams, CNO, A
Heather Milton, HR, P
Zach Heard, PXO, P
Dr. Sonia Seufer, COS, P
Gera Johnson, Quality, P
Heather Johnson, Risk, P
Kayla Sharp, Rad Manager, P

Ovation:

Erika Sundrud

Guest:

Tom Dingus, by Webex

4. Approval of Agenda

Serina Bartoo, Chair

Cookie Johnson motioned to approve the agenda. Greg D'Amour seconded. Motion carried unanimously.

“Are there any items on this agenda that could cause a potential conflict of interest for any Governing Board member?” None

5. Approval of Minutes Serina Bartoo, Chair

A. October 28, 2025 Regular Meeting

B. November 12, 2025 Special Meeting

Jesus Baray motioned approval of the October and November minutes. Cookie Johnson seconded. Motion carried unanimously.

6. Public Input – None

7. Old Business Serina Bartoo, Chair

None

8. New Business

A. Dingus FY/25 Audit- Tom Dingus from DZA Accountants joined by Webex and presented financial indicators and the basic financial statement and individual auditors report. There are no material weaknesses, no significant deficiencies or compliance findings to report. There is an error on page 32 stating that Frank Corcoran was present for the exit conference: that will be corrected. There were no difficulties in performing the audit.

Cookie Johnson motioned to approve the FY2025 audit with correction. Jesus Baray seconded. Motion carried unanimously.

B. Medical Staff Report - Dr. Sonia Seuffer, Chief of Staff stated that we have been calling patients to remind them of their appointments and “no shows” have dropped by 40%. We are keeping better control of ordering supplies to control cost and duplication. Cerner issues had slowed down our patient appointments due to multiple log-in requirements. Aaron Dow has come up with a solution that we will extend to all Providers and MAs. Kellye Foster, DOP, has been working with Humana to do population medicine and include quality measures so that we can be paid more for visits. Finally, we have a nurse practitioner coming onsite to interview. She seems like a really good fit. She is interested in walk-in and primary care. David added that we are recruiting two NPs.

C. October Financial Report- Ming Huang, CFO, patient days in October were 98, 37 more than September. Outpatient visits were 935, 15 less than September. The RHC had 669 visits, 32 less than September and the ER had 704 visits, 80 more than September. Days cash on hand at the end of October was 154 which is equal to \$14,495,631. AR net days were 37 days, and AP days were 19.

Gross patient revenue for October was \$5,275,087. Revenue deductions were \$3,520,580. We recorded \$812,233 HDAA receivable under other operating revenue. Total operating revenue was \$2,955,827. Total operating expenses were \$2,944,453. Salaries were \$1,327,514 which is \$123,722 more than budget due to pay rate adjustments for employees and Provider incentives based on their productivity in October. Contract services was \$627,604 which is \$169,467 less than budget. Repairs and maintenance is \$72,216 which is \$22,790 more than budget due to our annual fire alarm inspection and adjusting HVAC pressure. Other operating expenses include a \$25,000 malpractice settlement.

EBITDA for October was \$11,374 which is a zero percent margin. Year to date we have a positive EBITDA of \$3,005,730 which is a 21% margin. Total cash at the end of October was \$14,495,631.

Cookie Johnson motioned to accept the October Financial report. Greg D'Amour seconded. Motion carried unanimously.

D. CT Proposal / Purchase- David Faulkner, ICEO, our current CT was put in in 2019. It was a refurbished machine then. It's at end of life and goes down about once per month which puts us on divert. Kayla Sharp has spent a lot of time putting together some options. Kayla Sharp explained the pros and cons of Phillips, GE, Fuji and MXR. Price, timeline, warranty and logistics were discussed. The preferred choice for Kayla and David is the Phillips Incisive CT 5300. More research is required at this time, but we would like to finalize the purchase before the end of the year. If necessary, a special meeting will be called to approve the purchase.

E. Policy Review - Gera Johnson, Quality & Risk

- MCO Care Coordination – Nursing Administration. The state mandates us to do a referral for every patient that has a mental health or substance disorder, primary or secondary diagnosis, to the MCO if the patient wants us to do this. Our case manager will get a report, look up the patient and make contact with the patient to get their approval or consent to refer them to the MCO care coordination service.
- DME Rx form – Sleep Center. This is a referral form to order the sleep devices/ supplies for patients in our sleep center.

Cookie Johnson motioned approval of both policies. Greg D'Amour seconded. Motion carried unanimously.

9. Administrative Reports

A. Human Resources - Heather Milton, HR Director. Utilized FTEs and temporary staff is trending down. Contracts are trending up, but those numbers include our international nurses that are coming on board. Agency is trending down. Finalization of the Master Personnel Policy Development may go past the targeted completion date of December 31, 2025 as the new CEO should review this before it's brought to the board for approval. Job description updates are being done as positions are being filled. Our first random pull drug test was done today. There were no objections and it went very well. When we were doing this in house, the cost was \$200 per test. The way we are doing it now, which is the correct way to do it, the cost is \$20 per test.

B. CEO Report - David Faulkner, ICEO. Leona Wagner has been working diligently with Memorial Medical Center to purchase our surgical equipment for \$140,000. Memorial needed this equipment and were very appreciative of the sale. Our phone system is now digital although we are still experiencing some issues. The Veterans Day event was very well attended and appreciated. We just don't have the space to host an event of this size.

Ming was instrumental in getting in touch with the New Mexico Taxation and Revenue Department regarding the gross receipts owed by the City of Elephant Butte. The city now agrees with us and wants to repay the outstanding amount, interest free, as spelled out in the attached letter. After discussion, it was decided that a letter would be sent to the City of Elephant Butte stating that the full amount is due now.

C. Governing Board - Serina Bartoo, Chair. Closed session report.

Motion to close the meeting:

Jesus Baray motioned to close the meeting. Cookie Johnson seconded. Serina Bartoo read the following:

10. Executive Session – In accordance with Open Meetings Act, **NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2,7,8 and 9 including credentialing under NM Review Organization Immunity Act, NMSA Section 41-2E (8) and 41-9-5** the Governing Board will vote to close the meeting to discuss the following items:

Order of business to be determined by Chairperson-

10-15-1 (H) 2 – Limited Personnel Matters

A. Privileges-

David Faulkner, ICEO

RP Delegated reappointments -

- Jayanta K. Chaudhuri MD
- Ryan T. Geracimos MD
- Fang Lu, MD
- Brian T. Evans, MD

Terms-

- Jack M. Drew, MD
- Kailash S. Amruthur, MD
- Judyta M. Loomis, MD

B. CEO Update

Serina Bartoo, Chair

10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation

A. Risk Report

Gera Johnson

10-15-1 (H) 8 – Real Property and Water Rights

A. Date St. Property / EMS

David Faulkner

10-15-1 (H) 9 – Public Hospital Board Meetings

A. Quality Report

Gera Johnson

B. Compliance

Serina Bartoo

C. JPA / JPC Update

Jim Paxon

D. Ovation Report to Board

Erika Sundrud

Roll call vote to close meeting:

Bruce Swingle – Y

Jesus Baray – Y

Greg D'Amour – Y

Cookie Johnson – Y

Serina Bartoo – Y

11. Re-open meeting – As required by **Section 10-15-1 (J), NMSA 1978** matters discussed in executive session were limited to only those items specified in the motion to close the meeting.

10-15-1 (H) 2 – Limited Personnel Matters

A. Privileges- Action

RP Delegated Reappointments-

- Jayanta K. Chaudhuri MD
- Ryan T. Geracimos MD
- Fang Lu, MD
- Brian T. Evans, MD

Terms-

- Jack M. Drew, MD
- Kailash S. Amruthur, MD
- Judyta M. Loomis, MD

Greg D'Amour motioned to approve the above-listed privileges and terms. Jesus Baray seconded. Motion carried unanimously.

B. CEO Update No Action

10-15-1 (H) 7 – Attorney Client Privilege/ Pending Litigation

A. Risk Report No Action

10-15-1 (H) 8 – Real Property and Water Rights

A. Date St. Property / EMS

Greg D'Amour motioned that David Faulkner proceed with the property purchase as indicated. Cookie Johnson seconded. Motion carried unanimously.

10-15-1 (H) 9 – Public Hospital Board Meetings

- A. Quality Report No Action
- B. Compliance No Action
- C. JPA / JPC Update No Action
- D. Ovation Report to Board No Action

12. Other

Next meeting – January 27, 2026 at 12:00.

13. Adjournment

Cookie Johnson motioned to adjourn. Greg D'Amour seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Serina Bartoo, Chairperson

Approved

D R A F T



SIERRA VISTA HOSPITAL GOVERNING BOARD SPECIAL MEETING MINUTES

December 22, 2025

10:00am

SVH Boardroom

1. The Governing Board of Sierra Vista Hospital met December 22, 2025 at Sierra Vista Hospital for a special meeting. Serina Bartoo, Chairperson, called the meeting to order at 10:00.

2. Pledge of Allegiance –

3. Roll call – Jennifer Burns, Recording Secretary:

County:

Bruce Swingle, **Vice Chair**, Present
Jesus Baray, Present

City:

Greg D'Amour, **Secretary**, Present
Cookie Johnson, Absent

Village of Williamsburg:

Serina Bartoo, **Chair**, Present by Webex

There is a quorum of voting Governing Board members.

Ex-Officio:

David Faulkner, CEO
Amanda Cardona, VCW, A
Amber Vaughn, CM, A
Gary Whitehead, CM, TorC, A
Jim Paxon, JPC Chair, P

Support Staff:

Ming Huang, CFO
Zach Heard, PXO, Compliance
Kayla Sharpe, Rad Manager
Sheila Adams, CNO

4. Approval of Agenda

Serina Bartoo, Chair

Bruce Swingle motioned to approve the agenda. Greg D'Amour seconded. Motion carried unanimously.

No stated conflicts of interest by any member.

5. CT Scanner Purchase – David Faulkner stated that the proposal analysis was completed by ECRI which is a division of QHR/ Ovation Healthcare. The list price of the machine that we want to purchase is \$1,957,533.04 the quoted price for us is \$487,898.92. We are getting a very good discount. The total final price will be \$502,414.92. This is for the purchase of a new Phillips Incisive CT5300 with 128-slice per

rotation. Kayla Sharpe discussed the features and benefits of this option. This is the preferred option for the radiology department. We will know how long the installation will take once the old one is taken out. The floor will need to be checked to ensure levelness. Phillips will do the work necessary, if any. We will have to have a portable CT during the transition to the new machine. Our service agreement will remain the same. We do 400 plus scans per month.

Bruce Swingle motioned to approve the purchase of the Phillips CT5300. Jesus Baray seconded. Motion carried unanimously.

6. Adjournment

Jesus Baray motioned to adjourn. Bruce Swingle seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Serina Bartoo, Chairperson

Approved



SIERRA VISTA HOSPITAL GOVERNING BOARD SPECIAL MEETING MINUTES

December 22, 2025

11:00am

SVH Boardroom

1. The Governing Board of Sierra Vista Hospital met December 22, 2025 at Sierra Vista Hospital for a special closed session meeting. Serina Bartoo, Chairperson, called the meeting to order at 11:00.
2. Pledge of Allegiance –
3. Roll call – Jennifer Burns, Recording Secretary:

County:

Bruce Swingle, **Vice Chair**, Present
Jesus Baray, Present

City:

Greg D'Amour, **Secretary**, Present
Cookie Johnson, Absent

Village of Williamsburg:

Serina Bartoo, **Chair**, Present

There is a quorum of voting Governing Board members.

Ex-Officio:

Amanda Cardona, **VCW**, A
Amber Vaughn, **CM**, A
Gary Whitehead, **CM, ToC**, A
Jim Paxon, **JPC Chair**, A

Ovation:

Erika Sundrud, **Webex**

4. Approval of Agenda

Serina Bartoo, Chair

Jesus Baray motioned to approve the agenda. Greg D'Amour seconded. Motion carried unanimously.

No stated conflicts of interest by any member.

Motion to close the meeting:

Greg D'Amour motioned to close the meeting. Jesus Baray seconded. Serina Bartoo read the following stipulation:

5. Executive Session – In accordance with Open Meetings Act, **NMSA 1978, Chapter 10, Article 15, Section 10-15-1 (H) 2** the Governing Board will vote to close the meeting to discuss the following items:

10-15-1 (H) 2 – Limited Personnel Matters

A. CEO Candidate Update

Serina Bartoo, Chair

Roll call vote to close meeting:

Bruce Swingle – Y

Serina Bartoo - Y

Jesus Baray – Y

Greg D'Amour – Y

6. Re-open meeting – As required by **Section 10-15-1 (J), NMSA 1978** matters discussed in executive session were limited to only those items specified in the motion to close the meeting.

10-15-1 (H) 2 – Limited Personnel Matters

A. CEO Candidates Update – Serina Bartoo stated that Shauna Cameron will begin on January 5, 2026. We appreciate David Faulkner; you have done nothing but great things for us. No action is needed on this item.

7. Adjournment

Bruce Swingle motioned to adjourn. Jesus Baray seconded. Motion carried unanimously.

Jennifer Burns, Recording Secretary

Serina Bartoo, Chairperson

Approved



Financial Analysis

November 30th, 2025

Days Cash on Hand for November 2025 are 159 which equals \$14,586,957

Accounts Receivable Net days are 41

Accounts Payable days are 19

Hospital Excess Revenue over Expense

The **Net Income** for the month of November was \$537,809 vs. a Budget Income of \$389,916.

Hospital Gross Revenue for November was \$4,739,735 or \$990,174 less than the budget. Patient Days were 106 – 8 more than October, Outpatient visits were 669 – 266 less than October. RHC visits were 525 – 144 less than October and ER visits were 631 – 73 less than October.

Revenue Deductions for November were \$2,686,052.

Other Operating Revenue was \$1,053,020, including \$939,715 Healthcare Delivery Access Act (HDAA) receivable.

Non-Operating Revenue was \$328,177.

Hospital Operating Expenses for November were \$2,475,680. Benefits were less than budget due to the refund of unemployment expenses of \$62,000. We also received \$32,532 dividends from workers' compensation insurance.

EBITDA for November was \$961,526 vs. a Budget of \$832,178. YTD EBITDA is \$3,967,255 vs. a Budget of \$4,244,106.

The Bond Coverage Ratio in November was 370% vs. an expected ratio of 130%.



Financial Analysis

December 31st, 2025

Days Cash on Hand for December 2025 are 189 which equals \$17,189,992 (Received \$2,105,024 HDAA and \$293,072 Mill Levy)

Accounts Receivable Net days are 37

Accounts Payable days are 14

Hospital Excess Revenue over Expense

The **Net Income** for the month of December was \$766,053 vs. a Budget Income of \$402,913.

Hospital Gross Revenue for December was \$5,647,822 or \$273,084 less than the budget. Patient Days were 115 – 9 more than November, Outpatient visits were 807 – 138 more than November. RHC visits were 568 – 43 more than November and ER visits were 845 – 214 more than November.

Revenue Deductions for December were \$2,872,734.

Other Operating Revenue was \$871,800, including \$783,567 Healthcare Delivery Access Act (HDAA) receivable.

Non-Operating Revenue was \$216,800. Recognized \$100,171 loss for surgical equipment disposition.

Hospital Operating Expenses for December were \$2,646,849. Contract services were less than budget due to the lower agency staffing expenses.

EBITDA for December was \$1,217,416 vs. a Budget of \$859,917. YTD EBITDA is \$5,184,672 vs. a Budget of \$5,104,023.

The Bond Coverage Ratio in December was 432% vs. an expected ratio of 130%.

Sierra Vista Hospital
 STATISTICS by Month
 December 31, 2025
 (SUBJECT TO AUDIT)

Description	6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025	Month Ending 7/31/2025
Admissions												
Acute							40	31	29	19	21	16
Swing							-	1	2	2	4	1
Total Admissions							40	32	31	21	25	17
ALOS (acute and swing)							2.9	3.3	3.2	2.9	3.8	3.0
Patient Days (acute and swing)							115	106	98	61	95	51
Outpatient Visits							807	669	935	950	886	1,006
Rural Health Clinic Visits							568	525	669	701	701	696
ER Visits							845	631	704	624	726	720
ER Visits Conversion to Acute Admissions							5%	5%	4%	3%	3%	2%
Clinic Visits												
RHC & Walk-In							568	525	669	701	701	696
Behavioral Health							301	254	349	318	312	299
Total Visits							869	779	1,018	1,019	1,013	995
Profitability												
EBITDA % Net Rev							32%	28%	0%	29%	22%	27%
Operating Margin %							20%	16%	-15%	18%	10%	15%
Rev Ded % Net Rev							51%	57%	67%	47%	60%	60%
Bad Debt % Net Pt Rev							7%	10%	13%	4%	13%	12%
Outpatient Revenue %							97%	97%	96%	98%	97%	98%
Gross Patient Revenue/Adjusted Admission							\$ 4,236	\$ 4,444	\$ 6,807	\$ 5,109	\$ 6,874	\$ 6,879
Net Patient Revenue/Adjusted Admission							\$ 2,082	\$ 1,928	\$ 2,264	\$ 2,722	\$ 2,774	\$ 2,745
Salaries % Net Pt Rev							40%	50%	76%	40%	48%	55%
Benefits % Net Pt Rev							8%	7%	14%	8%	10%	9%
Supplies % Net Pt Rev							8%	8%	12%	6%	9%	8%
Cash and Liquidity												
Days Cash on Hand							189	159	154	158	139	117
A/R Days (Gross)							62	66	61	65	64	65
A/R Days (Net)							37	41	37	44	42	44
Days in AP							14	19	19	24	28	22
Current Ratio							9.7	9.5	8.0	8.2	7.8	8.8

Sierra Vista Hospital
 TWELVE MONTH STATISTICS
 December 31, 2025
 (SUBJECT TO AUDIT)

Description	12/31/2025		11/30/2025		10/31/2025		9/30/2025		8/31/2025		7/31/2025		6/30/2025		5/31/2025		4/30/2025		3/31/2025		2/28/2025		1/31/2025	
	Month Ending																							
Admissions																								
Acute	40	31	29	19	21	16	32	29	27	32	27	27	27	27	27	27	27	27	27	27	27	27	27	27
Swing	-	1	2	2	4	1	-	3	2	-	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Total Admissions	40	32	31	21	25	17	32	32	29	32	29													
ALOS (acute and swing)	2.9	3.3	3.2	2.9	3.8	3.0	2.9	4.2	3.9	3.2	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9
Patient Days (acute and swing)	115	106	98	61	95	51	92	133	113	101	113	113	113	113	113	113	113	113	113	113	113	113	113	113
Outpatient Visits	807	669	935	950	886	1,006	913	848	847	864	847	847	847	847	847	847	847	847	847	847	847	847	847	847
Rural Health Clinic Visits	568	525	669	701	701	696	673	817	741	670	741	741	741	741	741	741	741	741	741	741	741	741	741	741
ER Visits	845	631	704	624	726	720	735	735	768	777	768	768	768	768	768	768	768	768	768	768	768	768	768	768
ER Visits Conversion to Acute Admissions	5%	5%	4%	3%	3%	2%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Clinic Visits																								
RHC & Walk-In	568	525	669	701	701	696	673	817	741	670	741	741	741	741	741	741	741	741	741	741	741	741	741	741
Behavioral Health	301	254	349	318	312	299	279	283	319	296	319	319	319	319	319	319	319	319	319	319	319	319	319	319
Total Visits	869	779	1,018	1,019	1,013	995	952	1,100	1,060	966	1,060													
Profitability																								
EBITDA % Net Rev	32%	28%	0%	29%	22%	27%	33%	4%	70%	52%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Operating Margin %	20%	16%	-15%	18%	10%	15%	22.8%	-10.0%	66.1%	46.3%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%	66.1%
Rev Ded % Net Rev	51%	57%	67%	47%	60%	60%	46%	59%	57%	52%	57%	57%	57%	57%	57%	57%	57%	57%	57%	57%	57%	57%	57%	57%
Bad Debt % Net Pt Rev	7%	10%	13%	4%	13%	12%	6.3%	11.3%	22.7%	9.3%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%	22.7%
Outpatient Revenue %	97%	97%	96%	98%	97%	98%	97%	96%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%
Gross Patient Revenue/Adjusted Admission	\$ 4,236	\$ 4,444	\$ 6,807	\$ 5,109	\$ 6,874	\$ 6,879	\$ 5,317	\$ 6,327	\$ 6,520	\$ 6,670	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520	\$ 6,520
Net Patient Revenue/Adjusted Admission	\$ 2,082	\$ 1,928	\$ 2,264	\$ 2,722	\$ 2,774	\$ 2,745	\$ 2,856	\$ 2,584	\$ 2,775	\$ 3,187	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775	\$ 2,775
Salaries % Net Pt Rev	40%	50%	76%	40%	48%	55%	36%	55%	41%	34%	41%	41%	41%	41%	41%	41%	41%	41%	41%	41%	41%	41%	41%	41%
Benefits % Net Pt Rev	8%	7%	14%	8%	10%	9%	-3%	10%	11%	6%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%	11%
Supplies % Net Pt Rev	8%	8%	12%	6%	9%	8%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
Cash and Liquidity																								
Days Cash on Hand	189	159	154	158	139	117	134	120	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93	93
A/R Days (Gross)	62	66	61	65	64	65	68	69	75	88	75	75	75	75	75	75	75	75	75	75	75	75	75	75
A/R Days (Net)	37	41	37	44	42	44	44	45	50	49	50	50	50	50	50	50	50	50	50	50	50	50	50	50
Days in AP	14	19	19	24	28	22	18	13	29	22	29	29	29	29	29	29	29	29	29	29	29	29	29	29
Current Ratio	9.7	9.5	8.0	8.2	7.8	8.8	6.3	6.7	5.5	4.2	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5

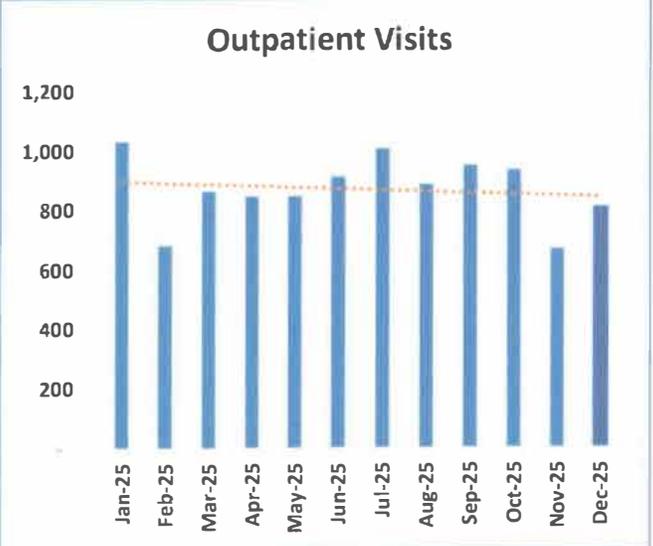
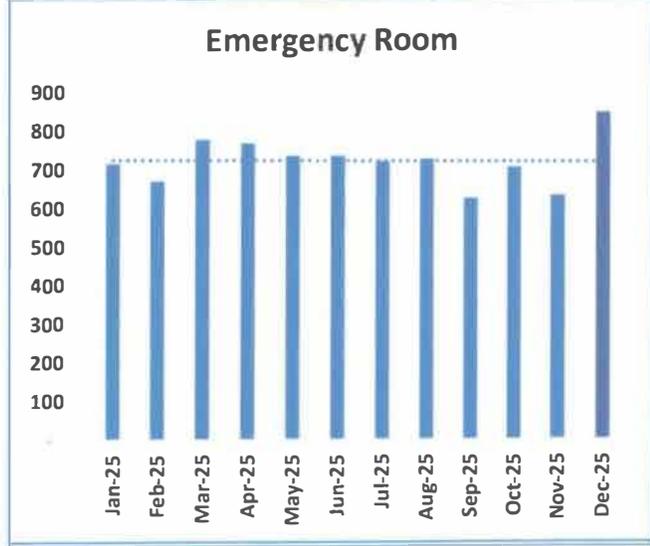
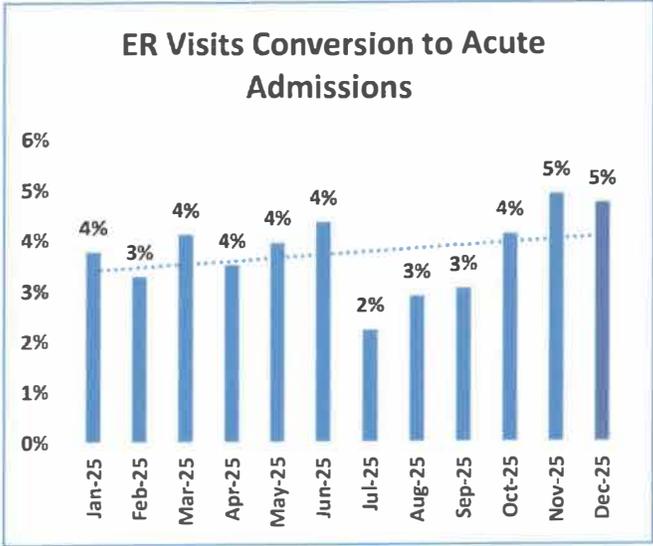
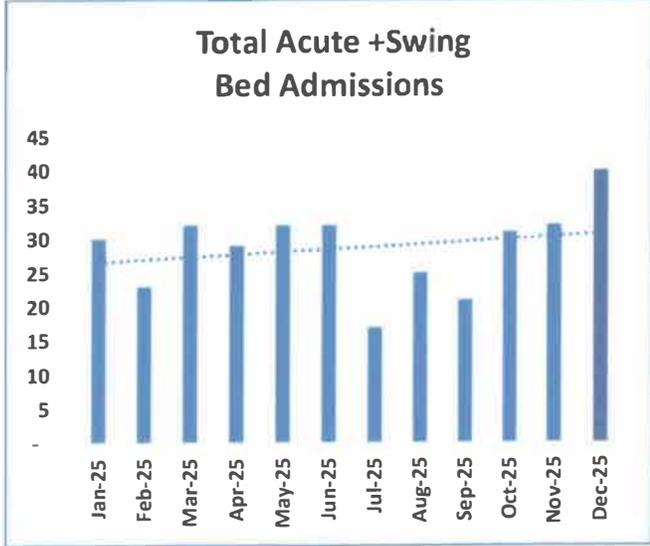
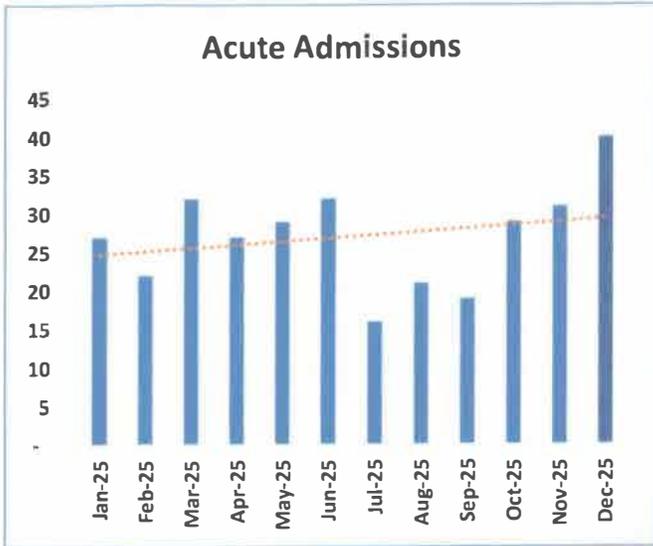
Sierra Vista Hospital
Detailed Stats by Month
12/31/2025
(SUBJECT TO AUDIT)

Description	FY2026	Avg FY2026	Month	Month	Month	Month	Month	Month	Month						
			Ending	Ending	Ending	Ending	Ending	Ending	Ending						
			6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025	7/31/2025	
Total Acute Patient Days	430	72							115	91	65	56	52	51	
Total Swingbed Patient Days	96	16							-	15	33	5	43	-	
Total Acute Hours (based on Disch Hrs)	10,178	1,696							2,777	2,030	1,558	1,345	1,234	1,234	
TOTAL ACUTE															
Patient Days	430	72							115	91	65	56	52	51	
Admits	156	26							40	31	29	19	21	16	
Discharges	152	25							39	30	27	22	17	17	
Discharge Hours	10,178	1,696							2,777	2,030	1,558	1,345	1,234	1,234	
Avg LOS	2.8	2.8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.9	3.0	2.4	2.5	3.1	3.0	
Medicare Acute															
Patient Days	251	42							77	41	33	26	38	36	
Admits	85	14							27	13	15	9	11	10	
Discharges	81	14							24	13	14	9	10	11	
Discharge Hours	5,940	990							1,849	910	789	614	905	873	
Avg LOS	3.1	3.1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	3.2	3.2	2.4	2.9	3.8	3.3	
SWING - ALL (Medicare/Other)															
Patient Days	96	16							0	15	33	5	43	0	
Admits	10	2							0	1	2	2	4	1	
Discharges	10	2							0	1	3	1	5	0	
Discharge Hours	2,292	382							-	359	782	115	1,036	-	
Avg LOS	9.6	9.6	#DIV/0!	15.0	11.0	5.0	8.6	#DIV/0!							
Observations															
Patient Days	156	26							39	18	31	23	22	23	
Admits	137	23							28	18	29	25	16	21	
Discharge Hours	3,741	624							942	443	736	546	529	545	
Emergency Room															
Total ER Patients	4,250	708							845	631	704	624	726	720	
Admitted	121	20							36	20	19	19	17	10	
Transferred	452	75							66	80	73	63	84	86	
Ambulance															
Total ALS/BLS runs	1,927	321							310	332	347	263	310	365	
911 Calls	1,455	243							248	240	261	198	231	277	
Transfers	472	79							62	92	86	65	79	88	
OP Registrations	5,253	876							807	669	935	950	886	1,006	
Rural Health Clinic															
Total RHC Visits	3,860	643							568	525	669	701	701	696	
Avg Visits per day	184	31							28	28	29	35	32	32	
Behavioral Health															
Patients Seen	1,833	306							301	254	349	318	312	299	

Sierra Vista Hospital
Detailed Stats by Month
12/31/2025
(SUBJECT TO AUDIT)

	FY2026	FY2026	6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025	Month Ending 7/31/2025
		Avg	Month Ending											
Dietary														
Inpatient Meals	3,611	602							788	591	665	464	649	454
Outpatient Meals	771	129						165	165	145	69	101	126	
Cafeteria Meals	30,036	5,006						4,849	4,321	5,217	5,155	4,891	5,603	
Functions	1,722	287						302	307	297	226	277	313	
Laboratory														
In-house Testing	116,624	19,437						19,925	16,780	19,895	18,392	18,612	23,020	
Sent Out Testing	4,367	728						727	665	853	735	542	845	
Drugscreens	146	24						29	29	31	17	27	13	
Physical Therapy														
PT Visits	1,447	241						241	240	233	191	288	254	
Tx Units	5,462	910						900	928	920	761	1,060	893	
Radiology														
X-Ray Patients	2,739	457						461	393	484	396	497	508	
CT Patients	2,375	396						409	347	362	399	418	440	
Ultrasound Patients	712	119						116	82	116	118	135	145	
Mammogram Patients	341	57						64	46	63	45	49	74	
MRI Patients	293	49						52	20	45	65	51	60	
Nuclear Medicine Patients	13	2						1	2	4	3	1	2	
DEXA	172	29						35	20	31	20	24	42	
Sleep Study														
Home Testing	7	1								1	1	3	1	
Inhouse	33	6								6	9	3	11	4

Volume Trends



Sierra Vista Hospital
INCOME STATEMENT
December 31, 2025

	MONTH			YEAR TO DATE			Variance to Prior Year	Prior Year 12/31/24	Variance to Budget	Budget 12/31/25	Actual 12/31/25	Budget 12/31/25	Variance to Budget	Prior Year 12/31/24	Variance to Prior Year			
	Actual 12/31/25	Budget 12/31/25	Variance to Budget	Actual 12/31/25	Budget 12/31/25	Variance to Budget										Actual 12/31/25	Budget 12/31/25	Variance to Budget
	\$ 5,647,822	\$ 5,920,906	\$ (273,084)	\$ 5,742,437	\$ (94,615)				\$ 32,602,649	\$ 35,143,441	\$ (2,540,792)	\$ 36,690,973	\$ (4,088,324)					
	\$ 2,266,003	\$ 2,796,756	\$ (530,753)	\$ 2,669,871	\$ (503,867)				\$ 15,104,078	\$ 16,600,100	\$ (1,496,022)	\$ 17,923,516	\$ (2,819,438)					
	\$ 218,764	\$ 256,628	\$ (37,864)	\$ 375,313	\$ (156,549)				\$ 1,514,539	\$ 1,523,208	\$ (8,669)	\$ 1,593,284	\$ (78,745)					
	\$ 387,967	\$ 335,249	\$ 52,718	\$ 252,625	\$ 135,342				\$ 1,934,014	\$ 1,989,864	\$ (55,850)	\$ 1,700,724	\$ 233,290					
	\$ 2,872,734	\$ 3,388,632	\$ (515,898)	\$ 3,297,809	\$ (425,075)				\$ 18,552,631	\$ 20,113,172	\$ (1,560,541)	\$ 21,217,524	\$ (2,664,893)					
	\$ 577	\$ 1,229	\$ (652)	\$ 1,375	\$ (798)				\$ 38,079	\$ 7,293	\$ 30,786	\$ 28,103	\$ 9,975					
	\$ 2,775,665	\$ 2,533,502	\$ 242,163	\$ 2,446,002	\$ 329,663				\$ 14,088,096	\$ 15,037,562	\$ (949,465)	\$ 15,501,553	\$ (1,413,456)					
		49%	6%	43%	7%				43%	43%	0%	42%	1%					
	\$ 871,800	\$ 1,001,822	\$ (130,022)	\$ 145,900	\$ 725,901				\$ 5,265,845	\$ 5,946,297	\$ (680,453)	\$ 1,379,601	\$ 3,886,243					
	\$ 216,800	\$ 318,112	\$ (101,312)	\$ 312,485	\$ (95,685)				\$ 2,369,983	\$ 1,888,147	\$ 481,836	\$ 1,973,453	\$ 396,530					
	\$ 3,864,265	\$ 3,853,436	\$ 10,829	\$ 2,904,387	\$ 959,878				\$ 21,723,924	\$ 22,872,006	\$ (1,148,082)	\$ 18,854,607	\$ 2,869,317					
	\$ 1,369,070	\$ 1,470,074	\$ (101,004)	\$ 1,254,985	\$ 114,085				\$ 8,439,957	\$ 8,725,603	\$ (285,646)	\$ 8,302,184	\$ 137,772					
	\$ 1,115,468	\$ 1,203,793	\$ (88,325)	\$ 1,046,253	\$ 69,214				\$ 6,991,720	\$ 7,145,092	\$ (153,372)	\$ 6,880,459	\$ 111,261					
	\$ 227,504	\$ 244,681	\$ (17,177)	\$ 182,144	\$ 45,360				\$ 1,295,142	\$ 1,452,299	\$ (157,157)	\$ 1,267,565	\$ 27,578					
	\$ 26,099	\$ 21,601	\$ 4,498	\$ 26,588	\$ (489)				\$ 153,095	\$ 128,211	\$ 24,883	\$ 154,161	\$ (1,066)					
	\$ 221,434	\$ 239,523	\$ (18,089)	\$ 233,486	\$ (12,051)				\$ 1,166,722	\$ 1,421,686	\$ (254,964)	\$ 1,292,523	\$ (125,801)					
	\$ 615,293	\$ 797,071	\$ (181,777)	\$ 982,668	\$ (367,375)				\$ 4,018,538	\$ 4,731,000	\$ (712,462)	\$ 6,084,244	\$ (2,065,706)					
	\$ 196,113	\$ 202,752	\$ (6,638)	\$ 190,653	\$ 5,460				\$ 1,201,147	\$ 1,203,429	\$ (2,283)	\$ 1,175,427	\$ 25,720					
	\$ 4,834	\$ 5,437	\$ (604)	\$ 6,713	\$ (1,880)				\$ 31,467	\$ 32,273	\$ (807)	\$ 43,194	\$ (\$11,727)					
	\$ 36,645	\$ 45,719	\$ (9,074)	\$ 42,718	\$ (6,073)				\$ 278,452	\$ 271,367	\$ 7,085	\$ 282,354	\$ (\$3,902)					
	\$ 42,173	\$ 49,426	\$ (7,253)	\$ 68,191	\$ (26,018)				\$ 377,765	\$ 293,366	\$ 84,399	\$ 387,963	\$ (\$10,198)					
	\$ 137,689	\$ 151,134	\$ (13,444)	\$ 157,503	\$ (19,814)				\$ 827,948	\$ 897,051	\$ (69,104)	\$ 903,145	\$ (\$75,198)					
	\$ 23,597	\$ 32,383	\$ (8,786)	\$ 36,561	\$ (12,964)				\$ 197,257	\$ 192,206	\$ 5,051	\$ 299,060	\$ (\$101,803)					
	\$ 2,646,849	\$ 2,993,519	\$ (346,670)	\$ 2,973,480	\$ (326,631)				\$ 16,539,252	\$ 17,767,982	\$ (1,228,730)	\$ 18,770,096	\$ (2,230,844)					
	\$ 1,217,416	\$ 859,917	\$ 357,499	\$ (69,093)	\$ 1,286,509.16				\$ 55,184,672	\$ 55,104,023	\$ 80,648	\$ 84,511	\$ 55,100,161					
		32%	10%	(2%)	34%				24%	22%	2%	0%	23%					
	\$ 297,865	\$ 301,975	\$ (4,110)	\$ 300,372	\$ (2,507)				\$ 1,775,706	\$ 1,792,366	\$ (16,659)	\$ 1,803,730	\$ (\$28,023)					
	\$ 95,796	\$ 97,897	\$ (2,101)	\$ 76,037	\$ 19,759				\$ 578,396	\$ 581,066	\$ (2,670)	\$ 448,250	\$ 130,146					
	\$ 57,702	\$ 57,132	\$ 570	\$ 73,376	\$ (15,674)				\$ 304,808	\$ 339,107	\$ (34,299)	\$ 338,477	\$ (\$33,669)					
	\$ 451,363	\$ 457,004	\$ (5,641)	\$ 449,785	\$ 1,578				\$ 2,658,910	\$ 2,712,539	\$ (53,629)	\$ 2,590,457	\$ 68,453					
	\$ 766,053	\$ 402,913	\$ 363,140	\$ (518,878)	\$ 1,284,931				\$ 2,525,762	\$ 2,391,484	\$ 134,277	\$ (2,505,946)	\$ 5,031,708					
		20%	10%	(18%)	38%				12%	10%	1%	(13%)	25%					

Sierra Vista Hospital
INCOME STATEMENT by Month
December 31, 2025

Description	6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025	Month Ending 7/31/2025
Revenues												
Gross Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$5,647,822	\$4,799,735	\$5,275,087	\$5,364,961	\$5,728,007	\$5,847,037
Revenue Deductions							2,266,003	2,140,343	2,874,405	2,149,035	2,716,587	2,957,705
Contractual Allowances							218,764	229,673	258,219	130,496	347,559	329,828
Bad Debt							387,967	316,036	387,955	228,545	386,919	329,828
Other Deductions							2,872,734	2,686,052	3,520,580	2,508,076	3,451,065	3,514,124
Total Revenue Deductions							577	2,325	0	851	34,326	0
Other Patient Revenue												
Net Patient Revenue												
Gross to Net %							49%	43%	33%	53%	40%	40%
Other Operating Revenue							871,800	1,053,020	881,478	635,748	954,057	869,741
Non-Operating Revenue							216,800	328,177	319,842	376,662	359,733	768,770
Total Operating Revenue							\$3,864,265	\$3,437,205	\$2,955,827	\$3,870,147	\$3,625,057	\$3,971,423
Expenses												
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$1,369,070	\$1,198,263	\$1,599,370	\$1,407,966	\$1,361,986	\$1,509,302
Salaries							1,115,468	1,022,145	1,327,514	1,133,388	1,115,046	1,278,160
Benefits							227,504	138,533	247,665	242,697	225,406	213,337
Other Salary & Benefit Expense							26,099	37,585	18,190	31,881	21,535	17,805
Supplies							221,434	163,803	206,937	176,933	208,274	189,341
Contract Services							615,293	652,646	627,604	679,489	728,657	714,849
Professional Fees							196,113	207,101	205,305	206,800	195,433	190,394
Leases/Rentals							4,834	4,493	6,349	4,793	5,074	5,924
Utilities							36,645	43,104	38,129	47,637	54,993	57,944
Repairs / Maintenance							42,173	47,233	72,216	35,678	101,773	78,692
Insurance							137,689	124,655	139,057	137,741	149,270	139,535
Other Operating Expenses							23,597	34,381	55,486	32,564	26,101	25,127
Total Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$2,646,849	\$2,475,680	\$2,944,453	\$2,729,601	\$2,831,562	\$2,911,108
EBITDA	\$0	\$0	\$0	\$0	\$0	\$0	\$1,217,416	\$961,526	\$11,374	\$1,140,546	\$793,495	\$1,060,315
EBITDA Margin							32%	28%	0%	29%	22%	27%
Non - Operating Expenses												
Depreciation and Amortization							\$297,865	\$290,466	\$298,662	\$290,764	\$298,975	\$298,975
Interest							95,796	96,161	96,219	96,429	96,943	96,846
Tax/Other							57,702	37,089	55,205	50,769	52,856	51,186
Total Non Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$451,863	\$423,717	\$450,087	\$437,963	\$448,774	\$447,007
NET INCOME (LOSS)	\$0	\$0	\$0	\$0	\$0	\$0	\$766,053	\$537,809	(\$438,713)	\$702,583	\$344,722	\$613,308
Net Income Margin							20%	16%	(15%)	18%	10%	15%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
 December 31, 2025

Description	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025	7/31/2025	6/30/2025	5/31/2025	4/30/2025	3/31/2025	2/28/2025	1/31/2025
Revenues												
Gross Patient Revenue	\$ 5,647,822	\$ 4,739,735	\$ 5,275,087	\$ 5,364,961	\$ 5,728,007	\$ 5,847,037	\$ 5,782,787	\$ 5,061,742	\$ 6,302,516	\$ 7,115,100	\$ 2,573,340	\$ 5,654,494
Revenue Deductions	2,266,003	2,140,343	2,874,405	2,149,035	2,716,587	2,957,705	2,135,450	2,566,661	2,666,669	3,075,801	1,186,560	2,510,927
Contractual Allowances	218,764	229,673	258,219	130,496	347,559	329,828	204,655	262,403	788,464	347,485	179,350	167,288
Bad Debt	387,967	316,036	387,955	228,545	386,919	226,592	383,341	169,178	165,157	292,440	416,416	550,883
Other Deductions	\$ 2,872,734	\$ 2,686,052	\$ 3,520,580	\$ 2,508,076	\$ 3,451,065	\$ 3,514,124	\$ 2,723,446	\$ 2,998,242	\$ 3,620,289	\$ 3,715,726	\$ 1,782,327	\$ 3,229,098
Total Revenue Deductions	577	2,325	0	851	34,326	0	777	3,827	0	2	0	0
Other Patient Revenue	\$ 2,775,665	\$ 2,056,008	\$ 1,754,507	\$ 2,857,736	\$ 2,311,267	\$ 2,332,913	\$ 3,060,118	\$ 2,067,327	\$ 2,682,227	\$ 3,399,377	\$ 791,014	\$ 2,425,396
Net Patient Revenue	49%	43%	33%	53%	40%	40%	52.9%	41%	43%	48%	31%	43%
Gross to Net %												
Other Operating Revenue	871,800	1,053,020	881,478	635,748	954,057	869,741	794,779	353,270	7,120,736	2,556,854	161,004	3,040,185
Non-Operating Revenue	216,800	328,177	319,842	376,662	359,733	768,770	480,337	401,868	330,034	511,933	354,068	442,020
Total Operating Revenue	\$ 3,864,265	\$ 3,437,205	\$ 2,955,827	\$ 3,870,147	\$ 3,625,057	\$ 3,971,423	\$ 4,335,235	\$ 2,822,465	\$ 10,132,997	\$ 6,468,163	\$ 1,306,085	\$ 5,907,601
Expenses												
Salaries & Benefits	1,369,070	1,198,263	1,593,370	1,407,966	1,361,986	1,509,302	1,147,793	1,362,315	1,404,547	1,405,535	1,226,887	1,448,327
Salaries	1,115,468	1,022,145	1,327,514	1,133,388	1,115,046	1,278,160	1,147,010	1,144,644	1,090,671	1,152,634	1,018,619	1,204,476
Benefits	227,504	138,533	247,665	242,697	225,406	213,337	(24,179)	202,156	295,778	201,504	187,555	220,322
Other Salary & Benefit Expense	26,099	37,585	18,190	31,881	21,535	17,805	24,962	15,516	18,099	51,397	20,714	23,529
Supplies	221,434	163,803	206,937	176,933	208,274	189,341	226,131	150,093	200,445	222,769	176,388	190,184
Contract Services	615,293	652,646	627,604	679,489	728,657	714,849	199,831	725,597	979,527	928,460	790,039	1,026,962
Professional Fees	196,113	207,101	205,305	206,800	195,433	190,394	195,530	209,863	182,456	185,130	180,990	189,507
Leases/Rentals	4,834	4,493	6,349	4,793	5,074	5,924	6,121	4,185	6,381	5,886	5,651	5,853
Utilities	36,645	43,104	38,129	47,637	54,993	57,944	55,976	44,982	43,010	47,256	38,409	39,661
Repairs / Maintenance	42,173	47,233	72,216	35,678	101,773	78,692	74,111	34,800	60,071	60,707	53,872	61,190
Insurance	137,689	124,655	139,057	137,741	149,270	139,535	137,785	154,946	154,450	154,932	156,326	155,314
Other Operating Expenses	23,597	34,381	55,486	32,564	26,101	25,127	68,607	29,289	32,619	73,995	22,979	26,173
Total Operating Expenses	\$2,646,849	\$2,475,680	\$2,944,453	\$2,729,601	\$2,831,562	\$2,911,108	\$2,111,884	\$2,716,069	\$3,063,507	\$3,084,672	\$2,651,542	\$3,143,171
EBITDA	\$1,217,416	\$961,526	\$11,374	\$1,140,546	\$793,495	\$1,060,315	\$2,223,350	\$106,396	\$7,069,490	\$3,383,491	(\$1,345,456)	\$2,764,430
EBITDA Margin	32%	28%	0%	29%	22%	27%	51.3%	4%	70%	52%	-103%	47%
Non - Operating Expenses												
Depreciation and Amortization	297,865	290,466	298,662	290,764	298,975	298,975	763,696	256,277	239,228	259,395	229,645	253,101
Interest	95,796	96,161	96,219	96,429	96,943	96,846	120,050	76,215	75,816	75,872	76,532	75,982
Tax/Other	57,702	37,089	55,205	50,769	52,856	51,186	61,239	55,341	57,875	54,279	29,535	80,667
Total Non Operating Expenses	\$451,363	\$423,717	\$450,087	\$437,963	\$448,774	\$447,007	\$944,984	\$387,833	\$372,919	\$389,546	\$335,711	\$409,751
NET INCOME (LOSS)	\$766,053	\$537,809	(\$438,713)	\$702,583	\$344,722	\$613,308	\$1,278,366	(\$281,438)	\$6,696,571	\$2,993,945	(\$1,681,168)	\$2,354,680
Net Income Margin	20%	16%	(15%)	18%	10%	15%	29.5%	(10%)	66%	46%	(129%)	40%

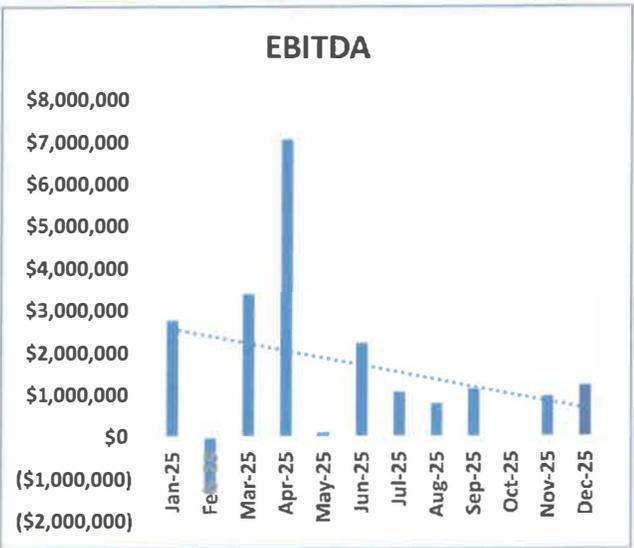
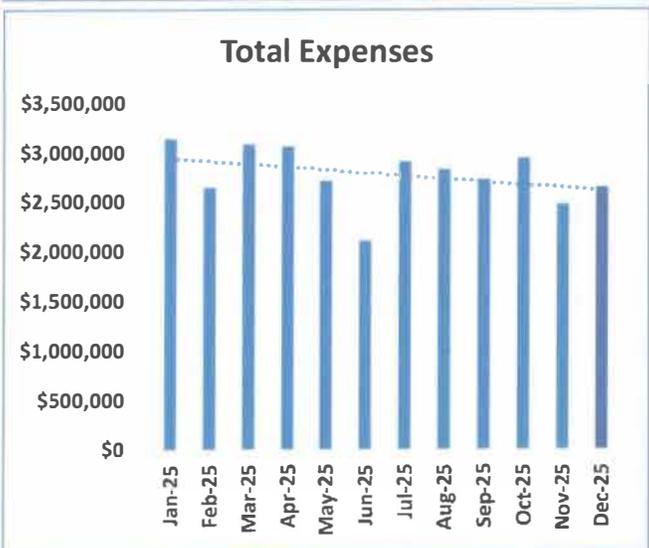
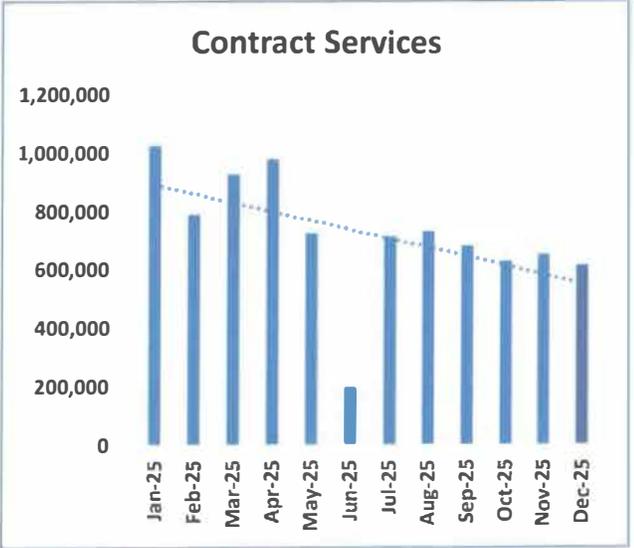
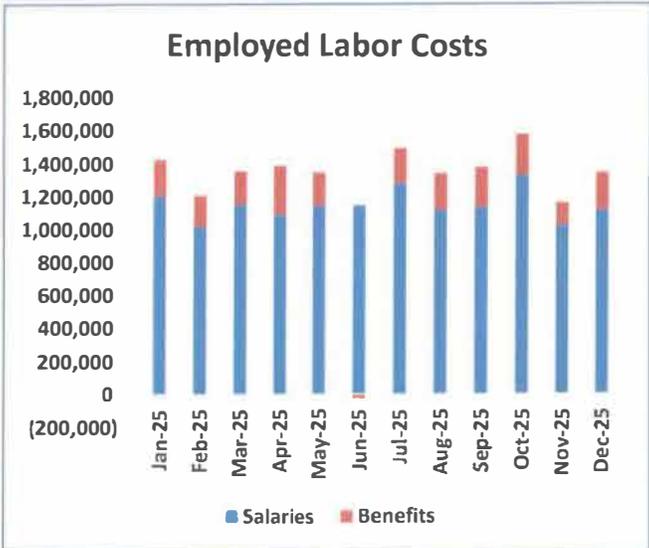
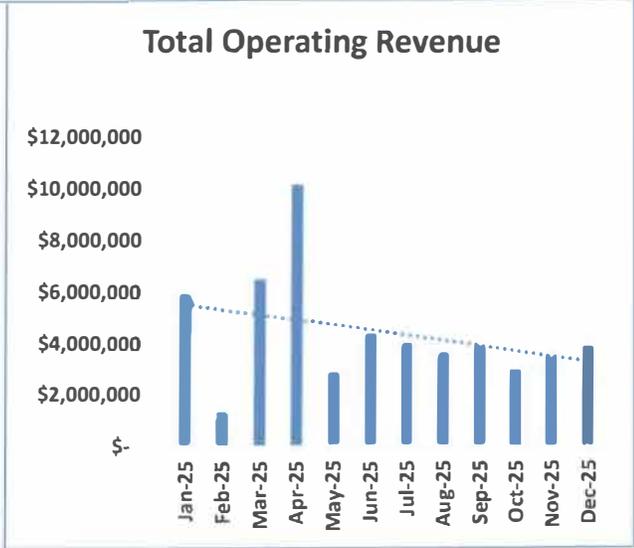
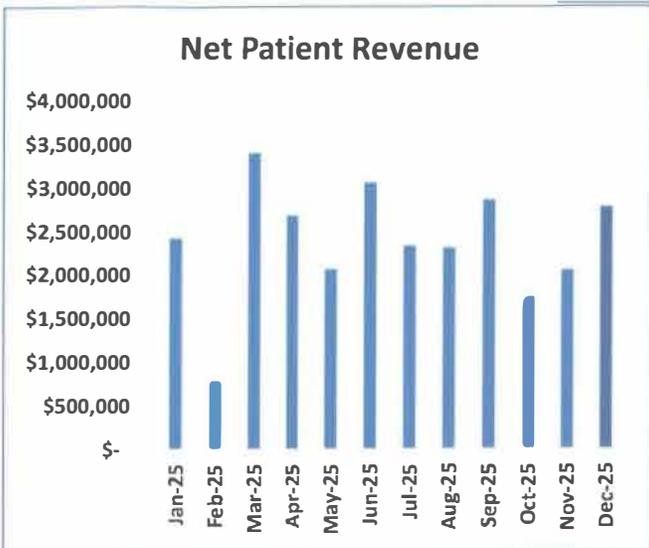
Sierra Vista Hospital
BALANCE SHEET
December 31, 2025

December 31, 2025 (Unaudited)		DESCRIPTION	June 30, 2025
		Assets	
		Current Assets	
\$	16,977,633	Cash and Liquid Capital	\$ 13,382,416
\$	212,359	US Bank Clearing	\$ 67,349
\$	17,189,992	Total Cash	\$ 13,449,765
\$	11,177,962	Accounts Receivable - Gross	\$ 13,053,445
\$	8,302,860	Contractual Allowance	\$ 9,448,209
\$	2,875,102	Total Accounts Receivable, Net of Allowance	\$ 3,605,236
\$	4,930,151	Other Receivables	\$ 5,740,064
\$	471,984	Inventory	\$ 420,992
\$	963,956	Prepaid Expense	\$ 126,593
\$	26,431,185	Total Current Assets	\$ 23,342,650
		Long Term Assets	
\$	58,790,188	Fixed Assets	\$ 59,959,550
\$	24,454,136	Accumulated Depreciation	\$ 23,955,474
\$	28,062	Construction in Progress	\$ -
\$	34,364,114	Total Fixed Assets, Net of Depreciation	\$ 36,004,076
\$	34,364,114	Total Long Term Assets	\$ 36,004,076
\$	2,744,699	New Hospital Loan	\$ 2,070,015
\$	63,539,998	Total Assets	\$ 61,416,741
		Liabilities & Equity	
		Current Liabilities	
\$	627,815	Account Payable	\$ 1,319,408
\$	1,034,951	Interest Payable	\$ 561,483
\$	57,408	Accrued Taxes	\$ 61,131
\$	844,488	Accrued Payroll and Related	\$ 704,168
\$	150,000	Cost Report Settlement	\$ 151,000
\$	2,714,662	Total Current Liabilities	\$ 2,797,190
		Long term Liabilities	
\$	27,287,115	Long Term Notes Payable	\$ 27,533,620
\$	27,287,115	Total Long Term Liabilities	\$ 27,533,620
\$	-	Unapplied Liabilities	\$ -
\$	302,143	Capital Equipment Lease	\$ 375,614
\$	30,303,920	Total Liabilities	\$ 30,706,424
\$	30,710,316	Retained Earnings	\$ 21,681,305
\$	2,525,762	Net Income	\$ 9,029,011
\$	63,539,998	Total Liabilities and Equity	\$ 61,416,741

Sierra Vista Hospital
BALANCE SHEET by Month
December 31, 2025

	6/30/2026	5/31/2026	4/30/2026	3/31/2026	2/28/2026	1/31/2026	12/31/2025	11/30/2025	10/31/2025	9/30/2025	8/31/2025	Month Ending 7/31/2025
Assets												
Current Assets												
Cash and Liquid Capital						16,977,633	14,513,899	14,280,042	14,720,777	13,260,198	11,763,496	
US Bank Clearing						212,359	73,058	215,589	152,899	152,899	16,708	(8,842)
Total Cash	\$0	\$0	\$0	\$0	\$0	\$17,189,992	\$14,586,957	\$14,495,631	\$14,873,676	\$13,276,906	\$11,754,654	\$11,754,654
Accounts Receivable - Gross						11,177,962	11,725,323	11,235,398	12,311,990	12,435,107	13,107,691	
Contractual Allowance						8,302,860	8,629,596	8,418,089	8,644,190	9,185,074	9,573,935	
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,875,102	\$ 3,095,727	\$ 2,817,309	\$ 3,667,800	\$ 3,250,033	\$ 3,533,756	\$ 3,533,756
Other Receivables						4,930,151	6,233,281	6,313,333	5,337,842	6,449,125	6,811,737	
Inventory						471,984	466,206	473,388	467,835	439,232	440,179	
Prepaid Expense						963,956	1,043,880	1,197,957	1,251,037	1,400,075	1,488,108	
Total Current Assets	\$0	\$0	\$0	\$0	\$0	\$26,431,185	\$25,426,052	\$25,297,617	\$25,598,189	\$24,815,370	\$24,028,433	\$24,028,433
Long Term Assets												
Fixed Assets						58,790,188	59,444,848	59,831,251	59,800,198	60,125,441	59,964,714	
Accumulated Depreciation						24,454,136	24,724,815	24,820,751	24,522,089	24,553,424	24,254,449	
Construction in Progress						28,062	0	0	0	0	0	0
Total Fixed Assets, Net of Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,364,114	\$ 34,720,034	\$ 35,010,500	\$ 35,278,109	\$ 35,572,018	\$ 35,710,265	\$ 35,710,265
Total Long Term Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,744,699	\$ 2,625,067	\$ 2,504,856	\$ 2,384,527	\$ 2,263,818	\$ 2,191,615	\$ 2,191,615
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63,539,998	\$ 62,771,153	\$ 62,812,972	\$ 63,260,825	\$ 62,651,206	\$ 61,930,313	\$ 61,930,313
Liabilities & Equity												
Current Liabilities												
Account Payable						627,815	865,178	872,021	1,107,884	1,350,859	1,062,782	
Interest Payable						1,034,951	956,016	877,091	798,175	719,268	640,371	
Accrued Taxes						57,408	36,835	53,797	50,769	52,739	50,169	
Accrued Payroll and Related						844,488	655,968	1,223,968	1,031,759	911,473	839,907	
Cost Report Settlement						150,000	150,000	151,000	151,000	151,000	151,000	
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$2,714,662	\$2,663,998	\$3,177,877	\$3,139,587	\$3,185,340	\$2,744,229	\$2,744,229
Long term Liabilities												
Long Term Notes Payable						27,287,115	27,328,632	27,369,974	27,411,144	27,452,141	27,492,966	
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$0	\$27,287,115	\$27,328,632	\$27,369,974	\$27,411,144	\$27,452,141	\$27,492,966	\$27,492,966
Capital Equipment Lease						302,143	308,498	332,905	339,165	345,379	369,493	
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$30,303,920	\$30,301,128	\$30,880,756	\$30,889,896	\$30,982,859	\$30,606,689	\$30,606,689
Retained Earnings						\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316	
Net Income						\$2,525,762	\$1,759,709	\$1,221,900	\$1,660,613	\$958,030	\$613,308	\$613,308
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$63,539,998	\$62,771,153	\$62,812,972	\$63,260,825	\$62,651,206	\$61,930,313	\$61,930,313

Financial Trends



Sierra Vista Hospital
12/31/2025

Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)
Cost Report Bad Debt Write-Off Reserve/General Reserve

12/31/2025	Notation
(150,000)	
<u>(150,000)</u>	

Total Liability



SIERRA VISTA HOSPITAL 69
800 E 9TH AVENUE
TRUTH OR CONSEQ NM 87901-1961

NCOSL
MCM



ACCOUNT STATEMENT

DECEMBER 1, 2025 - DECEMBER 31, 2025

Account number:
7K5-00379
Page 1 of 16

ACCOUNT VALUE SUMMARY

	THIS PERIOD	THIS YEAR
Beginning account value	\$14,011,621.81	\$4,566,984.02
Deposits	0.00	10,500,000.00
Withdrawals	0.00	-1,400,000.00
Taxable income	22,620.35	293,520.02
Change in asset value	12,375.36	86,113.48
Ending account value	\$14,046,617.52	\$14,046,617.52

TOTAL PORTFOLIO VALUE

Ending account value	\$14,046,617.52
Estimated accrued interest	101,300.04
Total portfolio value	\$14,147,917.56
Estimated annualized income	\$408,875.00

Please see "About Your Statement" on page 2 for further information.

YOUR MESSAGE BOARD

Important cost basis requirements remain effective as part of the overall Form 1099 reporting changes that began in 2011. For more information about these regulation changes, please visit www.rbcclearingandcustody.com and select the "Legal" link at the bottom of the home page, followed by "Cost Basis Updates". Check back regularly for updates.

Whether you want to build, preserve, enjoy, or share your hard-earned wealth, we're here to help. For questions about your account, please contact your financial professional, who will be happy to assist you.

Government Account

Your Financial Professional
Moreton Capital Markets
101 S 200 E, Ste 300
Salt Lake City UT 84111
Telephone: (801) 535-3650
E-mail: team@moretoncm.com



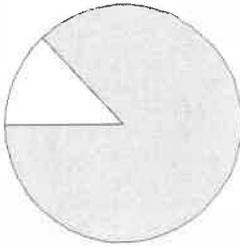
Account number:
7K5-00379
Page 3 of 16

ACCOUNT STATEMENT
DECEMBER 1, 2025 - DECEMBER 31, 2025



ASSET ALLOCATION SUMMARY

	CURRENT VALUE	PERCENT
<input type="checkbox"/> Cash & Cash Alternatives	\$1,789,942.79	13%
<input checked="" type="checkbox"/> Fixed Income	12,256,674.73	87%
Current account value	\$14,046,617.52	100%



Mutual funds are included in the above categories. Funds that invest in more than one category are reported as "Mixed Assets."
The Cash & Cash Alternatives figure is net of debits including any RBC Express Credit (margin) debit, if applicable.

INVESTMENT OBJECTIVE / RISK TOLERANCE

The investment objective for this account is: Preservation Of Principal / Income
The risk tolerance for this account is: Low Risk
Please see "About Your Investment Objective / Profile and Risk Tolerance" on page 2 for further information.

GAIN/LOSS SUMMARY

	THIS PERIOD	THIS YEAR
Total realized gain or loss	\$0.00	\$66,602.76
Short-term gain or loss	0.00	56,093.50
Long-term gain or loss	0.00	10,509.26
Unrealized gain or loss		AS OF DECEMBER 31, 2025
		\$38,125.13

Please see "About Your Statement" on page 2 for further information.

ACTIVITY SUMMARY

Total account value last statement		\$14,011,621.81
Cash activity		
Beginning balance	1,767,322.44	
Money coming into your account		
Interest	16,822.93	
Dividends	5,797.42	
Total	22,620.35	
Money going out of your account		
Total	0.00	
Ending balance	1,789,942.79	
Net change cash activity		\$22,620.35
Change in security value		
Beginning value of priced securities	12,244,299.37	
Change in value of priced securities	12,375.36	
Ending value of priced securities	12,256,674.73	
Net change in securities value		\$12,375.36
Total account value as of December 31, 2025		\$14,046,617.52

AUTHORIZED BANK SIGNERS-

Permission to remove David Faulkner as an authorized signer from Bank of the Southwest accounts ending 4398 and 1829 and add CEO, Shauna Cameron.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

DEPARTMENT: RHC

Original Policy Date: 1/2/2026

SUBJECT: Emergency Preparedness
Program Policy

Review: 2027 _____ 2028 _____ 2029 _____

Last Revised:

APPROVED BY:

Director: Kellye Foster, MHA, CLSSGB, CRHCP

Scope: The Rural Health Clinic (RHC) maintains a comprehensive Emergency Preparedness Program in compliance with CMS 42 CFR §491.12 and New Mexico Department of Health requirements. The program ensures patient, staff, and visitor safety using an all-hazards approach.

Review Cycle: Biennial

Responsible Parties: Governing Body, Medical Director, Director of Provider Services

Policy: This policy and Manual will include the following aspects of the Emergency Preparedness Program:

Hazard Vulnerability Analysis (HVA)

The RHC conducts a Hazard Vulnerability Analysis every two years. Risks assessed include wildfires, floods, power outages, infectious disease outbreaks, extreme heat, winter storms, and workforce shortages.

Results guide emergency planning priorities.

Emergency Response Plan

During an emergency, the RHC prioritizes life safety and continuity of care. Leadership determines operational status and coordinates with local emergency agencies (Appendix A).

Evacuation and Shelter-in-Place

Evacuation occurs when remaining onsite poses danger. Shelter-in-place is used during external threats such as wildfires or severe weather. Evacuation routes are posted (Appendix B).

Medical Records Protection

Patient confidentiality is maintained during emergencies. Downtime documentation procedures are used during EHR outages. HIPAA protections remain in effect.

Staffing and Patient Care Continuity

Emergency staffing plans identify essential personnel. Providers triage patient care needs.

SIERRA VISTA HOSPITAL

Communication Plan

The RHC maintains communication with staff, patients, NMDOH, hospitals, and emergency management using phone, text, email, signage, and web-based tools.

Emergency Supplies

Emergency supplies include first aid kits, PPE, flashlights, batteries, and emergency contacts. Supplies are checked annually.

Training and Testing

Staff receive emergency preparedness training upon hire and annually. The RHC conducts at least one emergency exercise annually, including tabletop drills.

Program Review

The Emergency Preparedness Program is reviewed every two years. Reviews include HVA updates, drill outcomes, and policy revisions.

References:

42 C.F.R. Part 491 (2023). <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491>

CFR Section	Topic
§491.4	Compliance with laws
§491.6	Physical environment
§491.7	Organizational structure (supporting required policies)
§491.8	Staffing responsibilities
§491.9	Provision of services (patient care policies)
§491.10	Patient health records
§491.11	Program evaluation
§491.12	Emergency preparedness

SIERRA VISTA HOSPITAL

Appendix A

Local Emergency Contact Numbers:

Dial 911 – For any emergency that requires police, fire, or medical response

Emergency Management:

County Emergency Management Non-Emergency: 575-894-9150

Nearest Hospital

Sierra Vista Hospital and Clinics: 575-894-2111

NM Department of Health

800-283-4465

575-894-2716

Fire Department

T or C Non-Emergency: 505-894-2132

City of Elephant Butte Non-Emergency: 575-744-5000

Law Enforcement

T or C Police: Non-Emergency/Dispatch 575-894-7111

Sierra County Sheriff: Non-Emergency 575-894-9150

Utility Providers

Contact Director of Plant Operations

Key Clinic Leadership

Director of Provider Services: Kellye Foster 870-723-9317

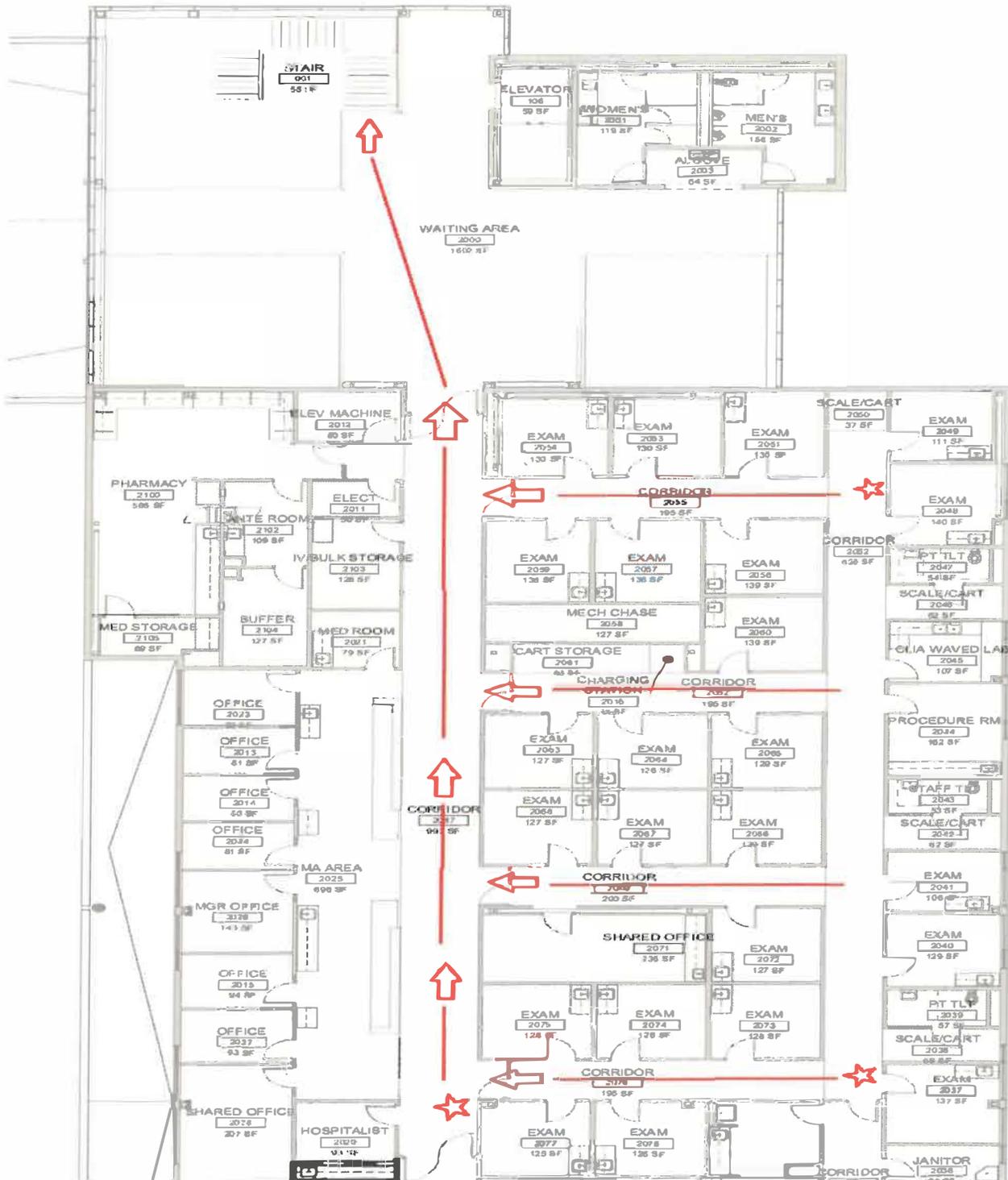
Medical Director: Sonia Seufer, MD: 719-659-3816

Director of Plant Operations: Don Welch 817-437-2632

SIERRA VISTA HOSPITAL

Appendix B

RHC Evacuation Routes





**SIERRA VISTA HOSPITAL
PROTOCOL**

DEPARTMENT: Infection Prevention **Original Date:** July 2022

SUBJECT: **MRSA and HAI Screening and Prevention** **Review:** 2024 BF 2025 BF 2026 BF

APPROVED BY: Infection Prevention Committee **Last Revised:** January 2026

Manager: Bettina Fitzgearld, BSN

SCOPE:

Nursing Staff of Sierra Vista Hospital.

PROTOCOL REASON:

Methicillin-resistant *Staphylococcus aureus* (MRSA) are strains of *Staphylococcus aureus*, or "staph," bacteria that are resistant to the antibiotic methicillin as well as to related beta-lactam antibiotics, such as oxacillin, penicillin, amoxicillin, and cephalosporins, that are used to treat ordinary staph infections. MRSA testing detects the presence of MRSA in a patient's sample.

Staphylococcus aureus frequently colonizes the human skin and is present in the nose of about a third of U.S. adults. It does not usually cause illness or symptoms. However, if there is a break in someone's skin from a wound or surgery, or if someone's immune system is weakened, then colonizing *S. aureus* can cause an infection.

Widespread use of antibiotics over the past several decades has led to the development of antibiotic-resistant strains of *S. aureus*. Infection with these strains can cause skin infections and potentially more severe, life-threatening infections such as pneumonia, bloodstream infections (septicemia), or infections at a surgical site. However, according to the Centers for Disease Control and Prevention (CDC), less than 2% of the population carries the type of staph bacteria known as MRSA. [For more on this, see the article Staph Infections and Methicillin-Resistant *Staphylococcus aureus*.]

MRSA can be spread in healthcare settings and in the community. Contaminated hands, medical equipment, and surfaces in places such as hospitals, clinics, or nursing homes allow the spread of MRSA from colonized or infected patients. In the community, anything that allows for skin-to-skin contact can spread MRSA. This includes sharing personal care items, participating in contact sports, or living or working in close contact with others.

In longitudinal studies it has been evidenced practice that doing the following can prevent MRSA or other HAIs from developing up to 37%. In other longitudinal studies that have identified that people that are colonized with MRSA (patients, staff, etc.) will have active MRSA infections from weeks to years later, avg on studies is 26 weeks.

BACTROBAN® nasal ointment is indicated for the eradication of nasal colonization with methicillin-resistant *Staphylococcus aureus* (MRSA) in adult and pediatric patients (aged 12 years and older) and healthcare workers as part of a comprehensive infection control program to reduce the risk of infection among patients at high risk of MRSA infection during institutional outbreaks of infections with this microorganism. Daily CHG bathing generally lowers your risk of getting an infection in the hospital. You are less likely to get sick from a germ that is very hard to treat. One example is methicillin-resistant *Staphylococcus aureus* (MRSA). CHG bathing can also help prevent other types of infections, such as:

- Vancomycin-resistant Enterococcus (VRE)
- Infections from central venous catheters
- Infections at surgical sites
- Infections from ventilator use

SIERRA VISTA HOSPITAL

PROCEDURE:

1. Perform a MRSA screening swab on patients from long term care facilities placed on the nursing unit
2. Apply Bactroban or Mupirocin intranasal to nursing unit MRSA screened patients daily until discharged (maximum of 5 days).
3. Chlorhexidine or CHG baths for the patient until discharge (maximum of 5 days) .

REFERENCE(S):

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5253275/>

<https://www.labcorp.com/help/patient-test-info/mrsa-screening>

<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/chg-bathing-to-prevent-healthcare-associated-infections#:~:text=Many%20experts%20now%20recommend%20daily,with%20simple%20soap%20and%20water>

<https://www.cdc.gov/infectioncontrol/pdf/strive/MRSA202-508.pdf>

<https://www.rxlist.com/bactroban-nasal-drug.htm#indications>

Provider Specialty Specific Practice Evaluation: Rural Health Behavioral Clinic Psychiatrist



Evaluations are to be Completed every 6-8 Months.

Physician:	Indicators	Practitioner Rating	PEER Avg.	Review Period:		
				Excellent	Acceptable	Action Needed
Patient Care						
	Suicide Risk Assessment completed with all required elements within 24 hours for positive PTSD or Depression reminders.	>95%		75-94%	<75%	
	Master treatment plan is documented and updated at appropriate time intervals.	>90%		75-89%	<70%	
Medical / Clinical Knowledge						
	75 Continuing Medical Education Hours every (3) years	Yes			No	
Practice Based Learning and Improvements						
Attends						
		>95%		75-95%	Less than 75%	
Interpersonal Communication Skills						
	Validated patient complaints	0-2		3-5	Greater than 5	
	Validated staff complaints	0-2		3-5	Greater than 5	
System Based Practice						
	Percentage of Clinic charts completed within 48 hours in 6-8 months.	>95%		75-95%	Less than 75%	
Professionalism						
	Validated incidents of unprofessional behavior in 6-8 months	0-2		3-5	Greater than 5	
Comments:						
Action:						
<input type="checkbox"/> Performance meets expectations, Provider Specialty Specific Practice Evaluations						
<input type="checkbox"/> Personal communication with written documentation; continue Provider Specialty Specific Practice Evaluations						
<input type="checkbox"/> Focus Review Required						
				Signatures		
				Chief of Staff		
				Date		
				Chief Executive Officer		
				Date		



**Provider Specialty Specific Practice Evaluation: Sleep Physician
Evaluations are to be Completed every 6-8 Months.**

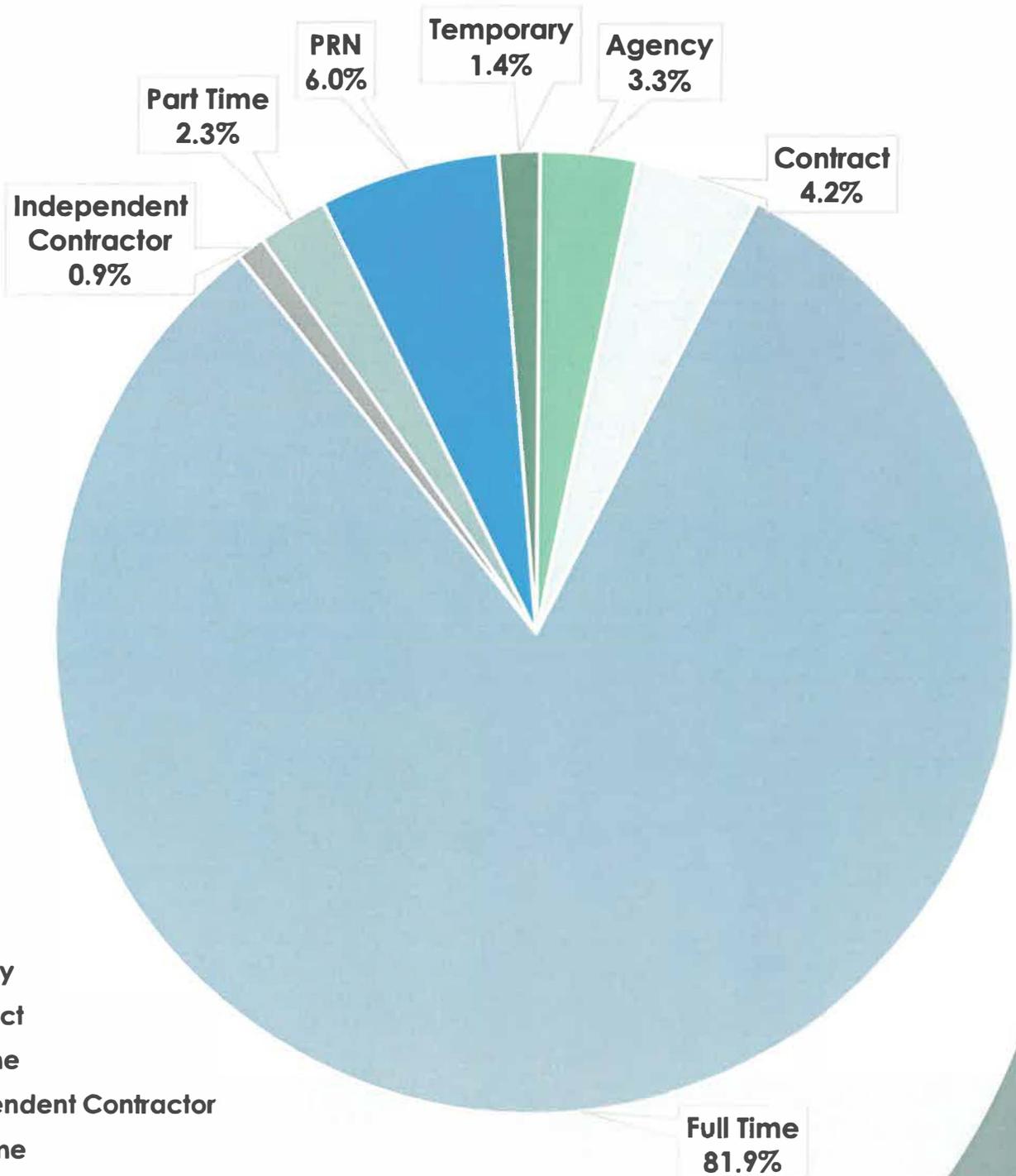
Physician:		Review Period:			
Indicators	Practitioner Rating	PEER Avg.	Excellent	Acceptable	Action Needed
Patient Care					
Percentage of patients' severity assessment at initial diagnosis of sleep apnea.			>95%	75-94%	< 75%
Percentage of patients receiving follow up appointments after initiation of sleep apnea therapy.			>90%	75-89%	<70%
Medical / Clinical Knowledge					
75 Continuing Medical Education Hours every (3) years			Yes		No
Practice Based Learning and Improvements					
Patients diagnosed with obstructive sleep apnea have documented Apnea-Hypopnea Index of \geq 5 events per hour on a sleep study.			>95%	75-95%	Less than 75%
Interpersonal Communication Skills					
Validated patient complaints			0-2	3-5	Greater than 5
Validated staff complaints			0-2	3-5	Greater than 5
System Based Practice					
Percentage of Clinic charts completed within 48 hours in 6-8 months.			>95%	75-95%	Less than 75%
Professionalism					
Validated incidents of unprofessional behavior in 6-8 months			0-2	3-5	Greater than 5
Comments:					
Action:					
<input type="checkbox"/> Performance meets expectations, Provider Specialty Specific Practice Evaluations <input type="checkbox"/> Personal communication with written documentation; continue Provider Specialty Specific Practice Evaluations <input type="checkbox"/> Focus Review Required					
			Signatures		
			Chief of Staff		
			Date		
			Chief Executive Officer		
			Date		



Human Resources Governing Board Report

December 2025

Staffing Matrix



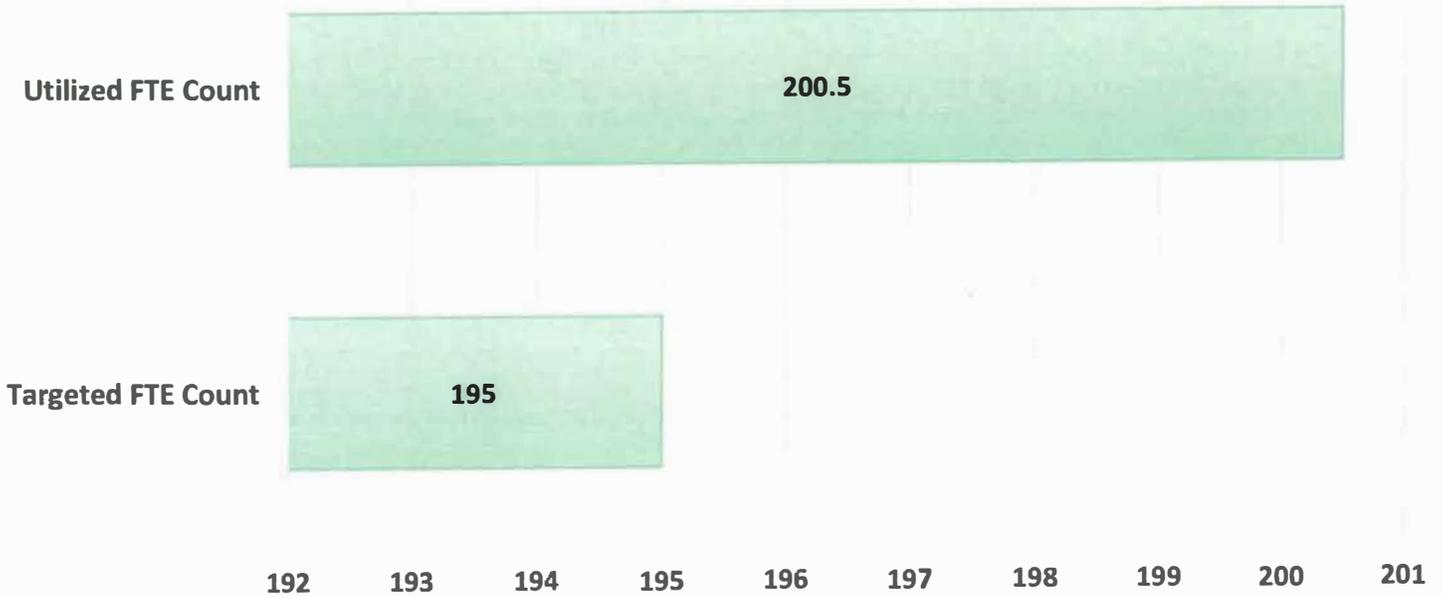
- Agency
- Contract
- Full Time
- Independent Contractor
- Part Time
- PRN
- Temporary



Human Resources Governing Board Report

December 2025

FTE Utilization



6 Month Trend By Category

	June	December	6 Month Trend Change
Agency:	7%	3.3%	-3.7%
Contract:	5%	4.2%	-0.8%
Full Time:	76%	81.9%	5.9%
Independent Contractor:	1%	0.9%	-0.1%
Part Time:	3%	2.3%	-0.7%
PRN:	5%	6.0%	1.0%
Temporary:	3%	1.4%	-1.6%
Utilized FTE:	211	200.5	-4.9%



Human Resources Governing Board Report

December 2025

Vacancies (As of 01/20/2026)

FTE Count	Title	Status	Department
1	Phlebotomist	FT	Laboratory
1	Echo Cardio Tech	FT	Imaging Services
1	Physical Therapist	FT	Rehab Services
1	Physical Therapist Assistant	FT	Rehab Services
0.25	Medical Assistant	PRN	Clinic
1	LPN	FT	Clinic
2	Certified Nurse Practitioner	FT	Clinic
1	Licensed Clinical Social Worker	FT	Clinic
2	Registered Nurse	FT	Emergency Room
1	House Supervisor, RN	FT	Nursing Admin
1	Paramedic	FT	Ambulance
1	EVS Technician	FT	Housekeeping
1	Security Guard	FT	Security

New Hires (December 2025)

FTE Count	Title	Status	Department
0	<i>No New Hires for December 2025</i>		

Turnover (December 2025)

FTE Count	Title	Status	Department	Reason
1	Registered Nurse	Agency	Clinic	Contract End
1	HIM Clerk	FT	Medical Records	Voluntary
1	Coder	FT	Medical Records	Voluntary
.25	Intern EVH Technician	Temporary	Housekeeping	Voluntary

Turnover Rate: 7.30%
Based on an average FTE target of 195



Human Resources Governing Board Report

December 2025

Current Projects

- SVH Master Personnel Policy Development: Senior leadership workshops have resumed to finalize the master policy now that permanent CEO is in place. Final proposal will be presented to the Governing Board for final approval. Targeted completion date: April 30, 2026.
- Workforce Innovation and Opportunity Act (WIOA) program has been established for SVH. Working with WIOA representatives to identify current and future vacancies that qualify under the program.

In-Process Improvements

- Job Description Updates: Beginning in July 2025, each SVH job description is being evaluated and updated to align with the current structure, expectations, and requirements of each position. With each new position filled, updated job descriptions are signed at the time of onboarding, and all current internal positions of the same assignment are being updated for uniformity. Current overall completion rate is 37%, targeted completion date: May 31, 2026.
- Evaluating current HR compliance with Joint Commission's 2026 National Performance Goals 11 & 12 and identifying areas for improvement.
 - ❑ Goal 11: The critical access hospital maintains workplace and patient safety.
 - ❑ Goal 12: The critical access hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.

CNO Report January 2025

- Working with HR and EOC to develop a safe patient handling policy with guidelines in place to improve patient and staff safety.
- Increased focus on nursing documentation to identify any potential opportunities with Cerner.
- Reviewing all competency documentation of individuals in nursing departments.
- Continue with a multidisciplinary approach to increase in swing bed patients. Education is being prepared for nurses to better understand differences in expectations for an inpatient and a swing bed patient. Educator developing competencies for orthopedic post op care.
- AU/AR reporting build is going well. Once this build is finalized, the time to gather data for antibiotic usage and antibiotic resistance will decrease greatly, regulatory reporting electronically will be in place as well as a more solid antibiotic stewardship program.
- Approaching end of agreement with 3 international nurses. Recruitment to become SVH staff is occurring.

Respectfully submitted,

Sheila F. Adams MSN, MHA

CEO Board Report – 1/27/26

- First 2 weeks – Spending a lot of time meeting people (internal and external)
 - Rounding on staff daily
 - One-on-one meetings with department leaders in progress
 - Opening Day in Santa Fe to meet legislators and attended State of the State address by Governor; will go back for Rural Health Feb 4 and 5
 - Troy Clark – President of Hospital Association
 - Steve Stoddard – Rural Health Network, NMRHN Board Meeting – met other independent CAH CEOs
- Strategic Planning with Ovation
- Update on providers – 2 NPs to interview for Rural Health Clinic – one will be onsite Feb 8-10
- Radiology – CT scanner – working with Phillips, Don and Kayla to continue to move forward on replacing old CT unit; we will have a temporary CT scanner while the exchange takes place
- Ambulance property – Rob Price, architect, meeting Jan. 29
- Baby Box – Safe Harbor. Installation in progress
- MedGas savings – Don \$13K monthly savings
- Legislation – Med Mal Governor wants done in this 30-day session, compact agreements for healthcare professionals, tax credits for physicians.

As we just crossed the 24-hour mark of the 2026 Legislative Session, I want to provide an update as quite a few priority healthcare bills are already moving. We will have full analysis and coverage of this week's legislative activities in our Friday Member Memo and invite you to read on for an overview of legislation.

House:

- Two medical malpractice reform bills were pre-filed:
 1. [HB 99](#)
 - a. HB 99 has been given a message by Governor Lujan Grisham and once introduced will be able to move to its first committee. Here is a brief summary of the bill.

HB 99 – Medical Malpractice Changes Summary (as introduced)

1. Changes “**occurrence**” to clarify that the number of providers does not increase the number of claims/occurrences of malpractice.

2. Adds a definition for “**value of accrued medical care and related benefits**” as being the actual amount paid or owed and does not include any costs waived, written off or lowered.
3. Extends hospitals’ participation in the PCF through 2029 and specifies that the PCF qualification provisions for hospitals expire at the same time.
4. Requires that payments made from the PCF for medical and related care shall be as expenses are incurred.
5. Adds a new **Punitive Damages** section:
 - a. Requires **clear and convincing evidence** that the provider was malicious, willful, wanton, reckless, fraudulent or bad faith.
 - b. Caps punitive damages at **1x the compensatory cap**.
 - c. Excludes payment by the PCF.
 - d. Prohibits the initial claim from including punitive damages, must establish prima facia proof of intent (**bifurcated process**).
6. Applies to all claims filed after the effective date (May 20).

2. [HB 107](#)

- Eleven healthcare interstate licensing bills have been introduced in the House. The House Health and Human Services Committee heard and passed all but HBs 44-45 (at the request of the sponsor) in its first meeting this morning. They move next to the House Judiciary Committee where they are expected to pass as they did last year.
 - [HB 10](#) Physician Assistant Interstate Compact
 - [HB 11](#) Audiology & Speech-Language Pathology Compact
 - [HB 12](#) Physical Therapy Licensure Compact
 - [HB 13](#) Occupational Therapy Licensure Compact
 - [HB 14](#) Dentist & Dental Hygienist Compact
 - [HB 31](#) EMS Personnel Licensure Interstate Compact
 - [HB 32](#) Counseling Licensure Compact
 - [HB 33](#) Psychology Interjurisdictional Compact
 - [HB 44](#) Dental & Dental Hygienist Compact
 - [HB 45](#) Physician Assistant Licensure Compact
 - [HB 50](#) Social Work Licensure Interstate Compact

Senate:

- Senate Leadership announced a “rocket docket” of healthcare bills that are being fast-tracked for passage in the first week. Senate Bill 1 – Interstate Medical Licensure Compact is in its one and only Senate committee, Senate Judiciary Committee, Wednesday afternoon for a hearing. The other bills are expected to be scheduled for hearings in the next day or two. We are supportive of these bills (or neutral), except for SB 16 – Health Professional Autonomy Act, which we oppose (summary below).
 - [SB 1](#) – Interstate Medical Licensure Compact

- [SB 4](#) – Increasing Residency Pay: \$2 million
- [SB 5](#) – Developing and Expanding Rural Residency Slots: \$3 million
- [SB 6](#) – UNM Medical School Expansion: \$545 million
- [SB 7](#) – Increasing Clinician Faculty Pay: \$20 million
- [SB 8](#) – Transfer to the Behavioral Health Trust Fund: \$650 million
- [SB 9](#) – Transfer to the Medicaid Trust Fund: \$1 billion
- [SB 10](#) – Health Teaching Corps for underserved areas: \$5 million
- [SB 11](#) – Nurse Loan Repayment Program: \$5 million
- [SB 12](#) – Physician Tax Credit: Creates a \$4,000 annual income tax credit for physicians working at least 1,584 hours per year providing healthcare in New Mexico. The credit can be carried forward for up to three years and is stackable with existing rural healthcare practitioner credits.
- [SB 13](#) – Healthcare Practitioner Gross Receipts Tax Deduction: Extends and expands an existing gross receipts tax deduction for healthcare practitioners, extending the sunset date to 2031 and broadening the definition of coinsurance to include percentage-based payments.
- [SB 14](#) – NM Health Professional Loan Repayment Program: \$25 million
- [SB 15](#) – Inclusion in Healthcare Act: Prohibits insurance discrimination against licensed naprapaths, chiropractors, and acupuncturists, expanding patient access to nearly 1,000 additional licensed practitioners already working across the state, particularly in rural and underserved areas.
- [SB 16](#) – Health Professional Autonomy Act: Protects healthcare providers’ clinical independence from interference by healthcare entities, prohibiting corporate control over decisions about diagnostic tests, referrals, treatment options, and patient volume requirements.

○

SB 16 - HEALTH PROFESSIONAL AUTONOMY ACT Summary (as introduced)

Enacts the Health Professional Autonomy Act, defining health care entities to include hospitals and prohibiting them from interfering with or directing the professional judgment or clinical decisions of health care providers, except as required by licensing or accreditation standards. It bars interference with decisions related to tests, referrals, consultations, treatment options, and patient volume. The Act establishes a private right of action, allows the attorney general to enforce violations, and authorizes courts to award damages, punitive damages, injunctive relief, and attorney fees. It takes effect July 1, 2026.

-
- Enacts the Health Professional Autonomy Act.
 - Defines health care entity as including hospitals.
 - Prohibits health care entities from:
 - directly or indirectly interfering with, controlling or otherwise directing the professional judgment or clinical decisions of a health care provider except as required by licensing or accreditation requirements.
 - interfering with the professional judgment of a health care provider making health care decisions including tests, referrals, consultations, presenting treatment options, or **setting the number of patients to be seen in a time period.**

- Establishes a private right of action. “A person who has suffered injury by reason of an act or practice in violation of the Act may sue in district court.” The court may award damages, punitive damages and injunctive relief and shall award the cost of the suit, including reasonable attorney fees. The AG may also file suit for violations of the Act.
- Effective 7/1/26.

*descriptions provided by Senate Democrats