



**SIERRA VISTA HOSPITAL GOVERNING BOARD
REGULAR MEETING
Elephant Butte Lake RV Resort Center
2-24-26**

TABLE OF CONTENTS

Agenda.....	GB 1-4
January 27, 2026 Regular Meeting Minutes.....	GB 5-11
January Financial Analysis.....	GB 12
Key Statistics January.....	GB 13
Statistics by Month.....	GB 14
12 Month Statistics.....	GB 15
Detailed Stats by Month.....	GB 16-17
January Volume Trends.....	GB 18
January Income Statement.....	GB 19
Income Statement by Month.....	GB 20
12 Month Income Statement.....	GB 21
January Balance Sheet.....	GB 22
Balance Sheet by Month.....	GB 23
January Financial Trends.....	GB 24
Medicare Reserves report.....	GB 25
Policies.....	GB 26-30
HR Report.....	GB 31-34

SVH Personnel Policy Section 1 & 2 will be sent as soon as available.

GB Bylaws is a separate attachment.

Budget revision will be handed out at the meeting.

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**

February 24, 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**
Edna Trager, Member

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 Seufer, Chief of Staff
Gera Johnson, Quality & Risk
Sheila Adams, CNO

Ovation: Erika Sundrud

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 |

Introduction of new board member, Edna Trager.

- | | | |
|--|----------------------|---------------|
| 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. January 27, 2026 Regular 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. December Financial Report- | Ming Huang, CFO | Action |
| C. Budget Revision | Ming Huang, CFO | Action |
| D. Policy Review | Sheila Adams, CNO | Action |
| <ul style="list-style-type: none"> • Safe Haven Baby Box – Emergency Department • Medication Documentation during a procedure - Pharmacy | | |

9. Administrative Reports

- | | | |
|--|-----------------------------|----------------|
| A. Human Resources | Heather Milton, HR Director | Report |
| 1. SVH Personnel Policy Section 1, 2, 6 & 7.01 | | Action |
| B. CNO Report | Sheila Adams, CNO | Report |
| C. CEO Report | Shauna Cameron, CEO | Report |
| D. Governing Board | Serina Bartoo, Chair | Report |
| 1. Governing Board Bylaws | | Report/ Action |

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 Initial Appointment-

Brett Heller, MD

Elena Anigati, DO

RP Two-year reappointment-

John Sandoz, MD

Kenneth Bryant, MD

Term-

Luis Ramos-Duran, MD (RP)

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

A. Risk Report

Gera Johnson

B. Elephant Butte GRT Update

Shauna Cameron

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

A. Ovation Report to Board

Erika Sundrud

B. Contract Discussion

Shauna Cameron / Erika Sundrud

C. 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 Initial Appointment-

Brett Heller, MD

Elena Anigati, DO

RP Two-year reappointment-

John Sandoz, MD

Kenneth Bryant, MD

Term-

Luis Ramos-Duran, MD (RP)

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

- A. Risk Report
- B. Elephant Butte GRT Update

Report
Report/ Action

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

- A. Ovation Report to Board
- B. Contract Discussion
- C. CEO Discussion with Board

Report
Report
Information

12. Other

Next meeting – March 24, 2026

13. Adjournment

Action



SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

January 27, 2026

12:00pm

Elephant Butte Lake RV Event Center

1. The Governing Board of Sierra Vista Hospital met January 27, 2026 at Elephant Butte Lake RV Resort Event Center for a regular meeting. Serina Bartoo, Chairperson, called the meeting to order at 12:00.

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
Vacant

Village of Williamsburg:

Serina Bartoo, **Chair**, Present

There is a quorum of voting Governing Board members.

Ex-Officio:

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

Support Staff:

Ming Huang, CFO, P
Sheila Adams, CNO, P
Heather Milton, HR, P
Zach Heard, PXO, P
Dr. Sonia Seufer, COS, P
Gera Johnson, Quality, P

Ovation:

Erika Sundrud, by Webex

Serina Bartoo called for a moment of silence for Cookie Johnson who passed last week.

4. Approval of Agenda Serina Bartoo, Chair

Jesus Baray motioned approval of the agenda. Bruce Swingle 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. December 2, 2025 Regular Meeting
- B. December 22, 2025 Special Open Meeting
- C. December 22, 2025 Special Closed Meeting

Bruce Swingle motioned to approve all minutes listed above. Greg D’Amour seconded. Motion carried unanimously.

6. Public Input – Ted Kuzdrowski addressed the board with concerns about communication between the ER doctors and the clinic doctors. ER doctors are canceling prescriptions without contacting the specialist at the clinic or the doctors. I wasn’t the only one who had this problem.

7. Old Business

None

8. New Business

A. Medical Staff Report - Dr. Sonia Seuffer, Chief of Staff, stated that she will speak to Dr. Garver regarding Ted’s concern. She further stated that she has not had this problem but sometimes there is communication problem with the pharmacies. We are anxious to have an interview with an NP candidate in mid-February. The emergency preparedness policy was approved by Med Staff for the clinic, and we have had our first tabletop exercise. We have finished standardizing the supplies that will be in the exam rooms and in our supply closet to track outgoing supplies and inventory.

B. November Financial Report-

C. December Financial Report- Ming Huang, CFO, directed board members to page GB19 in their packets. Total patient days in November were 106 days, eight 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. In November, most departments decreased compared to October. Days cash on hand at the end of November were 159 days. Accounts receivable net days were 41 and accounts payable days were 19.

Total patient days for December were 115 days, 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. Days cash on hand at the end of December were 189 days. The increase from November to December was due to \$2,105,024 million HDAA funds received in December and the mil levy in the amount of \$293,072. Accounts receivable net days were 37 and accounts payable days were 14. December increased over November in most departments. There were no swing bed patients in December and only one in November. Physical therapy remains average every month. There were three home tests for sleep study in December and seven in-house tests. Discussion was held regarding the

nuclear medicine patients and the sleep/ home study tests. The holidays and no walk-in clinic have reduced the number of clinic visits in November and December.

Gross patient revenue in November is the lowest it has been in a year at \$4,739,735. This is \$990,174 less than budget. Other operating revenue was \$1,053,020 which includes \$939,715 in HDAA funds. Total operating revenue for November was \$3,437,205. Benefits were lower than budget due to the refund of unemployment expenses for \$62,000. We also received \$32,532 in dividends from workers' compensation insurance. Total operating expense was \$2,475,680 and we ended November with EBITDA of \$961,526 which is a 28% margin.

Volume was higher in December. Gross patient revenue was \$5,647,822, \$273,084 less than budget. Total net patient revenue was \$2,775,665. Other operating revenue includes \$783,567 HDAA funds. Non-operating revenue is lower because we recognized a \$100,171 loss for surgical equipment disposition. When the sale to Memorial is complete, we will offset this loss. Contract services are lower due to lower agency staffing expenses. Total operating expense is \$2,691,308 and we ended December with EBITDA of \$1,172,957 which is a 30% margin. Year to date, EBITDA is \$5,140,213 which is a 24% margin.

At the end of December, we had \$17,189,992 in the bank. The decrease in fixed assets is due to the disposition of surgical equipment. David Perry and Katie Tinsley are working on the cost report settlement. When they are finished, we will know if we owe Medicare or they owe us.

Greg D'Amour motioned to accept the November and December Financial reports. Bruce Swingle seconded. Motion carried unanimously.

D. Quarterly Investment Update- Ming Huang, CFO. On December 31, 2025 we had \$14,046,617 in our investment account. The money market accounts have \$1,789,942 and our fixed income account has \$12,256,674. We have a taxable income of \$293,520 and a change in asset value of \$86,113.

E. Authorized signature change - Ming Huang, CFO. We need to remove David Faulkner, ICEO from the accounts at Bank of the Southwest ending 4398 and 1829 and add Shauna Cameron, CEO.

Greg D'Amour motioned to remove David Faulkner and add Shauna Cameron to Bank of the Southwest accounts ending 4398 and 1829. Jesus Baray seconded. Motion carried unanimously.

F. Policy Review - Sheila Adams, CNO

1. Emergency Preparedness Program Policy-

2. MRSA and HAI Screening and Prevention- When MRSA was very high, we were screening every patient placed on the nursing unit. The revision to this protocol is, now that MRSA rates are below the national average, we are following the CDC guidelines and only screening patients from long term nursing facilities.

3. Provider Specialty – Rural Health Behavioral Clinic Psychiatrist

4. Provider Specialty – Sleep Physician- Both 3 and 4 are forms for provider quality review. The forms needs to be corrected as discussed in medical staff so that a provider is only excellent with zero validated incidents of unprofessional behavior in a six-to-eight-month period. One is acceptable and two or greater requires action.

Bruce Swingle motion to approve one through four. Greg D'Amour seconded. Motion carried unanimously.

9. Administrative Reports

A. Human Resources - Heather Milton, HR Director. Last month, FTE utilization was set at 187. This has been increased to 195 due to our trend with Ovation over the last year. We are working on productivity reviews with department leaders so they can understand productivity versus staffing needs. We are seeing a down shift in agency utilization. Since June 2025 to December, it's down 3.7%. Utilized FTEs is down from 211 in June to 200.5 in December. There were no new hires in December. The turnover rate is 7.30%.

Current projects include the SVH master personnel policy development that will be finalized now that our permanent CEO is in place. The final proposal will be presented to this board for final approval with a targeted completion date of April 30, 2026. The workforce innovation and opportunity act program has been established for SVH.

In process improvements include job description updates. The goal is to have them all completed by May of 2026. Current overall completion rate is 37%. Additionally, evaluating current HR compliance with Joint Commission's 2026 National Performance Goals 11 and 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.

B. CNO Report - Sheila Adams, CNO. We are working with our HR and EOC to develop a safe patient handling policy with guidelines in place to improve patient and staff safety. There is increased focus on nursing documentation to identify any potential opportunities with Cerner, and we are reviewing all competency documentation of individuals in nursing departments. We continue with a multidisciplinary approach to increase swing bed patients. Education is being prepared for nurses to better understand differences in expectations for an inpatient and a swing bed patient. Our educator is developing competencies for orthopedic post-op care. AU/AR (antibiotic use/ antibiotic resistance) reporting is going very well. We have been able to report all of 2025 data and submitted it as we are required to do. Three international nurses are nearing the end of their contracts, and we are trying to recruit them to stay with SVH.

C. CEO Report - Shauna Cameron, CEO, reported that she has spent a lot of time meeting people both inside and outside of the hospital. She attended opening day of the legislation in Santa Fe and met with the President of the Hospital Association, Troy Clark as well as Steve Stoddard with the Rural Health network.

We are working on hiring two new nurse practitioners. One will be onsite February 8 – 10. We are working with Phillips on the installation of the new CT scanner. A temporary CT will have to be brought in while the new one is installed. A meeting is scheduled with Rob Price, architect for the EMS building, on January 29th. The baby box is installed and plans for marketing and a ribbon cutting are in the works. All staff will be trained on how best to communicate about the baby box. Don Welch, Director of Plant operations, was able to rework our Med Gas contract, which will save us about \$13,000 monthly. A list of Legislative session bills are included in the CEO report. Discussion was held regarding the important bills that will impact hospitals throughout New Mexico.

1. EMS Building Update- Jim Paxon stated that the purchase documents were signed on the 26th. This is an outstanding addition and an excellent location for EMS. It was a four to one vote in the JPC on the purchase and the resolution. Serina Bartoo stated that with the purchase of the building, it is a good time to hold town hall meetings with the community.

D. Governing Board - Serina Bartoo, Chair, read a tribute to Cookie Johnson: "Today we pause to honor the passing of our fellow board member, Cookie Johnson. Cookie was without question a firecracker full of energy, conviction and a spark that made our conversations better and our vision stronger. She never sat quietly on the sidelines; she cared too much for that. Her commitment to our hospital went far beyond board meetings. Cookie carried decades of experience in hospital governance dating all the way back to the 1990s when she served as the mayor of the City of Truth or Consequences during a critical moment in our community's history. When the hospital was on the brink of closing, Cookie stepped into action. She was handed the keys to that building, that might have shut its doors the very next day. But instead of accepting that fate, she helped rally leadership and engage the City and County and keep a community hospital alive. That story captures who Cookie was. Bold when it mattered, unafraid of hard moments and fiercely committed to serving others. She believed deeply that our hospital deserved people who knew its history, understood its purpose and cared about its future and she lived that belief through her service to this board and our community . We will miss her spark, her passion, her voice at this table but we are grateful for the impact that she made and the foundation she helped strengthen for all who will come after her. We extend our deepest thoughts and prayers to her family, her friends and her loved ones."

Motion to close the meeting:

Bruce Swingle motioned to go into closed session. Jesus Baray 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 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:

- Bruce Swingle – Y Jesus Baray – Y
- Greg D’Amour – 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-
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
Jesus Baray motioned to approve the above listed privileges. Bruce Swingle seconded.
Motion carried unanimously.

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

- A. Risk Report No Action
- B. City of Elephant Butte GRT debt

Bruce Swingle motioned that Shauna Cameron, CEO, send the City of Elephant Butte a letter acknowledging receipt of their correspondence and that we request full payment within 30 days of receipt of our correspondence. Greg D'Amour seconded. Motion carried unanimously.

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

- | | |
|--------------------------|-----------|
| A. Survey Updates | No Action |
| 1. CMS | |
| 2. Safety | |
| B. Quality and QAPI FY26 | No Action |
| C. Compliance | No Action |
| 1. SVH NPP | |

Greg D'Amour motioned to accept the SVH NPP. Bruce Swingle seconded. Motion carried unanimously.

2. Use of Qualified Medical Interpreters

Greg D'Amour motion to approve the Use of Qualified Medical Interpreters. Jesus Baray seconded. Motion carried unanimously.

- | | |
|------------------------------|-------------|
| D. Patient Experience Report | No Action |
| E. Ovation Report to Board | No Action |
| F. Annual GPO disclosure | No Action |
| G. Contract Discussion | No Action |
| H. CEO Discussion with Board | Information |

12. Other

Next meeting – February 24, 2026

13. Adjournment

Jesus Baray motioned to adjourn.

Jennifer Burns, Recording Secretary

Serina Bartoo, Chairperson

Approved



Financial Analysis

January 31st, 2026

Days Cash on Hand for January 2026 are 175 which equals \$16,006,015

Accounts Receivable Net days are 49

Accounts Payable days are 16

Hospital Excess Revenue over Expense

The **Net Income** for the month of January was (\$82,932) vs. a Budget Income of \$402,913.

Hospital Gross Revenue for January was \$4,893,831 or \$1,027,075 less than the budget. Patient Days were 128 – 30 more than December, Outpatient visits were 824 – 17 more than December. RHC visits were 703 – 135 more than December and ER visits were 703 – 142 less than December.

Revenue Deductions for January were \$2,975,958. Recorded additional cost report payable of \$213,000.

Other Operating Revenue was \$984,589, including \$749,027 Healthcare Delivery Access Act (HDAA) receivable.

Non-Operating Revenue was \$311,824.

Hospital Operating Expenses for January were \$2,880,621. Salaries were higher because of providers' quarterly productivity incentive. Contract services were less than budget due to the lower agency staffing expenses. Professional fees included the coverage of walk-in clinic from Emergency Staffing Solutions.

EBITDA for January was \$333,666 vs. a Budget of \$859,917. YTD EBITDA is \$5,473,879 vs. a Budget of \$5,963,940.

The Bond Coverage Ratio in January was 387% vs. an expected ratio of 130%.

Sierra Vista Hospital
 STATISTICS by Month
 January 31, 2026
 (SUBJECT TO AUDIT)

Description	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 12/31/2025	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Admissions												
Acute				29	40	31	29	19	21	16		
Swing				2	-	1	2	2	4	1		
Total Admissions				31	40	32	31	21	25	17		
ALOS (acute and swing)				4.1	2.5	3.3	3.2	2.9	3.8	3.0		
Patient Days (acute and swing)				128	98	106	98	61	95	51		
Outpatient Visits				824	807	669	935	950	886	1,006		
Rural Health Clinic Visits				703	568	525	669	701	701	696		
ER Visits				703	845	631	704	624	726	720		
ER Visits Conversion to Acute Admissions				4%	5%	5%	4%	3%	3%	2%		
Clinic Visits												
RHC & Walk-In				703	568	525	669	701	701	696		
Behavioral Health				308	301	254	349	318	312	299		
Total Visits				1,011	869	779	1,018	1,019	1,013	995		
Profitability												
EBITDA % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	10%	30%	28%	0%	29%	22%	27%		
Operating Margin %	#DIV/0!	#DIV/0!	#DIV/0!	-3%	20%	16%	-15%	18%	10%	15%		
Rev Ded % Net Rev	#DIV/0!	#DIV/0!	#DIV/0!	61%	51%	57%	67%	47%	60%	60%		
Bad Debt % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	17%	7%	10%	13%	4%	13%	12%		
Outpatient Revenue %	#DIV/0!	#DIV/0!	#DIV/0!	96%	97%	97%	96%	98%	97%	98%		
Gross Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	\$ 6,315	\$ 4,236	\$ 4,444	\$ 6,807	\$ 5,109	\$ 6,874	\$ 6,879		
Net Patient Revenue/Adjusted Admission	#DIV/0!	#DIV/0!	#DIV/0!	\$ 2,475	\$ 2,082	\$ 1,928	\$ 2,264	\$ 2,722	\$ 2,774	\$ 2,745		
Salaries % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	65%	40%	50%	76%	40%	48%	55%		
Benefits % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	14%	8%	7%	14%	8%	10%	9%		
Supplies % Net Pt Rev	#DIV/0!	#DIV/0!	#DIV/0!	11%	8%	8%	12%	6%	9%	8%		
Cash and Liquidity												
Days Cash on Hand				175	189	159	154	158	139	117		
A/R Days (Gross)				68	62	66	61	65	64	65		
A/R Days (Net)				49	37	41	37	44	42	44		
Days in AP				16	14	19	19	24	28	22		
Current Ratio				8.3	9.7	9.5	8.0	8.2	7.8	8.8		

Sierra Vista Hospital
 TWELVE MONTH STATISTICS
 January 31, 2026
 (SUBJECT TO AUDIT)

Description	1/31/2026		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		
	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	
Admissions																									
Acute	29	40	31	29	29	19	21	16																	
Swing	2	-	1	2	2	2	4	1																	
Total Admissions	31	40	32	31	31	21	25	17																	
ALOS (acute and swing)	4.1	2.5	3.3	3.2	3.2	2.9	3.8	3.0																	
Patient Days (acute and swing)	128	98	106	98	98	61	95	51																	
Outpatient Visits	824	807	669	935	950	886	1,006																		
Rural Health Clinic Visits	703	568	525	669	701	701	701	696																	
ER Visits	703	845	631	704	624	726	726	720																	
ER Visits Conversion to Acute Admissions	4%	5%	5%	4%	4%	3%	3%	2%																	
Clinic Visits																									
RHC & Walk-In	703	568	525	669	701	701	701	696																	
Behavioral Health	308	301	254	349	318	312	312	299																	
Total Visits	1,011	869	779	1,018	1,019	1,013	995																		
Profitability																									
EBITDA % Net Rev	10%	30%	28%	0%	29%	22%	27%																		
Operating Margin %	-3%	20%	16%	-15%	18%	10%	15%																		
Rev Ded % Net Rev	61%	51%	57%	67%	47%	60%	60%																		
Bad Debt % Net Pt Rev	17%	7%	10%	13%	4%	13%	12%																		
Outpatient Revenue %	96%	97%	97%	96%	98%	97%	98%																		
Gross Patient Revenue/Adjusted Admission	\$ 6,315	\$ 4,236	\$ 4,444	\$ 6,807	\$ 5,109	\$ 6,874	\$ 6,879																		
Net Patient Revenue/Adjusted Admission	\$ 2,475	\$ 2,082	\$ 1,928	\$ 2,264	\$ 2,722	\$ 2,774	\$ 2,745																		
Salaries % Net Pt Rev	65%	40%	50%	76%	40%	48%	55%																		
Benefits % Net Pt Rev	14%	8%	7%	14%	8%	10%	9%																		
Supplies % Net Pt Rev	11%	8%	8%	12%	6%	9%	8%																		
Cash and Liquidity																									
Days Cash on Hand	175	189	159	154	158	139	117																		
A/R Days (Gross)	68	62	66	61	65	64	65																		
A/R Days (Net)	49	37	41	37	44	42	44																		
Days in AP	16	14	19	19	24	28	22																		
Current Ratio	8.3	9.7	9.5	8.0	8.2	7.8	8.8																		

Sierra Vista Hospital
Detailed Stats by Month
1/31/2026

(SUBJECT TO AUDIT)

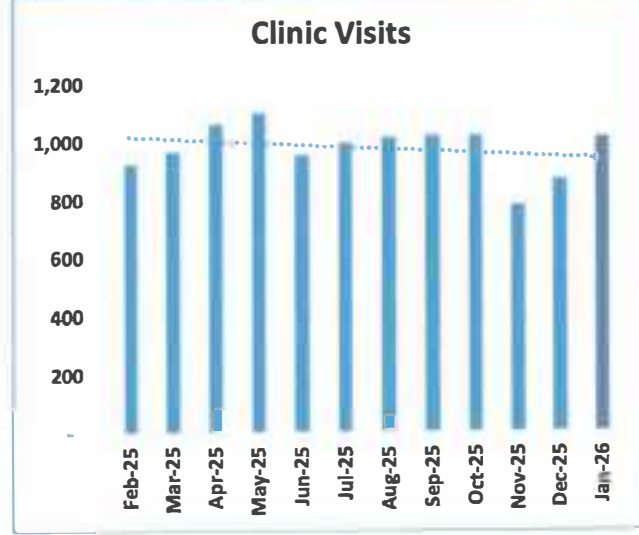
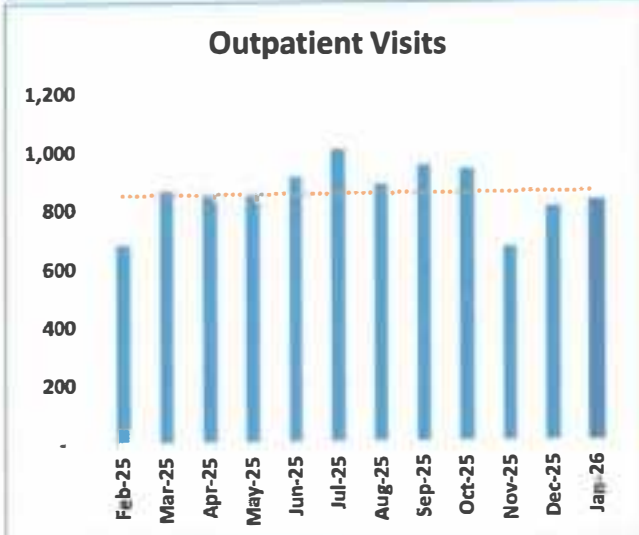
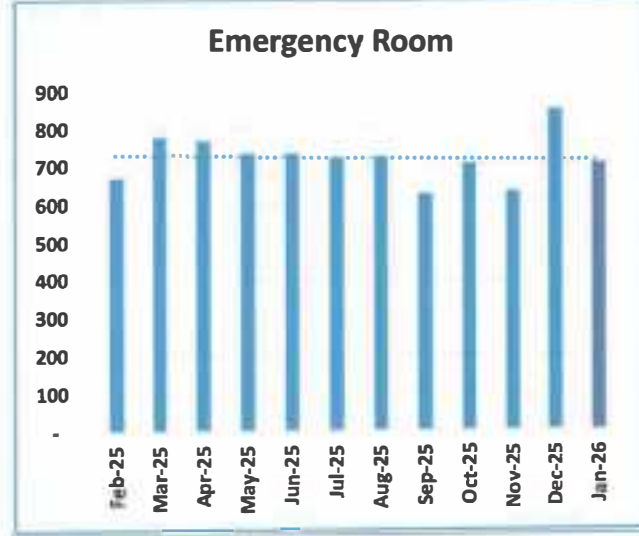
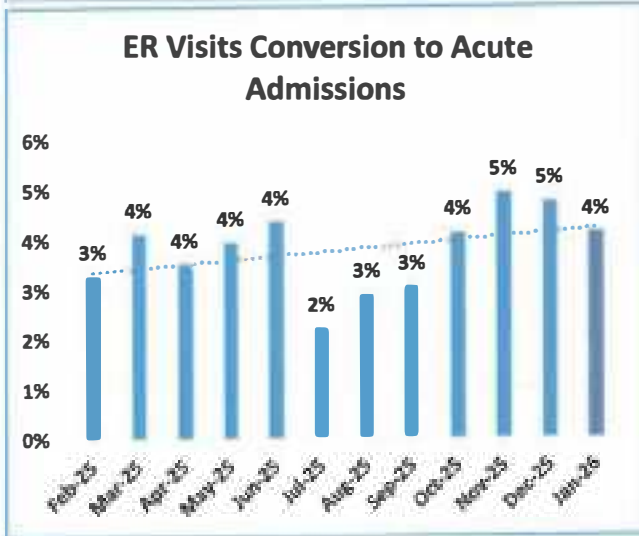
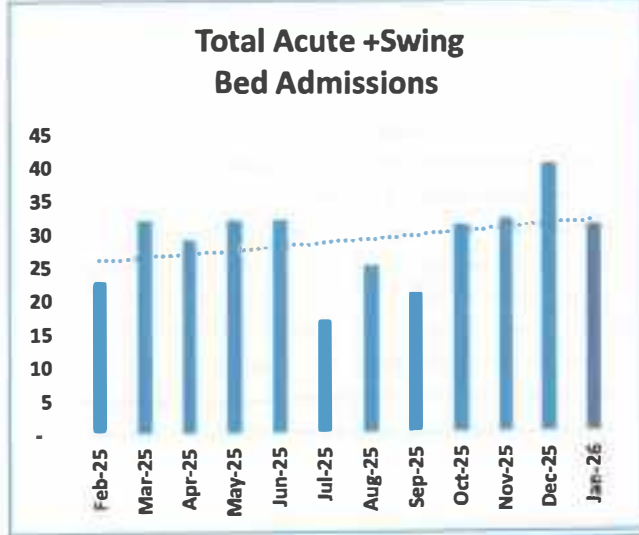
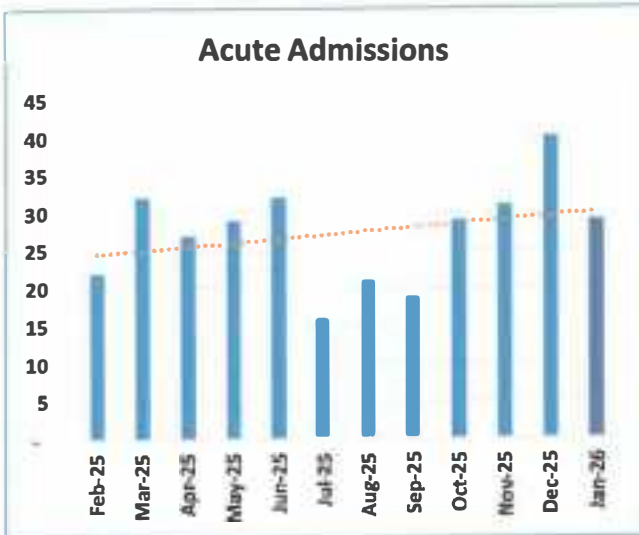
Description	FY2026	Avg FY2026	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
			Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
			1/31/2026	2/28/2026	3/31/2026	4/30/2026	5/31/2026	6/30/2026	7/31/2026	8/31/2026	9/30/2026	10/31/2026	11/30/2026	12/31/2026
Total Acute Patient Days	538	77	125	98	91	65	56	52	51					
Total Swingbed Patient Days	99	14	3		15	33	5	43						
Total Acute Hours (based on Disch Hrs)	13,175	1,882	2,997	2,777	2,030	1,558	1,345	1,234	1,234					
TOTAL ACUTE														
Patient Days	538	77	125	98	91	65	56	52	51					
Admits	185	26	29	40	31	29	19	21	16					
Discharges	186	27	37	36	30	27	22	17	17					
Discharge Hours	13,175	1,882	2,997	2,777	2,030	1,558	1,345	1,234	1,234					
Avg LOS	2.9	2.9	3.4	2.7	3.0	2.4	2.5	3.1	3.0					
Medicare Acute														
Patient Days	333	48	99	60	41	33	26	38	36					
Admits	104	15	19	27	13	15	9	11	10					
Discharges	105	15	27	21	13	14	9	10	11					
Discharge Hours	8,316	1,188	2,376	1,849	910	789	614	905	873					
Avg LOS	3.2	3.2	3.7	2.9	3.2	2.4	2.9	3.8	3.3					
SWING - ALL (Medicare/Other)														
Patient Days	99	14	3	0	15	33	5	43	0					
Admits	12	2	2	0	1	2	2	4	1					
Discharges	11	2	1	0	1	3	1	5	0					
Discharge Hours	2,505	358	213	0	359	782	115	1,036	0					
Avg LOS	9.0	9.0	3.0	#DIV/0!	15.0	11.0	5.0	8.6	#DIV/0!					
Observations														
Patient Days	167	24	11	39	18	31	23	22	23					
Admits	149	21	12	28	18	29	25	16	21					
Discharge Hours	4,011	573	270	942	443	736	546	529	545					
Emergency Room														
Total ER Patients	4,953	708	703	845	631	704	624	726	720					
Admitted	146	21	25	36	20	19	19	17	10					
Transferred	498	71	46	66	80	73	63	84	86					
Ambulance														
Total ALS/BLS runs	2,197	314	270	310	332	347	263	310	365					
911 Calls	1,684	241	229	248	240	261	198	231	277					
Transfers	513	73	41	62	92	86	65	79	88					
OP Registrations	6,077	868	824	807	669	935	950	886	1,006					
Rural Health Clinic														
Total RHC Visits	4,563	652	703	568	525	669	701	701	696					
Avg Visits per day	219	31	35	28	28	29	35	32	32					
Behavioral Health														
Patients Seen	2,141	306	308	301	254	349	318	312	299					

Sierra Vista Hospital
Detailed State by Month
1/31/2026

(SUBJECT TO AUDIT)

	FY2026	Avg FY2026	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Dietary													
Inpatient Meals	4,269	610				658	788	591	665	464	649	454	
Outpatient Meals	883	126				112	165	145	145	69	101	126	
Cafeteria Meals	35,044	5,006				5,008	4,849	4,321	5,217	5,155	4,891	5,603	
Functions	2,063	295				341	302	307	297	226	277	313	
Laboratory													
In-house Testing	134,338	19,191				17,714	19,925	16,780	19,895	18,392	18,612	23,020	
Sent Out Testing	5,050	721				683	727	665	853	735	542	845	
Drugscreens	180	26				34	29	29	31	17	27	13	
Physical Therapy													
PT Tx Units	4,125	589				535	567	647	573	506	656	641	
OT Tx Units	1,446	207				258	240	179	239	151	239	140	
ST Tx Units	920	131				168	98	102	108	104	165	180	
Radiology													
X-Ray Patients	3,179	454				440	461	393	484	396	497	508	
CT Patients	2,695	385				320	409	347	362	399	418	440	
Ultrasound Patients	797	114				85	116	82	116	118	135	145	
Mammogram Patients	385	55				44	64	46	63	45	49	74	
MRl Patients	318	45				25	52	20	45	65	51	60	
Nuclear Medicine Patients	15	2				2	1	2	4	3	1	2	
DEXA	189	27				17	35	20	31	20	24	42	
Sleep Study													
Home Testing	11	2				1	3	1	1	3	1	1	
Inhouse	43	6				3	7	6	9	3	11	4	

Volume Trends



Sierra Vista Hospital
 INCOME STATEMENT by Month
 January 31, 2026

Description	Month Ending 6/30/2026	Month Ending 5/31/2026	Month Ending 4/30/2026	Month Ending 3/31/2026	Month Ending 2/28/2026	Month Ending 1/31/2026	Month Ending 11/30/2025	Month Ending 10/31/2025	Month Ending 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
Revenues											
Gross Patient Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,893,831	\$ 5,647,822	\$ 5,275,087	\$ 5,364,961	\$ 5,728,007	\$ 5,847,037
Revenue Deductions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,364,170	2,266,003	2,874,405	2,149,035	2,716,587	2,957,705
Contractual Allowances	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	388,353	218,764	258,219	130,496	347,559	329,828
Bad Debt	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	223,434	387,967	387,955	228,545	386,919	226,592
Other Deductions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	2,975,958	2,872,734	3,520,580	2,508,076	3,451,065	3,514,124
Total Revenue Deductions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1	577	0	851	34,326	0
Net Patient Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,917,874	2,775,665	1,754,507	2,857,736	2,311,267	2,332,913
Gross to Net %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	39%	49%	33%	43%	40%	40%
Other Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	984,589	871,800	881,478	635,748	954,057	869,741
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	311,824	216,800	319,842	376,662	359,733	768,770
Total Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	3,214,287	3,864,265	2,955,827	3,870,147	3,625,057	3,971,423
Expenses											
Salaries & Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$1,537,565	\$1,369,070	\$1,593,370	\$1,407,966	\$1,361,986	\$1,509,302
Salaries	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	1,255,535	1,115,468	1,327,514	1,133,388	1,115,046	1,278,160
Benefits	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	266,230	227,504	247,665	242,697	225,406	213,337
Other Salary & Benefit Expense	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	15,800	26,099	18,190	31,881	21,535	17,805
Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	217,563	221,434	206,937	176,933	208,274	189,341
Contract Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	632,927	615,293	627,604	679,489	728,657	714,849
Professional Fees	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	222,320	196,113	205,305	206,800	195,433	190,394
Leases/Rentals	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,738	4,834	6,349	4,793	5,074	5,924
Utilities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	37,754	36,645	38,129	47,637	54,993	57,944
Repairs / Maintenance	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	43,807	42,173	72,216	35,678	101,773	78,692
Insurance	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	155,427	137,689	139,057	137,741	149,270	139,535
Other Operating Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	28,519	68,056	55,486	32,564	26,101	25,127
Total Operating Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$2,880,621	\$2,691,308	\$2,944,453	\$2,729,601	\$2,831,562	\$2,911,108
EBITDA	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$333,666	\$1,172,957	\$11,374	\$1,140,546	\$793,495	\$1,060,315
EBITDA Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10%	30%	0%	29%	22%	27%
Non - Operating Expenses											
Depreciation and Amortization	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$289,486	\$253,406	\$298,662	\$290,466	\$298,975	\$298,975
Interest	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	95,583	95,796	96,219	96,429	96,943	96,846
Tax/Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	31,530	57,702	55,205	50,769	52,856	51,186
Total Non Operating Expenses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$416,598	\$406,904	\$450,087	\$437,963	\$448,774	\$447,007
NET INCOME (LOSS)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	(\$82,932)	\$766,053	(\$438,713)	\$702,583	\$344,722	\$613,308
Net Income Margin	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	(3%)	20%	(15%)	18%	10%	15%

Sierra Vista Hospital
TWELVE MONTH INCOME STATEMENT
 January 31, 2026

Description	1/31/2026	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	Month Ending 2/28/2025
Revenues												
Gross Patient Revenue	\$ 4,893,831	\$ 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
Revenue Deductions	2,364,170	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
Contractual Allowances	388,353	218,764	229,673	258,219	130,496	347,559	329,828	204,655	262,403	788,464	347,485	179,350
Bad Debt	223,434	387,967	316,036	387,955	228,545	386,919	226,592	383,341	169,178	165,157	292,440	416,416
Other Deductions	\$ 2,975,958	\$ 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
Total Revenue Deductions	1	577	2,325	0	851	34,326	0	777	3,827	0	2	0
Other Patient Revenue	\$ 1,917,874	\$ 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
Net Patient Revenue	39%	49%	43%	33%	53%	40%	40%	52.9%	41%	43%	48%	31%
Gross to Net %												
Other Operating Revenue	984,589	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
Non-Operating Revenue	311,824	216,800	328,177	319,842	376,662	359,733	768,770	480,337	401,868	330,034	511,933	354,068
Total Operating Revenue	\$ 3,214,287	\$ 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
Expenses												
Salaries & Benefits	1,537,565	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
Salaries	1,255,535	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
Benefits	266,230	227,504	138,533	247,665	242,697	225,406	213,337	(24,179)	202,156	295,778	201,504	187,555
Other Salary & Benefit Expense	15,800	26,099	37,585	18,190	31,881	21,535	17,805	24,962	15,516	18,099	51,397	20,714
Supplies	217,563	221,434	163,803	206,937	176,933	208,274	189,341	226,131	150,093	200,445	222,769	176,388
Contract Services	632,927	615,293	652,646	627,604	679,489	728,657	714,849	199,831	725,597	979,527	928,460	790,039
Professional Fees	222,320	196,113	207,101	205,305	206,800	195,433	190,394	195,530	209,863	182,456	185,130	180,990
Leases/Rentals	4,738	4,834	4,493	6,349	4,793	5,074	5,924	6,121	4,185	6,381	5,886	5,651
Utilities	37,754	36,645	43,104	38,129	47,637	54,993	57,944	55,976	44,982	43,010	47,256	38,409
Repairs / Maintenance	43,807	42,173	47,233	72,216	35,678	101,773	78,692	74,111	34,800	60,071	60,707	53,872
Insurance	155,427	137,689	124,655	139,057	137,741	149,270	139,535	137,785	154,946	154,450	154,932	156,326
Other Operating Expenses	28,519	68,056	34,381	55,486	32,564	26,101	25,127	68,607	29,289	32,619	73,995	22,979
Total Operating Expenses	\$2,880,621	\$2,691,308	\$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
EBITDA	\$333,666	\$1,172,957	\$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)
EBITDA Margin	10%	30%	28%	0%	29%	22%	27%	51.3%	4%	70%	52%	-103%
Non - Operating Expenses												
Depreciation and Amortization	289,486	253,406	290,466	298,662	290,764	298,975	298,975	763,696	256,277	239,228	259,395	229,645
Interest	95,583	95,796	96,161	96,219	96,429	96,943	96,846	120,050	76,215	75,816	75,872	76,532
Tax/Other	31,530	57,702	37,089	55,205	50,769	52,856	51,186	61,239	55,341	57,875	54,279	29,535
Total Non Operating Expenses	\$416,598	\$406,904	\$423,717	\$450,087	\$437,963	\$448,774	\$447,007	\$944,984	\$387,833	\$372,919	\$389,546	\$335,711
NET INCOME (LOSS)	(\$82,932)	\$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)
Net Income Margin	(3%)	20%	16%	(15%)	18%	10%	15%	29.5%	(10%)	66%	46%	(129%)

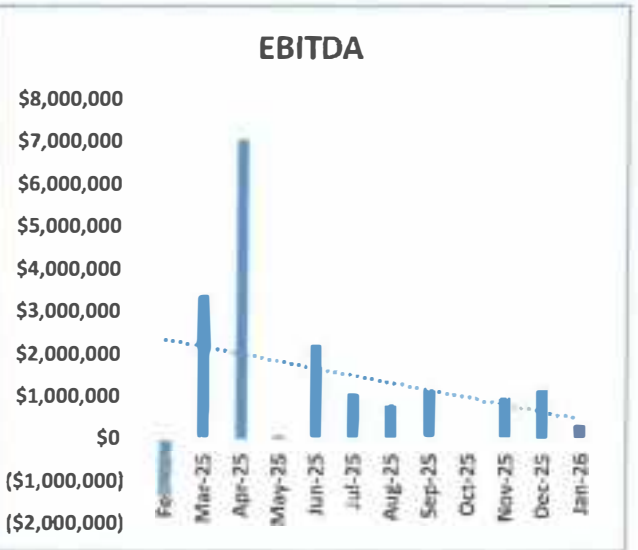
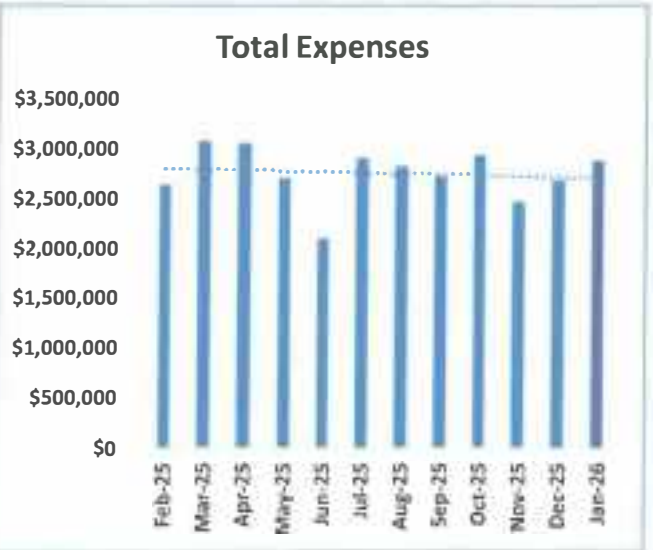
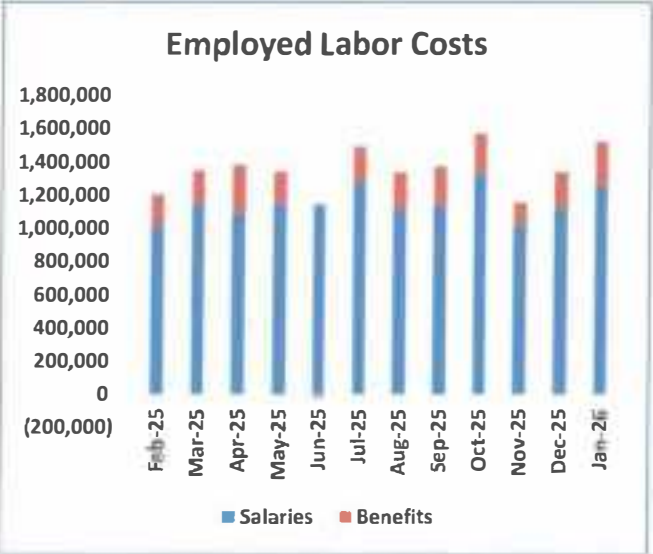
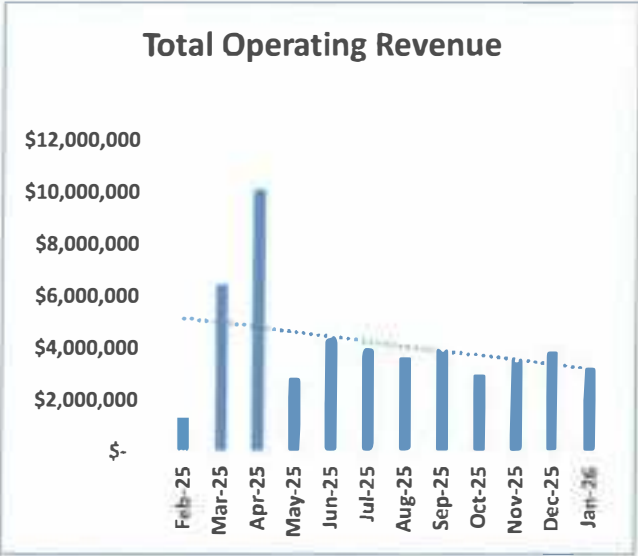
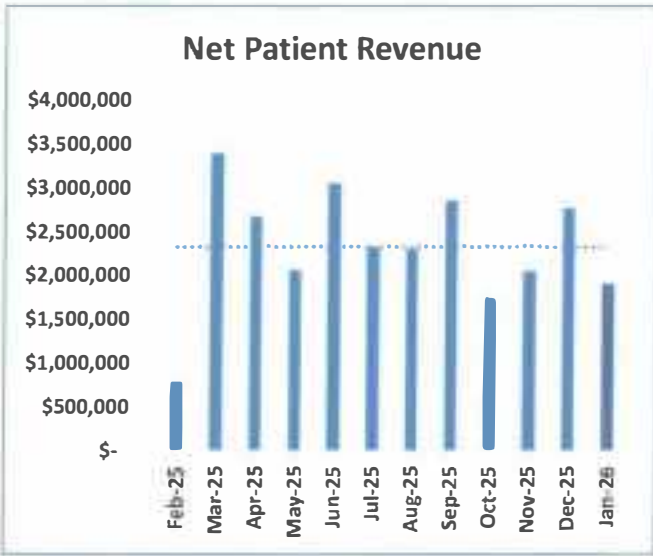
Sierra Vista Hospital
BALANCE SHEET
January 31, 2026

January 31, 2026 (Unaudited)	DESCRIPTION	June 30, 2025
	Assets	
	Current Assets	
\$ 15,961,254	Cash and Liquid Capital	\$ 13,382,416
\$ 44,761	US Bank Clearing	\$ 67,349
\$ 16,006,015	Total Cash	\$ 13,449,765
\$ 11,984,360	Accounts Receivable - Gross	\$ 13,053,445
\$ 8,321,051	Contractual Allowance	\$ 9,448,209
\$ 3,663,309	Total Accounts Receivable, Net of Allowance	\$ 3,605,236
\$ 5,698,867	Other Receivables	\$ 5,740,064
\$ 470,860	Inventory	\$ 420,992
\$ 833,787	Prepaid Expense	\$ 126,593
\$ 26,672,838	Total Current Assets	\$ 23,342,650
	Long Term Assets	
\$ 59,101,288	Fixed Assets	\$ 59,959,550
\$ 24,743,623	Accumulated Depreciation	\$ 23,955,474
\$ 28,062	Construction in Progress	\$ -
\$ 34,385,728	Total Fixed Assets, Net of Depreciation	\$ 36,004,076
\$ 34,385,728	Total Long Term Assets	\$ 36,004,076
\$ 2,865,051	New Hospital Loan	\$ 2,070,015
\$ 63,923,616	Total Assets	\$ 61,416,741
	Liabilities & Equity	
	Current Liabilities	
\$ 725,493	Account Payable	\$ 1,319,408
\$ 1,113,895	Interest Payable	\$ 561,483
\$ 31,530	Accrued Taxes	\$ 61,131
\$ 995,389	Accrued Payroll and Related	\$ 704,168
\$ 363,000	Cost Report Settlement	\$ 151,000
\$ 3,229,307	Total Current Liabilities	\$ 2,797,190
	Long term Liabilities	
\$ 27,245,423	Long Term Notes Payable	\$ 27,533,620
\$ 27,245,423	Total Long Term Liabilities	\$ 27,533,620
\$ -	Unapplied Liabilities	\$ -
\$ 295,741	Capital Equipment Lease	\$ 375,614
\$ 30,770,470	Total Liabilities	\$ 30,706,424
\$ 30,710,316	Retained Earnings	\$ 21,681,305
\$ 2,442,890	Net Income	\$ 9,029,011
\$ 63,923,616	Total Liabilities and Equity	\$ 61,416,741

Sierra Vista Hospital
BALANCE SHEET by Month
January 31, 2026

	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						15,961,254	16,977,633	14,513,899	14,280,042	14,720,777	13,260,198	11,763,496
US Bank Clearing						44,761	212,359	73,058	215,589	152,889	16,708	(8,842)
Total Cash	\$0	\$0	\$0	\$0	\$0	\$16,006,015	\$17,189,992	\$14,586,957	\$14,495,631	\$14,873,676	\$13,276,906	\$11,754,654
Accounts Receivable - Gross						11,984,360	11,177,962	11,725,323	11,235,398	12,311,990	12,435,107	13,107,691
Contractual Allowance						8,321,051	8,302,860	8,629,596	8,418,089	8,644,190	9,185,074	9,573,935
Total Accounts Receivable, Net of Allowance	\$ -	\$ -	\$ -	\$ -	\$ -	\$3,663,309	\$2,875,102	\$3,095,727	\$2,817,309	\$3,667,800	\$3,290,033	\$3,533,756
Other Receivables						5,698,867	4,930,151	6,233,281	6,313,333	5,337,842	6,449,125	6,811,737
Inventory						470,860	471,984	466,206	473,388	467,835	439,232	440,179
Prepaid Expense						833,787	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	\$26,672,838	\$26,431,185	\$25,426,052	\$25,297,617	\$25,598,189	\$24,815,370	\$24,028,433
Long Term Assets												
Fixed Assets						59,101,288	58,790,188	59,444,848	59,831,251	59,800,198	60,125,441	59,964,714
Accumulated Depreciation						24,743,623	24,454,136	24,724,815	24,820,751	24,522,089	24,553,424	24,254,449
Construction in Progress						28,062	28,062	0	0	0	0	0
Total Fixed Assets, Net of Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$34,385,728	\$34,364,114	\$34,720,034	\$35,010,500	\$35,278,109	\$35,572,018	\$35,710,265
New Hospital Loan						2,865,051	2,744,699	2,625,067	2,504,856	2,384,527	2,263,818	2,191,615
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$63,923,616	\$63,539,998	\$62,771,153	\$62,812,972	\$63,260,825	\$62,651,206	\$61,930,313
Liabilities & Equity												
Current Liabilities												
Account Payable						725,493	627,815	865,178	872,021	1,107,884	1,350,859	1,062,782
Interest Payable						1,113,895	1,034,951	956,016	877,091	798,175	719,268	640,371
Accrued Taxes						31,530	57,408	36,835	53,797	50,769	52,739	50,169
Accrued Payroll and Related						995,389	844,488	655,968	1,223,968	1,031,759	911,473	839,907
Cost Report Settlement						363,000	150,000	150,000	151,000	151,000	151,000	151,000
Total Current Liabilities	\$0	\$0	\$0	\$0	\$0	\$3,229,307	\$2,714,662	\$2,663,998	\$3,177,877	\$3,139,587	\$3,185,340	\$2,744,229
Long term Liabilities												
Long Term Notes Payable						27,245,423	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	\$27,245,423	\$27,287,115	\$27,328,632	\$27,369,974	\$27,411,144	\$27,452,141	\$27,492,966
Capital Equipment Lease						295,741	302,143	308,498	332,905	339,165	345,379	369,493
Total Liabilities	\$0	\$0	\$0	\$0	\$0	\$30,770,470	\$30,303,920	\$30,301,128	\$30,880,756	\$30,889,896	\$30,982,859	\$30,606,689
Retained Earnings						\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316	\$30,710,316
Net Income						\$2,442,830	\$2,525,762	\$1,759,709	\$1,221,900	\$1,660,613	\$958,030	\$613,308
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$0	\$63,923,616	\$63,539,998	\$62,771,153	\$62,812,972	\$63,260,825	\$62,651,206	\$61,930,313

Financial Trends



Sierra Vista Hospital
1/31/2026

Reserves

Medicare Liability ("Cost Report Settlement" on Balance Sheet)
Cost Report Bad Debt Write-Off Reserve/General Reserve
FY26 Cost Report Payable

1/31/2026	Notation
(150,000)	
(213,000)	
<u>(363,000)</u>	

Total Liability

**SIERRA VISTA HOSPITAL
DEPARTMENT POLICIES AND PROCEDURES**

DEPARTMENT: Emergency Department

Original Policy Date: 02/02/2026

Review: 2027_____ 2028_____ 2029_____

SUBJECT: Safe Haven Baby Box

Last Revised:

Approved by: Medical Staff and Governing Board

Manager: Autumn Long, RN, BSN

PURPOSE:

Sierra Vista Hospital (SVH) will provide a safe option for community members to relinquish an infant without fear of prosecution if/when there is a need. The infant must have been born within ninety (90) days of being left at our Safe Haven Site, and that age is to be determined within a reasonable degree of medical certainty. Immunity will not extend to the relinquishment of an infant older than ninety (90) days or a child showing signs of physical abuse.

DEFINITIONS:

A Baby Box is a safety device provided for under the New Mexico Safe Haven Law. “Baby Box” is the product of Safe Haven Baby Boxes, Inc. The Baby Box legally permits a parent in crisis to safely, securely, and anonymously surrender their newborn. A Baby Box is installed on an exterior wall of a designated fire station or hospital. It has an exterior door that automatically locks upon placement of a newborn inside the Baby Box and an interior door which allows a medical staff member to secure the surrendered infant from inside the designated building.

Infant means a human child from birth, including a newborn, through twenty-four (24) months of age.

Provider is a hospital or fire department station, staffed by trained emergency services personnel on a twenty-four (24) hour, seven (7) day a week basis that provides and maintains a legal location for a Safe Haven Baby Box where a infant may be dropped off by a person who wishes to relinquish custody under the Safe Haven Law of the applicable jurisdiction.

PROCEDURE:

1. The Baby Box is designed with three (3) independent alarms and is activated by the following:

- When the door is accessed from the outside.
- When the infant is placed in the box and activates the motion sensor.
- When electrical failure occurs to the Baby Box.

2. Procedure when the Baby Box is Activated

- Hospital/Emergency Personnel must retrieve an infant and take said infant into custody when an infant has been placed in the Baby Box by a parent. It is assumed that

SIERRA VISTA HOSPITAL

said parent understands they have relinquished their infant and does not intend to return for the child.

- Hospital/Emergency Personnel who take custody of an infant shall perform a thorough medical examination along with any necessary treatment to protect the infant's health and safety.

- Hospital/Emergency Personnel must respond every time an alarm is activated at the Baby Box to verify whether an infant has been dropped off.

- Hospital/Emergency Personnel may access the Baby Box on the inside of the Provider's building. When the door is opened, an alarm is activated to signal to the Emergency Department that an infant may be inside the Baby Box.

- Infants will be evaluated by medical personnel at the location and immediately taken to the emergency room for further evaluation. The evaluation at the hospital will include screenings and examinations by medical providers as necessary.

- The staff member who retrieves the infant will notify hospital house supervisor that this was a Safe Haven Baby Box newborn surrendered under the current New Mexico Safe Haven Law.

- **The hospital house supervisor will notify the appropriate CYFD agency (either State or Tribal at 1-855-333-7233 and follow the menu) to have a Social Services consult order placed.**

3. Additional Procedures

- All Baby Boxes must be leased from Safe Haven Baby Box, Inc. and may not be re-sold. All Baby Boxes shall remain the property of Safe Haven Baby Box, Inc. throughout each and every term of any Agreement between Provider and Safe Haven Baby Boxes, Inc.

- To support the education of, and to avoid confusion in the market, the Baby Box may not be rebranded or called anything but a "Safe Haven Baby Box", a "Baby Box," or referred to as a "Box".

- Each Provider will maintain uniform signage purchased from Safe Haven Baby Boxes, Inc. at its own expense. Any additional signage must have prior approval from Safe Haven Baby Boxes, Inc.

- Each Provider must maintain security monitoring (by utilizing a daily log sheet that will be checked daily) at its own expense and may not turn off security monitoring without giving Safe Haven Baby Boxes, Inc. sixty (60) days' notice.

- If a Provider has the service discontinued without Safe Haven Baby Boxes, Inc.'s knowledge, the location is subject to liability.

SIERRA VISTA HOSPITAL

- Pending notice or drop of security monitoring, Safe Haven Baby Box, Inc. will uninstall the non-conforming location.
 - Each Provider will provide medical information and a copy of parents' rights located in a bag inside the Baby Box. The bag is to be placed on the medical bassinet and leaning against the outside door.
 - Each Provider must test the security/alarm system on the Baby Box daily. Provider must keep a log or record of tests and submit the log or record to Safe Haven Baby Boxes, Inc. quarterly and upon demand by Safe Haven Baby Box, Inc. The log or record shall list at least the name of the person testing the Baby Box, the date tested, and the result of the test.
 - Provider will ensure that no video monitoring will occur around the part of the building containing or facing the Baby Box.
 - Provider must perform weekly checks of the Baby Box to ensure the presence of a clean fitted bassinet sheet and a blanket.
 - Provider must ensure that the climate-controlled environment inside the Baby Box maintains a reasonable/safe temperature for an infant.
 - Each Provider is responsible for training personnel on the use, features, and procedures of the Baby Box. Provider may contact Safe Haven Baby Box, Inc. for group training services.
 - After retrieving an infant from the Baby Box, the Provider must verify that the door to the Baby Box is secured and closed.
 - After retrieving an infant from the Baby Box, the Provider must reset the alarm system after deactivation.
 - All safe surrenders are required to be reported to Safe Haven Baby Boxes, Inc. **by phone at (260) 750-3668 and to the local Child Youth and Families Department (CYFD) at 1-855-333-7233 within two (2) hours of each surrender.**
 - In the event the Agreement with Safe Haven Baby Boxes, Inc. is terminated for whatever reason, Provider is responsible for all costs and expenses of removing respective Baby Boxes at Provider location(s).
 - Provider is to use its best efforts to always secure the integrity and good working function of the Baby Box, including upon removal of any Baby Box, if necessary. Damage to Provider's leased Baby Box(es) is compensable to Safe Haven Baby Boxes, Inc. by Provider. Provider is to reimburse Safe Haven Baby Boxes, Inc. for any and all damage to the Baby Box during the pendency of the Agreement and any termination or expiration of it. Any such reimbursements are to be sent within thirty (30) days to the name and address listed in the Notice provision of the Agreement.



**SIERRA VISTA HOSPITAL
POLICIES AND PROCEDURES**

Department: Pharmacy

Original Policy Date: November 2025

Subject: Medication Documentation During Procedures

Review: 2025 MB 2026 ___ 2027 ___

Approved By:

Last Revised:

Pharmacy and Therapeutic: December 8, 2025

Medical Staff:

Manager: Melissa Bierner, PharmD., RPh

Governing Board:

SCOPE:

This policy applies to Sierra Vista Hospital, employees, medical staff, and contractors who order, prepare, or administer procedural medication within their scope of practice. This policy applies to all patient care settings within Sierra Vista Hospital.

PURPOSE:

To ensure accurate and compliant documentation of medications administered during procedures, and to clearly define responsibility between providers and nursing personnel.

DEFINITIONS:

Medication Administration: A process whereby a prescribed drug or biological agent is given to a patient by a person licensed or certified to administer medications. The administration of medications is a procedure that requires knowledge of anatomy, physiology, pathophysiology, and pharmacology. When administering a medication, the licensed person is required to assess the patient's health status and disease process before and after the administration of the medication and to evaluate the patient's response to the medication.

Rights of Basic Medication Administration: Right drug, right dose, right time, right route, right patient, right indication, and right documentation; IN ADDITION, right concentration, right method, right position, right site, right sequence and other considerations may apply.

POLICY/PROCEDURE:

Procedure Medications Administered by Licensed Provider:

- When the provider administers the medication during a procedure (e.g. sedation, local anesthetics, IV medications, vasodilators, reversal agents), the provider is responsible for documenting the administration in the procedure note. Documentation must include:
 - Medication name
 - Medication strength
 - Administered dose
 - Route/Site of administration
 - Time of administration
 - Patient response and/or monitoring details if applicable
- Nurses Role:

SIERRA VISTA HOSPITAL

- The nurse may document in the procedure/trauma flowsheet that the medication was administered by the provider, but shall not document administration in the MAR.

Medications Administered by the Nurse:

- If the nurse administers the medication the nurse must document the administration in the MAR.
- The provider should still reference the medication in the procedure note but shall not indicate the provider administered it.

Controlled Substances:

- Controlled Substances withdrawn for a procedure must follow Medication Administration and Controlled Substance policies, including:
 - Accurate waste documentation.
 - Witness requirements.
 - Reconciliation in the automated dispensing cabinet.
- The personnel who administer a controlled substance is responsible for signing the administration.

Prohibited Documentation Practices:

- The following practices are prohibited:
 - Nurses documenting medication administered in the MAR when the provider administers them.
 - Providers documenting that the nurses administered medication, if the provider administered them.
 - Leaving medication administration undocumented in the procedure note.

REFERENCES:

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix A: Survey Protocol, Regulations, and Interpretive Guidelines for Hospitals. 42 CFR §482.23 (Nursing Services) and §482.24 (Medical Record Services). Updated 2024. Accessed Month Day, Year. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals>

The Joint Commission. Medication Management (MM) Standard MM.04.01.01: The hospital safely administers medications. In: Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL: The Joint Commission; 2025.

The Joint Commission. Record of Care, Treatment, and Services (RC) Standard RC.01.01.01: The medical record contains information that reflects the patient's care. In: Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL: The Joint Commission; 2025.

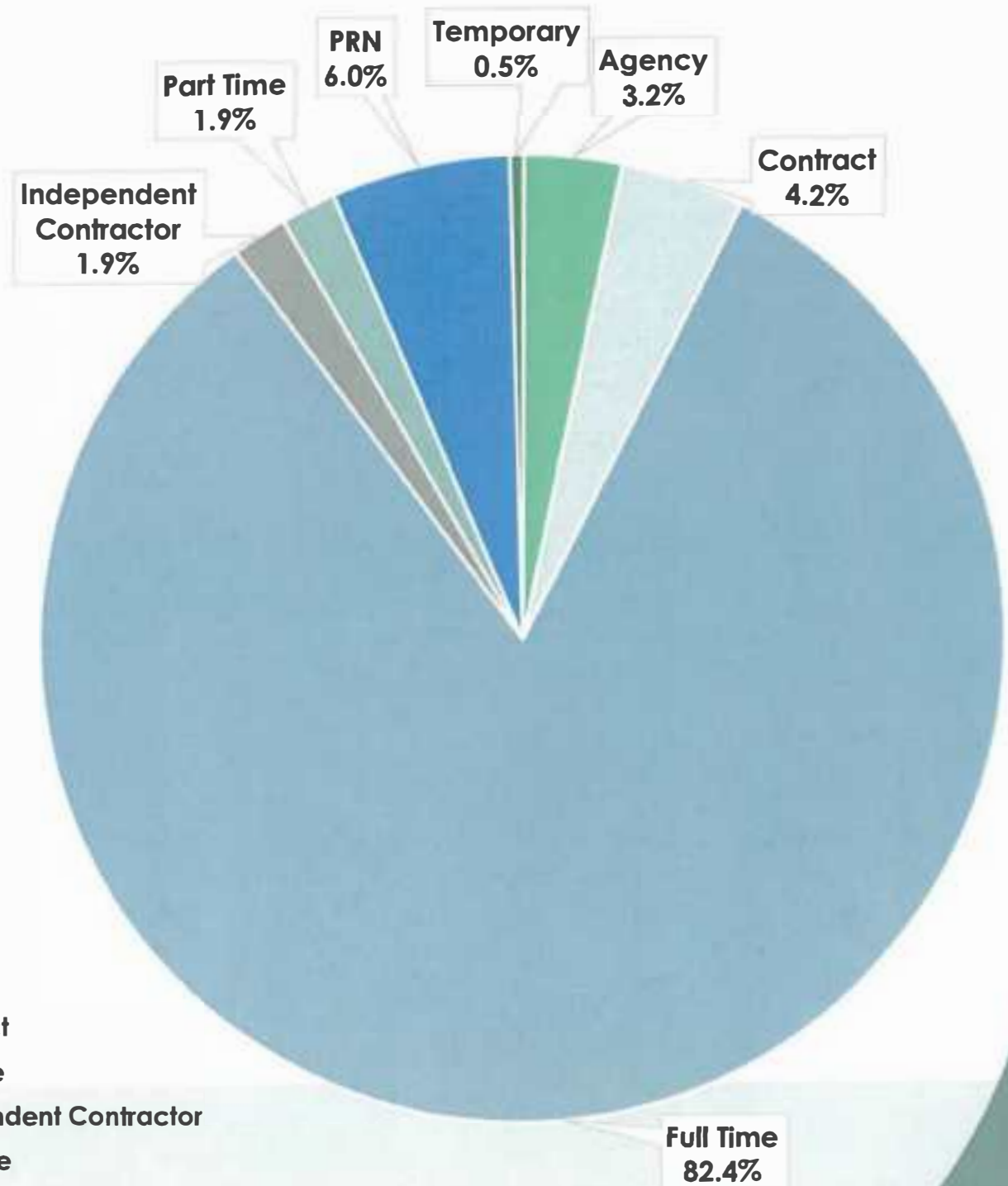
American Nurses Association. Principles of Nursing Documentation. Silver Spring, MD: American Nurses Association; 2023



Human Resources Governing Board Report

January 2026

Staffing Matrix



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



Human Resources Governing Board Report

January 2026

FTE Utilization



7 Month Trend By Category

	<u>June '25</u>	<u>January '26</u>	<u>7 Month Trend Change</u>
<u>Agency</u>	7%	3.2%	-3.8%
<u>Contract</u>	5%	4.2%	-0.8%
<u>Full Time</u>	76%	82.4%	6.4%
<u>Independent Contractor</u>	1%	1.9%	0.9%
<u>Part Time</u>	3%	1.9%	-1.1%
<u>PRN</u>	5%	6.0%	1.0%
<u>Temporary</u>	3%	0.5%	-2.5%
<u>Utilized FTE</u>	211	203.5	-3.6%



Human Resources Governing Board Report

January 2026

Vacancies (As of 02/18/2026)

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
1	House Supervisor, RN	FT	Nursing Administration
2	Registered Nurse	FT	Emergency Department
0.25	Information Technology Technician	PRN	Information Technology
1	Paramedic	FT	Ambulance

New Hires (January 2026)

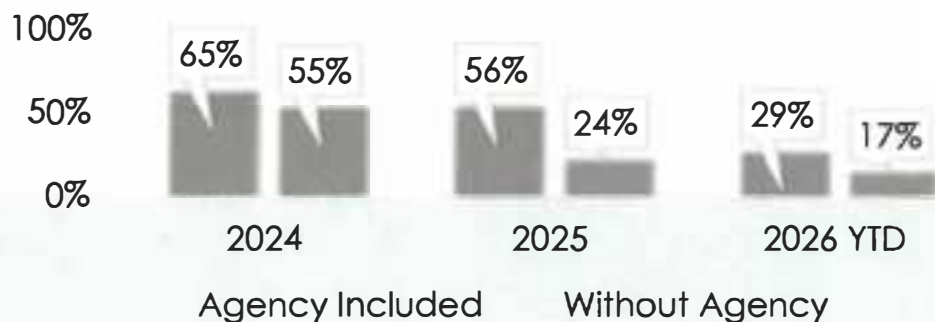
FTE Count	Title	Status	Department
1	Chief Executive Officer	FT	Administration
1	Physical Therapist	Agency	Rehab Services
1	Security Guard	FT	Security

Turnover (January 2026)

FTE Count	Title	Status	Department
1	Physical Therapist	Agency	Rehab Services
1	Interim Chief Executive Officer	Temporary	Administration
1	Financial Counselor	FT	Business Office
1	Scheduling Clerk	FT	Business Office

Turnover Rate: 6.4%
Based on an average FTE target of 195

First Year Turnover Rate





Human Resources Governing Board Report

January 2026

Current Projects

- SVH Master Personnel Policy Development: Conducting a staged release of the SVH Personnel Policy. Approval for sections 1, 2, 6, and 7 presented for Governing Board approval and adoption. Second stage release of additional policy sections targeted completion date: April 30, 2026.
- Implementation of employee satisfaction and exit interview surveys to collect controlled feedback to identify needs and targets for continuous improvement initiatives.

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.