



**SIERRA VISTA HOSPITAL GOVERNING BOARD  
REGULAR MEETING  
Elephant Butte Lake RV Resort Center  
3-24-26**



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*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**

**March 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

<b>AGENDA</b>	<b>PRESENTER</b>	<b>ACTION REQUIRED</b>
<b>1. Call to Order</b>	Serina Bartoo, Chair	
<b>2. Pledge of Allegiance</b>	Serina Bartoo, Chair	
<b>3. Roll Call</b>	Jennifer Burns, Recorder	Quorum Determination
<b>4. Approval of Agenda</b> "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
<b>5. Approval of Minutes</b> A. March 12, 2026 Special Meeting B. February 24, 2026 Regular Meeting	Serina Bartoo, Chair	Amend/ Action
<b>6. Public Input – 3-minute limit</b>		
<b>7. Old Business</b> A. Bylaws	Serina Bartoo, Chair	
<b>8. New Business</b> A. Medical Staff Report -	Dr. Sonia Seufer, Chief of Staff	Report
<b>9. Finance Committee-</b> Bruce Swingle, Chairperson A. February Financial Report-	Ming Huang, CFO	Action
<b>10. Board Quality/ Compliance Committee-</b> Greg D'Amour, Chairperson A. CMS Quality Innovation Participation	Sheila Adams, CNO	
<b>11. Joint Conference Committee-</b> Greg D'Amour A. First meeting to be held April 14, 2026		
<b>12. Administrative Reports</b> A. Human Resources B. CNO Report C. CEO Report D. Governing Board	Heather Milton, HR Director Sheila Adams, CNO Shauna Cameron, CEO Serina Bartoo, Chair	Report Report Report Report

**Motion to close the meeting:**

**13. 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 Two-year reappointment-**
- Alan Osumi, MD
- Joseph Couvillon, MD

**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
  - i. Board Self Evaluations
- B. Master Facility Plan Shauna Cameron
- C. CEO Discussion with Board Shauna Cameron

**Roll call vote to close meeting:**

**14. 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 Two-year reappointment-**
- Alan Osumi, MD
- Joseph Couvillon, MD

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

- A. Risk Report Report
- B. Elephant Butte GRT Repayment Plan Action

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

- A. Ovation Report to Board Report
  - i. Board Self Evaluations
- B. Master Facility Plan Report/ Action
- C. CEO Discussion with Board Information

**15. Other**

Next meeting – April 28, 2026

**16. Adjournment**

Action



## SIERRA VISTA HOSPITAL GOVERNING BOARD SPECIAL MEETING MINUTES

March 12, 2026

9:00am

SVH Boardroom

1. The Governing Board of Sierra Vista Hospital met March 12, 2026 at Sierra Vista Hospital for a special closed session meeting. Serina Bartoo, Chairperson, called the meeting to order at 9:00.

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  
Edna Trager, Absent

**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, A

**Support Staff:**

Heather Milton, HR, P

**Ovation:**

Erika Sundrud, Webex

**4. Approval of Agenda**

Serina Bartoo, Chair

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

**No conflicts of interest.**

**Motion to close the meeting:**

Greg D'Amour motioned to close the meeting. Bruce Swingle 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. Nurse Practitioner Contracts

Shauna Cameron, CEO

**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. Nurse Practitioner Contracts

Bruce Swingle motioned to approve the Nurse Practitioner contracts for Amanda Williams, Estela Rubin, Peace Chukwuma and Stephnie Ann Leeson. Jesus Baray seconded. Motion carried unanimously.

**7. Adjournment**

Jesus Baray motioned to adjourn.

\_\_\_\_\_  
Jennifer Burns, Recording Secretary

\_\_\_\_\_  
Serina Bartoo, Chairperson

\_\_\_\_\_  
Approved



# SIERRA VISTA HOSPITAL GOVERNING BOARD REGULAR MEETING MINUTES

**February 24, 2026**

**12:00pm**

**Elephant Butte Lake RV Event Center**

**1. The Governing Board of Sierra Vista Hospital met February 24, 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  
Edna Trager, Present

**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, P  
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 Seuffer, COS, P  
Gera Johnson, Quality and Risk, P

**Ovation:**

Katie Tinsley

**Introduction of Edna Trager-** Serina Bartoo introduced new board member, Edna Trager. Edna was appointed by the City of Truth of Consequences to fill Cookie Johnson's position.

**4. Approval of Agenda** Serina Bartoo, Chair

Bruce Swingle motioned approval of 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. January 27, 2026 Regular Meeting

Greg D'Amour motioned approval of the January 27, 2026 minutes. Bruce Swingle seconded. Motion carried unanimously.

**6. Public Input – None**

**7. Old Business**

Serina Bartoo, Chair

None

**8. New Business**

A. Medical Staff Report - Dr. Sonia Seufer, Chief of Staff, reported that our new appointment cards have resulted in higher survey responses. The new appointment cards are larger and include information about the email survey they will be receiving on the back side of the card. The medical and behavioral health survey scores have jumped in just one month from 60 to 95.83 in the category of likelihood of recommending SVH and overall assessment went from 62.5 to 93.8. The clinic is taking over scheduling of sleep medicine.

B. ~~December~~ January Financial Report - Ming Huang, CFO. Total patient days in January were 128 days, 30 more than December. There were 824 outpatient visits, 17 more than December. The RHC had 703 visits, 135 more than December, and the ER had 703, 142 visits less than December. Days cash on hand decreased from 189 days in December to 175 days in January. In late December/ early January we identified some billing file issues that were resolved in late January. In addition, we purchased the building for EMS. Because of the file issue we could not send out claims to insurance companies so the accounts receivable gross days increased to 68. Accounts payable days are 16.

Our goals for days cash on hand is 150 days or more. Gross accounts receivable should be 50 to 55 days and accounts payable days should be between 20 to 25 days. We pay some vendors early to avoid late penalties.

Besides the decrease in ER and ambulance, radiology has also decreased. 40% of revenue is based on our imaging department. Discussion was held regarding patient days, ER conversion to inpatient rate and requirements for admission. Every transfer is reviewed for appropriateness. Nuclear medicine was explained. Marketing is being developed to increase volume in imaging.

Because of lower census in January, we have lower gross patient revenue at \$4,893,831. Revenue deductions were \$2,975,958. Ming noted a correction to the financials. The cost report settlement of \$213,000 was booked as payable instead of a receivable. This is money we will get from Medicare. This will be reversed in February, which will increase the revenue by \$426,000. Revenue deductions appear

higher for January, but they will be lower for February. Operating revenue in January was \$3,214,287. Operating expenses were \$2,880,621. Salary expenses were higher because we paid the providers their quarterly productivity incentives. Contract services is lower due to less agency expenses. Professional fees are higher because ESS is covering our walk-in clinic. We ended January with EBITDA of \$333,666.

At the end of December, we had \$17,189,992 in the bank. For the reasons stated earlier, our total cash at the end of January is \$16,006,015. Under liabilities, the cost report settlement was \$150,000 but because of the error in posting, it became \$363,000 in January. This will be corrected in February.

Bruce Swingle motioned to accept the January Financial report. Edna Trager seconded. Motion carried unanimously.

C. Budget Revision - Ming Huang, CFO. Based on seven months of data, the census is trending lower. We would like to decrease the gross patient revenue by \$5,000,000 and decrease the revenue deductions by \$3,000,000. The net decrease from patient revenue is \$2,000,000. We also want to decrease contract services by \$1,000,000. Ending EBITDA would decrease by \$1,000,000. This budget revision will be submitted to the state at year end.

Jesus Baray motioned to accept the budget revision. Greg D'Amour seconded. Motion carried unanimously.

#### D. Policy Review - Sheila Adams, CNO

- Safe Haven Baby Box – Emergency Department
- Medication Documentation during a procedure – Pharmacy

Sheila Adams explained that the Safe Haven Baby Box policy information was provided by Safe Haven and state law. We copied parts of another policy from a hospital in New Mexico that has a safe haven baby box installed. The second policy is to ensure accurate and compliant documentation of medications administered during procedures and to clearly define responsibility between providers and nursing personnel. If a nurse pulls the medication from med dispense but the provider administers the medication, the administration of the medication is undocumented because the nurse didn't administer it. This policy address that issue.

Discussion was held regarding the baby box. Bruce Swingle expressed many concerns This is a tremendous responsibility on the hospital. Has legal reviewed this policy? Is this a tremendous liability exposure? Who monitors this box? Who is responsible for testing (daily) the box? What do we do with the baby? Is there a requirement or statute that specifies when CYFD must pick up the baby?

Sheila explained the alarm goes off when the door is open, when a baby is placed in the bassinet and when the door closes and locks. The baby is taken to the ER and examined and CYFD is notified immediately. She is not aware of a time "by law" that CYFD must pick up the baby.

Greg D'Amour motioned to approve both policies. Jesus Baray seconded. Motion carried unanimously.

## 9. Administrative Reports

A. Human Resources - Heather Milton, HR Director, reported that full-time staffing has increased and contract staffing is trending down with less agency. The FTE utilization is at 203.5 and we want to get that down to 195 based on productivity review with Ovation. Over the last seven months, full-time and independent contractors is trending up. A new feature of this report is the first-year turnover rate with agency and without. Sections of the SVH Master Personnel Policy will be presented today. Employee

satisfaction surveys have gone out and employee exit surveys from voluntary separations are being collected for feedback to identify needs and targets for continuous improvement initiatives.

1. SVH Personnel Policy Section 1, 2, 6 & 7.01- Heather Milton gave an overview of the contents of these sections. Section one outlines application, implementation and dissemination. Section two includes employment standards and practices. Section six is discipline and corrective action, and section seven is whistleblower protection and grievances. This is not a re-write of an existing policy. It is an effort to bring everything together in one book and replace the sprinkling of policies throughout departments. In-depth discussion was held regarding section 2.02, item number six, the reporting process and who reports to who. Section 2.05 item 4.c.ii was clarified as well as item number two. 2.08 item three will be changed to best qualified instead of best suited. Discipline was discussed including what triggers discipline and adding definitions of discipline triggers specific to departments. References to offenses for departments can be created to create a connection to the Personnel Policy. Section 2.15, page three, 8c, was clarified for the board. Drug testing was also discussed. Under 2.02 page 1, the verbiage regarding accommodation was clarified for the board. This verbiage is from the ADA itself.

Bruce Swingle motioned to approve the personnel policy submitted with recommended suggestions from the board. Greg D'Amour seconded. Motion carried unanimously.

B. CNO Report - Sheila Adams, CNO. We are still working on revisions to the quality plan and dashboard. For the fourth year in a row, we have had no hospital acquired conditions. We continue chart audits to identify opportunities for education in preparation for our CMS survey. We did get a grant approved for assistance with the cost of the AU/AR electronic reporting. Our international nurse who was our 2025 Daisy Award winner has applied for employment. We have four international nurses coming next week. These four will replace our ED travelers. Discussion was held regarding shadowing opportunities and the barriers to bringing in international nurses.

C. CEO Report - Shauna Cameron, CEO. We should have an opportunity to do a ribbon cutting for the Safe Haven Baby Box within the next two to four weeks. Our legislators will be invited to attend. HB99 med-mal reform, has passed and is sitting on the Governors desk for signature. We have had discussions with other hospitals regarding our swing bed program, and it has resulted in increased swing bed numbers. Marketing has developed informational pieces that we will be distributing, and we will be doing in-house education on the program. Our next push will be on radiology services.

D. Governing Board - Serina Bartoo, Chair. The recent education with Ovation was attended by all board members. Strategic planning with the board will be determined soon. Ovation is updating information with key stake holders and freshening interviews in preparation for the strategic planning workshop. Last year, the Governing Board received gold medal certification for achieving required education.

1. Governing Board Bylaws -

*Throughout the bylaws*, City of Elephant Butte should be deleted as an entity member. The number of board members is now five with City of Truth or Consequences appointing two members, Sierra County appointing two members and Village of Williamsburg appointing one member.

*Under 2.6 Management and General Powers (F)*

Strike the sentence "The board shall approve new positions to the Hospital and shall consider the impact on the budget in its deliberations." Replacing this will be: "The board will approve the Organizational Chart on an annual basis."

*On page 4 (D)*

The word acquire will be added.

...the power to levy annual assessments or the power to *acquire* or dispose of any real property owned by the hospital.

*On page 5 under 1.*

An Ad hoc Committee will be formed consisting of three Governing Board *Officer* members: *Chairperson, Vice-Chairperson and Secretary* and three members of the Joint Powers Commission.

*On page 5 under 2.9*

Four members should be changed to 3.

*Under Committees and Subcommittees*

Each committee will consist of two members.

*On page 6 under Article 3, Conflict of interest and code of conduct.* The board agreed that we are too small to prohibit hospital employment by relatives of Governing Board members.

Discussion was held regarding the expectations in the CEO contract and in the bylaws. The expectations cannot be different than the contract executed by the CEO. No changes or additions determined.

All recommended additions from Deb Mann were approved.

Serina Bartoo appointed Bruce Swingle to the Finance and Bylaws Committee. Greg D'Amour to the Board Quality/ Compliance, Joint Conference and Bylaws Committee. Jesus Baray to the Board Quality/ Compliance Committee and Edna Trager to the Finance and Joint Conference Committee . Bruce Swingle will Chair the Finance Committee and Greg D'Amour will Chair the Board Quality/ Compliance Committee.

**Motion to close the meeting:**

Greg D'Amour motioned to close the meeting. 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 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:**

Bruce Swingle – Y	Greg D’Amour – Y	Serina Bartoo - Y
Jesus Baray – Y	Edna Trager - 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 Initial Appointment-**

Brett Heller, MD  
Elena Anigati, DO

**RP Two-year reappointment-**

John Sandoz, MD  
Kenneth Bryant, MD

**Term-**

Luis Ramos-Duran, MD (RP)

Bruce Swingle motioned approval of the above listed privilege. Greg D’Amour seconded.

Motion carried unanimously.

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

A. Risk Report	No Action
B. Elephant Butte GRT Update	No Action

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

A. Ovation Report to Board	No Action
B. Contract Discussion	No Action

**12. Other**

Next Governing Board meeting – March 24, 2026 at 12:00. Finance Committee will meet on March 24, 2026 at 11:00 and Board Quality/ Compliance will meet on March 23, 2026 at 10:00 at SVH.

**13. Adjournment**

Jesus Baray motioned to adjourn. Edna Trager seconded. Motion carried unanimously.

\_\_\_\_\_  
Jennifer Burns, Recording Secretary

\_\_\_\_\_  
Serina Bartoo, Chairperson

\_\_\_\_\_  
Approved



## **Financial Analysis**

**February 28<sup>th</sup>, 2026**

**Days Cash on Hand** for February 2026 are 187 which equals \$16,963,492

**Accounts Receivable Net days** are 39

**Accounts Payable days** are 15

### **Hospital Excess Revenue over Expense**

The **Net Income** for the month of February was \$1,476,274 vs. a Budget Income of \$287,209.

**Hospital Gross Revenue** for February was \$4,887,668 or \$76,686 less than the budget. Patient Days were 127 – 1 less than January, Outpatient visits were 855 – 31 more than January. RHC visits were 649 – 54 less than January and ER visits were 650 – 53 less than January.

**Revenue Deductions** for February were \$1,799,498. Reversed cost report payable of \$213,000 booked in January and recorded additional cost report receivable of \$213,000.

**Other Operating Revenue** was \$821,998, including \$749,027 Healthcare Delivery Access Act (HDAA) receivable.

**Non-Operating Revenue** was \$400,469. Received trauma grant of \$39,871 and \$10,000 for baby box.

**Hospital Operating Expenses** for February were \$2,406,626. Contract services were less than budget because of the cyber insurance claim payment of \$63,950.

**EBITDA** for February was \$1,904,011 vs. a Budget of \$699,987. YTD EBITDA is \$7,377,890 vs. a Budget of \$6,074,886.

The **Bond Coverage Ratio** in February was 487% vs. an expected ratio of 130%.

Sierra Vista Hospital  
KEY STATISTICS  
February 28, 2026

MONTH				BENCHMARK RANGE				YEAR TO DATE			
Actual	Budget	Variance to	Prior Year	QHR 75th	QHR 50th	Actual	Budget	Variance to	Prior Year	Variance to	Prior Year
2/28/26	2/28/26	Budget	2/28/25			2/28/26	2/28/26	Budget	02/28/25	02/28/25	Prior Year
DESCRIPTION											
Growth											
Net Patient Revenue Growth Rate											
				6%	5%	2%	264	(47)	212		5
Admissions											
	32	(1)	22	599	346	217	264	(47)	212		5
	4	1	1	68	49	16	24	(8)	25		(9)
	36	-	23	666	395	233	288	(55)	237		(4)
	3.5	0.4	3.3	3.3	4.0	3.3	3.1	0	3.8		(0.53)
	127	15	77	36,224	20,885	6,932	7,544	(612)	903		(139)
	855	(88)	682	15,378	12,515	5,212	6,040	(828)	7,848		(916)
	649	(106)	671	6,901	5,337	5,603	5,896	(293)	6,162		(950)
	650	(87)	670	10%	6%	4%	4%	-1%	5,823		(220)
	5%	0.4%	3%						4%		0%
ER Visits Conversion to Acute Admissions											
Profitability											
	44%	29%	-103%	7%	4%	25%	15%	10%	6%		19%
	34%	19%	-129%	2%	2%	13%	15%	-2%	-7%		20%
	37%	-9%	69%	47%	50%	55%	46%	9%	58%		-3%
	4%	2%	18%	2%	6%	10%	2%	8%	9%		0%
	96%		98%	83%	78%	96%			98%		-2%
	\$ 5,431	\$	2,238	Gross Patient Revenue/Adjusted Admission		\$5,431		\$	2,238		\$3,193
	\$ 3,431	\$	688	Net Patient Revenue/Adjusted Admission		\$3,431		\$	688		\$2,743
	33%	-7%	129%	Salaries % Net Pt Rev	40%	49%	40%	9%	49%		0%
	7%	0%	24%	Benefits % Net Pt Rev	11%	9%	7%	2%	9%		0%
	6%	-2%	22%	Supplies % Net Pt Rev	10%	8%	8%	0%	9%		-1%
Cash and Liquidity											
	187			236	106	187			75		112
	63			47	57	63			80		(17)
	39			41	53	39			42		(2)
	15			30	35	15			24		(9)
	9.8			4.3	2.6	9.8			3.6		6.1
				Current Ratio							

Sierra Vista Hospital  
 STATISTICS by Month  
 February 28, 2026  
 (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
<b>Admissions</b>												
Acute												
Swing												
<b>Total Admissions</b>												
ALOS (acute and swing)												
Patient Days (acute and swing)												
Outpatient Visits												
Rural Health Clinic Visits												
ER Visits												
ER Visits Conversion to Acute Admissions												
<b>Clinic Visits</b>												
RHC & Walk-In												
Behavioral Health												
<b>Total Visits</b>												
<b>Profitability</b>												
EBITDA % Net Rev												
Operating Margin %												
Rev Ded % Net Rev												
Bad Debt % Net Pt Rev												
Outpatient Revenue %												
Gross Patient Revenue/Adjusted Admission												
Net Patient Revenue/Adjusted Admission												
Salaries % Net Pt Rev												
Benefits % Net Pt Rev												
Supplies % Net Pt Rev												
<b>Cash and Liquidity</b>												
Days Cash on Hand												
A/R Days (Gross)												
A/R Days (Net)												
Days in AP												
Current Ratio												

Sierra Vista Hospital  
 TWELVE MONTH STATISTICS  
 February 28, 2026  
 (SUBJECT TO AUDIT)

Description	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month
	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending	Ending
	2/28/2026	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
<b>Admissions</b>												
Acute	32	29	40	31	29	19	19	21	16	29	27	32
Swing	4	2	-	1	2	2	4	1	-	3	2	-
<b>Total Admissions</b>	<b>36</b>	<b>31</b>	<b>40</b>	<b>32</b>	<b>31</b>	<b>21</b>	<b>25</b>	<b>17</b>	<b>32</b>	<b>32</b>	<b>29</b>	<b>32</b>
ALOS (acute and swing)	3.5	4.1	2.5	3.3	3.2	2.9	3.8	3.0	2.9	4.2	3.9	3.2
Patient Days (acute and swing)	127	128	98	106	98	61	95	51	92	133	113	101
Outpatient Visits	855	824	807	669	935	950	886	1,006	913	848	847	864
Rural Health Clinic Visits	649	703	568	525	669	701	701	696	673	817	741	670
ER Visits	650	703	845	631	704	624	726	720	735	735	768	777
ER Visits Conversion to Acute Admissions	5%	4%	5%	5%	4%	3%	3%	2%	4%	4%	4%	4%
<b>Clinic Visits</b>												
RHC & Walk-In	649	703	568	525	669	701	701	696	673	817	741	670
Behavioral Health	304	308	301	254	349	312	312	299	279	283	319	296
<b>Total Visits</b>	<b>953</b>	<b>1,011</b>	<b>869</b>	<b>779</b>	<b>1,018</b>	<b>1,019</b>	<b>1,013</b>	<b>995</b>	<b>952</b>	<b>1,100</b>	<b>1,060</b>	<b>966</b>
<b>Profitability</b>												
EBITDA % Net Rev	44%	10%	30%	28%	0%	29%	22%	27%	33%	4%	70%	52%
Operating Margin %	34%	-3%	20%	16%	-15%	18%	10%	15%	22.8%	-10.0%	66.1%	46.3%
Rev Ded % Net Rev	37%	61%	51%	57%	67%	47%	60%	60%	46%	59%	57%	52%
Bad Debt % Net Pt Rev	4%	17%	7%	10%	13%	4%	13%	12%	6.3%	11.3%	22.7%	9.3%
Outpatient Revenue %	96%	96%	97%	97%	96%	98%	97%	98%	97%	96%	97%	97%
Gross Patient Revenue/Adjusted Admission	\$ 5,431	\$ 6,315	\$ 4,236	\$ 4,444	\$ 6,807	\$ 5,109	\$ 6,874	\$ 6,879	\$ 5,317	\$ 6,327	\$ 6,520	\$ 6,670
Net Patient Revenue/Adjusted Admission	\$ 3,431	\$ 2,475	\$ 2,082	\$ 1,928	\$ 2,264	\$ 2,722	\$ 2,774	\$ 2,745	\$ 2,856	\$ 2,584	\$ 2,775	\$ 3,187
Salaries % Net Pt Rev	33%	65%	40%	50%	76%	40%	48%	55%	36%	55%	41%	34%
Benefits % Net Pt Rev	7%	14%	8%	7%	14%	8%	10%	9%	-3%	10%	11%	6%
Supplies % Net Pt Rev	6%	11%	8%	8%	12%	6%	9%	8%	7%	7%	7%	7%
<b>Cash and Liquidity</b>												
Days Cash on Hand	187	175	189	159	154	158	139	117	134	120	93	93
A/R Days (Gross)	63	68	62	66	61	65	64	65	68	69	75	88
A/R Days (Net)	39	49	37	41	37	44	42	44	44	45	50	49
Days in AP	15	16	14	19	19	24	28	22	18	13	29	22
Current Ratio	9.8	8.3	9.7	9.5	8.0	8.2	7.8	8.8	6.3	6.7	5.5	4.2

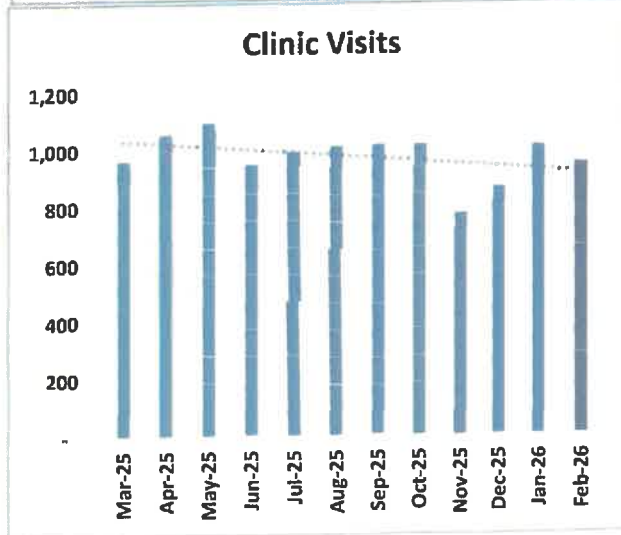
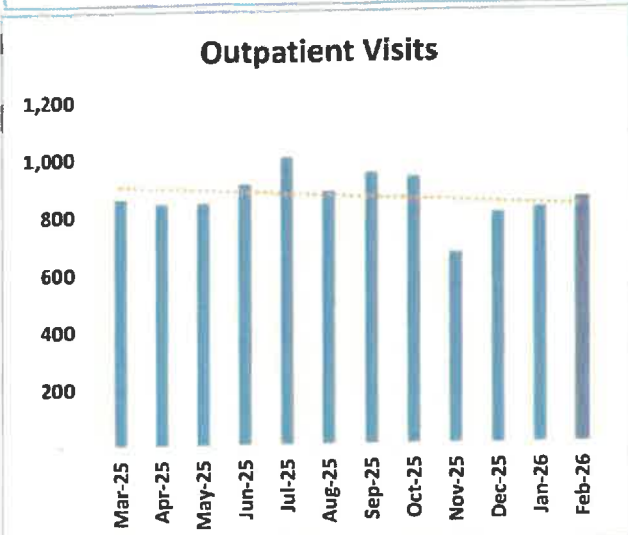
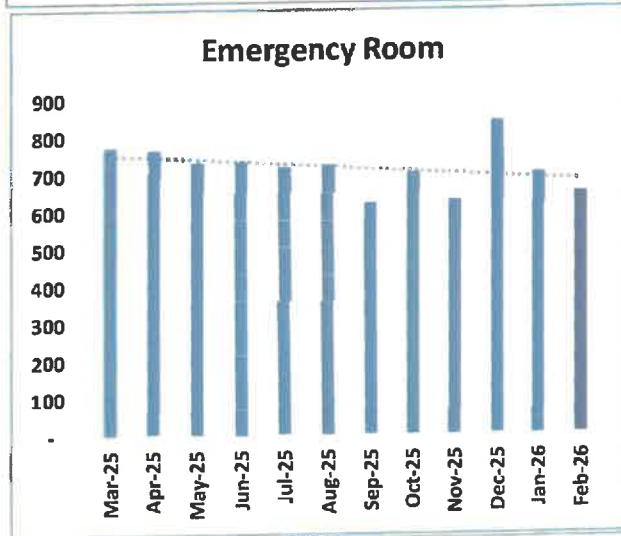
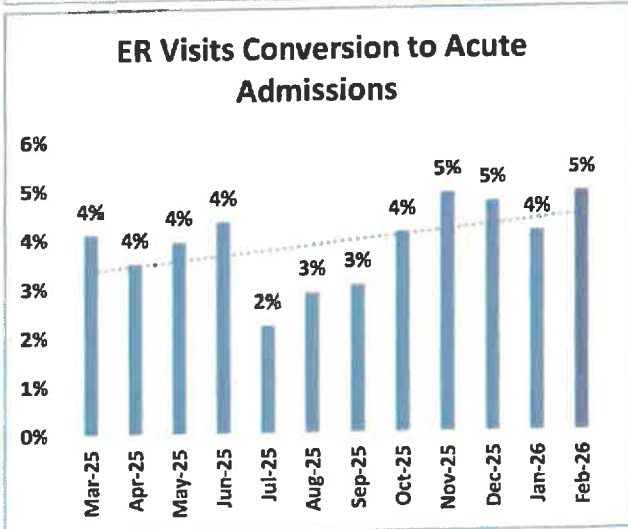
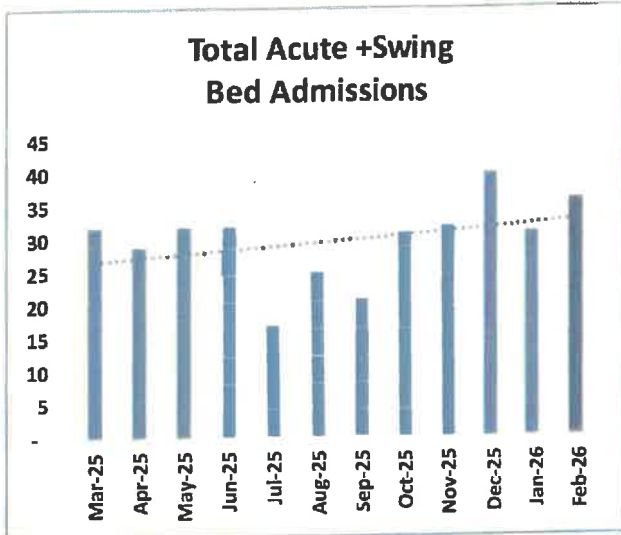
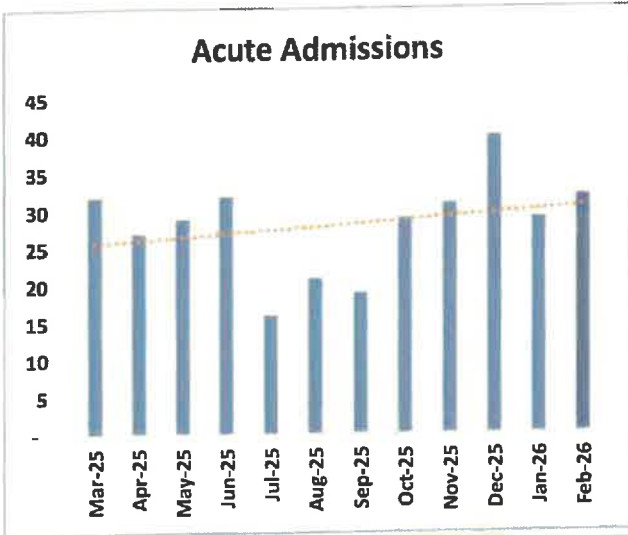
Sierra Vista Hospital  
Detailed Stats by Month  
2/28/2026  
(SUBJECT TO AUDIT)

Description	FY2026	Avg 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
			Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending	Month Ending
Total Acute Patient Days	621	78				83	125	98	91	65	56	52	51	
Total Swingbed Patient Days	143	18				44	3		15	33	5	43		
Total Acute Hours (based on Disch Hr)	15,165	1,896				1,990	2,997	2,777	2,030	1,558	1,345	1,234	1,234	
<b>TOTAL ACUTE</b>														
Patient Days	621	78				83	125	98	91	65	56	52	51	
Admits	217	27				32	29	40	31	29	19	21	16	
Discharges	214	27				28	37	36	27	22	30	17	17	
Discharge Hours	15,165	1,896				1,990	2,997	2,777	2,030	1,558	1,345	1,234	1,234	
Avg LOS	2.9	2.9	#DIV/0!	#DIV/0!	#DIV/0!	3.0	3.4	2.7	3.0	2.4	2.5	3.1	3.0	
<b>Medicare Acute</b>														
Patient Days	394	49				61	99	60	41	33	26	38	36	
Admits	127	16				23	19	27	13	15	9	11	10	
Discharges	124	16				19	27	21	13	14	9	10	11	
Discharge Hours	9,779	1,222				1,463	2,376	1,849	910	789	614	905	873	
Avg LOS	3.2	3.2	#DIV/0!	#DIV/0!	#DIV/0!	3.2	3.7	2.9	3.2	2.4	2.9	3.8	3.3	
<b>SWING - ALL (Medicare/Other)</b>														
Patient Days	143	18				44	3	0	15	33	5	43	0	
Admits	16	2				4	2	1	1	2	2	4	1	
Discharges	16	2				5	1	0	1	3	1	5	0	
Discharge Hours	3,554	444				1,049	213	0	359	782	115	1,036	0	
Avg LOS	8.9	8.9	#DIV/0!	#DIV/0!	#DIV/0!	8.8	3.0	#DIV/0!	15.0	11.0	5.0	8.6	#DIV/0!	
<b>Observations</b>														
Patient Days	181	23				14	11	39	18	31	23	22	23	
Admits	157	20				8	12	28	18	29	25	16	21	
Discharge Hours	4,337	542				326	270	942	443	736	546	529	545	
<b>Emergency Room</b>														
Total ER Patients	5,603	700				650	703	845	631	704	624	726	720	
Admitted	167	21				21	25	36	20	19	19	17	10	
Transferred	545	68				47	46	66	80	73	63	84	86	
<b>Ambulance</b>														
Total ALS/BLS runs	2,197	275				270	310	310	332	347	263	310	365	
911 Calls	1,684	211				229	248	248	240	261	198	231	277	
Transfers	513	64				41	62	62	92	86	65	79	88	
OP Registrations	6,932	867				855	824	807	669	935	950	886	1,006	
<b>Rural Health Clinic</b>														
Total RHC Visits	5,212	652				649	703	568	525	669	701	701	696	
Avg Visits per day	252	32				33	35	28	28	29	35	32	32	
<b>Behavioral Health</b>														
Patients Seen	2,445	306				304	308	301	254	349	318	312	299	

Sierra Vista Hospital  
Detailed Stats by Month  
2/28/2026  
(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
<b>Dietary</b>													
Inpatient Meals	5,005	626	736	658	788	591	665	464	649	454			
Outpatient Meals	985	123	102	112	165	145	126	69	101	126			
Cafeteria Meals	39,616	4,952	4,572	4,849	4,321	5,217	5,155	4,891	5,603				
Functions	2,353	294	290	341	302	307	297	226	277	313			
<b>Laboratory</b>													
In-house Testing	151,039	18,880	16,701	17,714	19,925	16,780	19,895	18,392	18,612	23,020			
Sent Out Testing	5,717	715	667	683	727	665	853	795	542	845			
Drugscreens	194	24	14	34	29	29	31	17	27	13			
<b>Physical Therapy</b>													
PT Tx Units	4,863	608	738	535	567	647	573	506	656	641			
OT Tx Units	1,637	205	191	258	240	179	239	151	239	140			
ST Tx Units	1,044	131	124	168	93	102	108	104	165	180			
<b>Radiology</b>													
X-ray Patients	3,605	451	426	440	461	393	484	396	497	508			
CT Patients	3,053	382	358	320	409	347	362	399	418	440			
Ultrasound Patients	899	112	102	85	116	82	116	118	135	145			
Mammogram Patients	453	57	68	44	64	46	63	45	49	74			
MRI Patients	367	46	49	25	52	20	45	65	51	60			
Nuclear Medicine Patients	16	2	1	2	1	2	4	3	1	2			
DEXA	212	27	23	17	35	20	31	20	24	42			
<b>Sleep Study</b>													
Home Testing	12	2	1	1	3	1	1	3	1	1			
Inhouse	53	7	10	3	7	6	9	3	11	4			

## Volume Trends





Sierra Vista Hospital  
INCOME STATEMENT by Month  
February 28, 2026

Description	6/30/2026	5/31/2026	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 9/30/2025	Month Ending 8/31/2025	Month Ending 7/31/2025
<b>Revenues</b>											
Gross Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Revenue Deductions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contractual Allowances	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Deductions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Revenue Deductions</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Patient Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Gross to Net %</b>											
Other Operating Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Operating Revenue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Operating Revenue</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Expenses</b>											
Salaries & Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Salary & Benefit Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Leases/Rentals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Utilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Repairs / Maintenance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Operating Expenses</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EBITDA</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>EBITDA Margin</b>											
Non - Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Depreciation and Amortization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tax/Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Non Operating Expenses</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>NET INCOME (LOSS)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Net Income Margin</b>											

Sierra Vista Hospital  
TWELVE MONTH INCOME STATEMENT  
February 28, 2026

Description	2/28/2026	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	Month Ending 3/31/2025
<b>Revenues</b>												
Gross Patient Revenue	\$ 4,887,668	\$ 4,893,851	\$ 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
Revenue Deductions	1,416,986	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
Contractual Allowances	117,089	388,353	218,764	229,673	258,219	130,496	347,559	329,828	204,655	262,403	788,464	347,485
Bad Debt	265,423	223,434	387,967	316,036	387,955	228,545	386,919	226,592	383,341	169,178	165,157	292,440
Other Deductions	\$ 1,799,498	\$ 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
Total Revenue Deductions	0	1	577	2,325	0	851	34,326	0	777	3,827	0	2
Net Patient Revenue	\$ 3,068,170	\$ 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
Gross to Net %	63%	39%	49%	43%	33%	53%	40%	40%	52.9%	41%	43%	48%
Other Operating Revenue	821,998	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
Non-Operating Revenue	400,469	311,824	216,800	328,177	319,842	376,662	359,733	768,770	480,337	401,868	330,034	511,933
Total Operating Revenue	\$ 4,310,637	\$ 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
<b>Expenses</b>												
Salaries & Benefits	1,272,469	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
Salaries	1,025,515	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
Benefits	212,886	266,230	227,504	138,533	247,665	242,697	225,406	213,337	(24,179)	202,156	295,778	201,504
Other Salary & Benefit Expense	34,068	15,800	26,099	37,585	18,190	31,881	21,535	17,805	24,962	15,516	18,099	51,397
Supplies	174,806	217,563	221,434	163,803	206,937	176,933	208,274	189,341	226,131	150,093	200,445	222,769
Contract Services	501,696	632,927	615,293	652,646	627,604	679,489	728,657	714,849	199,831	725,597	979,527	928,460
Professional Fees	203,574	222,320	196,113	207,101	205,305	206,800	195,433	190,394	195,530	209,863	182,456	185,130
Leases/Rentals	2,912	4,738	4,834	4,493	6,349	4,793	5,074	5,924	6,121	4,185	6,381	5,886
Utilities	38,565	37,754	36,645	43,104	38,129	47,637	54,993	57,944	55,976	44,982	43,010	47,256
Repairs / Maintenance	37,987	43,807	42,173	47,233	72,216	35,678	101,773	78,692	74,111	34,800	60,071	60,707
Insurance	151,554	155,427	137,689	124,655	139,057	137,741	149,270	139,535	137,785	154,946	154,450	154,932
Other Operating Expenses	23,063	28,519	68,056	34,381	55,486	32,564	26,101	25,127	68,607	29,289	32,619	73,995
Total Operating Expenses	\$2,406,626	\$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
EBITDA	\$1,904,011	\$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
EBITDA Margin	44%	10%	30%	28%	0%	29%	22%	27%	51.3%	4%	70%	52%
<b>Non - Operating Expenses</b>												
Depreciation and Amortization	265,799	289,486	253,406	290,466	298,662	290,764	298,975	298,975	763,696	256,277	239,228	259,395
Interest	95,368	95,583	95,796	96,161	96,219	96,429	96,943	96,846	120,050	76,215	75,816	75,872
Tax/Other	66,569	31,530	57,702	37,089	55,205	50,769	52,856	51,186	61,239	55,341	57,875	54,279
Total Non Operating Expenses	\$427,736	\$416,599	\$406,904	\$423,717	\$450,087	\$437,963	\$448,774	\$447,007	\$904,984	\$387,833	\$372,919	\$389,546
NET INCOME (LOSS)	\$1,476,274	(\$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
Net Income Margin	34%	(3%)	20%	16%	(15%)	18%	10%	15%	29.5%	(10%)	66%	46%

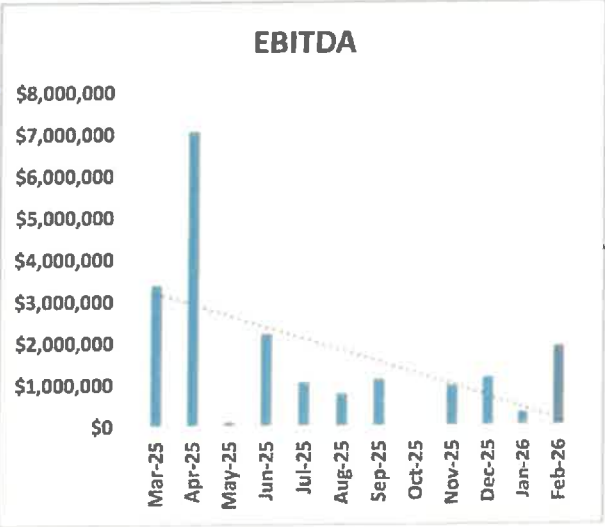
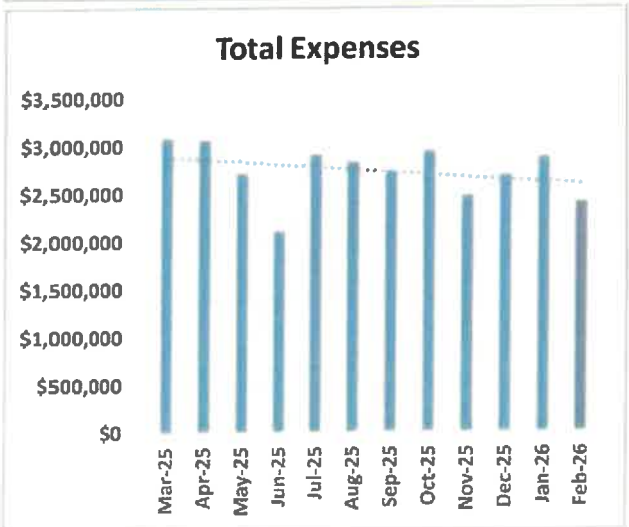
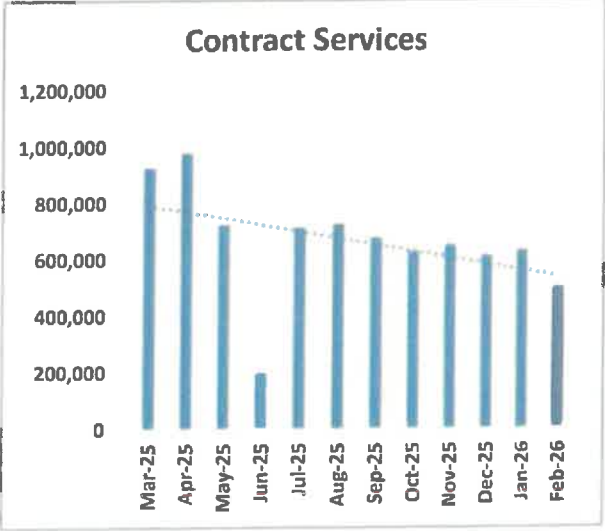
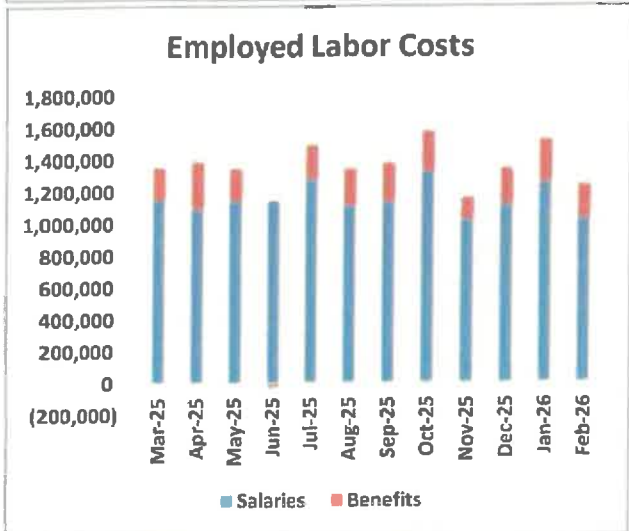
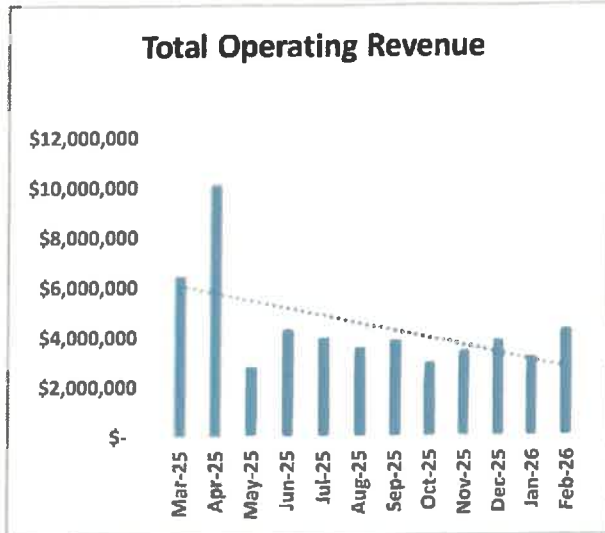
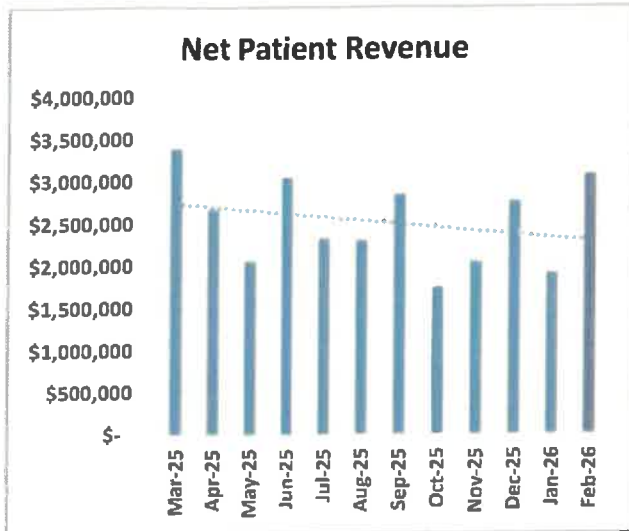
Sierra Vista Hospital  
BALANCE SHEET  
February 28, 2026

February 28, 2026 (Unaudited)	DESCRIPTION	June 30, 2025
<b>Assets</b>		
<b>Current Assets</b>		
\$ 16,852,972	Cash and Liquid Capital	\$ 13,382,416
\$ 110,520	US Bank Clearing	\$ 67,349
\$ 16,963,492	<b>Total Cash</b>	\$ 13,449,765
\$ 11,083,116	Accounts Receivable - Gross	\$ 13,053,445
\$ 7,972,486	Contractual Allowance	\$ 9,448,209
\$ 3,110,630	<b>Total Accounts Receivable, Net of Allowance</b>	\$ 3,605,236
\$ 6,639,851	Other Receivables	\$ 5,740,064
\$ 472,001	Inventory	\$ 420,992
\$ 675,782	Prepaid Expense	\$ 126,593
\$ 27,861,757	<b>Total Current Assets</b>	\$ 23,342,650
<b>Long Term Assets</b>		
\$ 59,108,557	Fixed Assets	\$ 59,959,550
\$ 25,009,422	Accumulated Depreciation	\$ 23,955,474
\$ 28,062	Construction in Progress	\$ -
\$ 34,127,198	<b>Total Fixed Assets, Net of Depreciation</b>	\$ 36,004,076
\$ 34,127,198	<b>Total Long Term Assets</b>	\$ 36,004,076
\$ 2,985,379	New Hospital Loan	\$ 2,070,015
\$ 64,974,334	<b>Total Assets</b>	\$ 61,416,741
<b>Liabilities &amp; Equity</b>		
<b>Current Liabilities</b>		
\$ 680,692	Account Payable	\$ 1,319,408
\$ 1,192,849	Interest Payable	\$ 561,483
\$ 66,481	Accrued Taxes	\$ 61,131
\$ 975,046	Accrued Payroll and Related	\$ 704,168
\$ (63,000)	Cost Report Settlement	\$ 151,000
\$ 2,852,068	<b>Total Current Liabilities</b>	\$ 2,797,190
<b>Long term Liabilities</b>		
\$ 27,203,555	Long Term Notes Payable	\$ 27,533,620
\$ 27,203,555	<b>Total Long Term Liabilities</b>	\$ 27,533,620
\$ -	Unapplied Liabilities	\$ -
\$ 289,290	Capital Equipment Lease	\$ 375,614
\$ 30,344,913	<b>Total Liabilities</b>	\$ 30,706,424
\$ 30,710,316	Retained Earnings	\$ 21,681,305
\$ 3,919,104	Net Income	\$ 9,029,011
\$ 64,974,334	<b>Total Liabilities and Equity</b>	\$ 61,416,741

Sierra Vista Hospital  
BALANCE SHEET by Month  
February 28, 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
<b>Assets</b>												
<b>Current Assets</b>												
Cash and Liquid Capital						15,961,254	16,977,653	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	152,899	16,708	(8,842)
Total Cash	\$0	\$0	\$0	\$0	\$16,006,015	\$17,189,992	\$14,586,957	\$14,496,631	\$14,495,631	\$14,873,676	\$13,276,906	\$11,754,654
Accounts Receivable - Gross						11,083,116	11,177,962	11,235,323	11,311,990	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	\$ -	\$ -	\$ -	\$ -	\$ 3,110,630	\$ 3,663,309	\$ 2,875,102	\$ 3,095,727	\$ 2,817,309	\$ 3,667,800	\$ 3,250,033	\$ 3,533,756
Other Receivables						6,639,851	4,930,151	6,233,281	6,313,333	5,337,842	6,449,125	6,811,737
Inventory						472,001	471,984	466,206	473,388	467,835	439,232	448,179
Prepaid Expense						675,782	833,787	1,043,880	1,197,957	1,251,037	1,400,075	1,488,108
Total Current Assets	\$0	\$0	\$0	\$0	\$27,861,757	\$26,672,838	\$26,431,185	\$25,426,052	\$25,297,617	\$25,598,189	\$24,815,370	\$24,028,493
<b>Long Term Assets</b>												
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						25,009,422	24,743,623	24,454,136	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	\$ -	\$ -	\$ -	\$ -	\$ 34,127,198	\$ 34,385,728	\$ 34,386,114	\$ 34,720,034	\$ 35,010,500	\$ 35,278,109	\$ 35,572,018	\$ 35,710,265
Total Long Term Assets	\$ -	\$ -	\$ -	\$ -	\$ 2,985,379	\$ 2,865,051	\$ 2,744,699	\$ 2,625,067	\$ 2,504,856	\$ 2,384,527	\$ 2,263,818	\$ 2,191,615
New Hospital Loan						64,974,334	63,923,616	62,771,153	62,812,972	63,260,825	62,651,206	61,930,313
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ 64,974,334	\$ 63,923,616	\$ 63,539,988	\$ 62,771,153	\$ 62,812,972	\$ 63,260,825	\$ 62,651,206	\$ 61,930,313
<b>Liabilities &amp; Equity</b>												
<b>Current Liabilities</b>												
Account Payable						680,692	725,493	627,815	872,021	1,107,884	1,350,859	1,062,782
Interest Payable						1,192,849	1,113,895	1,034,951	877,091	798,175	719,268	640,371
Accrued Taxes						66,481	31,530	57,408	36,835	50,769	52,739	50,169
Accrued Payroll and Related Cost Report Settlement						975,046	844,488	655,968	1,223,968	1,031,759	911,473	839,907
Total Current Liabilities	\$0	\$0	\$0	\$0	\$2,852,068	\$3,229,307	\$3,229,307	\$2,663,998	\$3,177,877	\$3,139,587	\$3,185,340	\$2,744,229
<b>Long Term Liabilities</b>												
Long Term Notes Payable						27,203,555	27,245,423	27,328,632	27,369,974	27,411,144	27,452,141	27,492,966
Total Long Term Liabilities	\$0	\$0	\$0	\$0	\$27,203,555	\$27,245,423	\$27,287,115	\$27,328,632	\$27,369,974	\$27,411,144	\$27,452,141	\$27,492,966
Capital Equipment Lease						289,290	295,741	302,143	308,498	332,905	345,379	369,493
Total Liabilities	\$0	\$0	\$0	\$0	\$30,344,913	\$30,770,470	\$30,503,920	\$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						\$3,919,104	\$2,442,890	\$1,759,709	\$1,221,900	\$1,660,613	\$958,030	\$613,308
Total Liabilities and Equity	\$0	\$0	\$0	\$0	\$64,974,334	\$63,923,616	\$63,539,988	\$62,771,153	\$62,812,972	\$63,260,825	\$62,651,206	\$61,930,313

## Financial Trends



Sierra Vista Hospital  
2/28/2026  
Reserves

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

2/28/2026	Notation
(150,000)	
213,000	
<u>63,000</u>	

Total Liability

## Provider Service Agreement

Name of practitioner or facility: Sierra Vista Hospital  
Address: 800 E. 9th Ave.  
City, State, Zip: Truth or Consequences, NM 87901  
Primary contact name: Sheila F Adams  
Primary contact title: Chief Nursing Officer  
Primary contact email address: sheila.adams@svhnm.org  
Primary contact phone number: 5757431343

Name of practitioner or facility Sierra Vista Hospital  
agrees to participate in the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract from 2025 to 2030. CMS has contracted with TMF Health Quality Institute to work with health care providers, organizations and facilities in Arkansas, Louisiana, New Mexico, Oklahoma and Texas. This work focuses on assisting health care providers with high-quality, hands-on technical assistance to improve the quality of care and safety goals for Medicare beneficiaries. CMS has assigned TMF to perform this work under a new name as the Southcentral CMS QIN-QIO Region 5.

Participation in the quality improvement efforts with TMF as the Southcentral CMS QIN-QIO Region 5 is confidential and may only be redisclosed in accordance with 42 USC 1320c-9. This includes protection from legal discovery or use in any litigation.

### CMS QIN-QIO Program priority focus areas

- ▶ Our goal is to meet health care providers, organizations and facilities where they are with their quality improvement activities and work toward achieving measurable change in the following focus areas:
- ▶ Preventing and better managing chronic diseases, including diabetes, hypertension and chronic kidney disease, and increasing preventive services, like immunizations.
- ▶ Continuing to improve hospital and nursing home stays with reduced healthcare-acquired infections, adverse drug events and falls.
- ▶ Improving behavioral health by better managing chronic pain and screening for depression, suicide and substance use disorders.
- ▶ Enhancing care coordination across health care settings by reducing readmissions and avoidable emergency room visits.
- ▶ Developing patient and family advisory councils to improve engagement of Medicare beneficiaries and families as active partners in care and quality.
- ▶ Supporting health care providers' and practitioners' quality management structure, being attentive to emergency preparedness, cybersecurity, workforce planning and supply chains and shortages.

This work will address one or more of the focus areas listed above. By leveraging evidence-based best practices, interventions, tools and resources, we aim to drive meaningful quality improvement. A comprehensive needs assessment and analysis of data gaps impacting quality metrics will guide a tailored approach, ensuring targeted support for your improvement efforts. This work will address one or more of the focus areas listed above. By leveraging evidence-based best practices, interventions, tools and resources, we aim to drive meaningful quality improvement. A comprehensive needs assessment and analysis of data gaps impacting quality metrics will guide a tailored approach, ensuring targeted support for your improvement efforts.

### Why Participate?

Each participating organization or facility will receive free, individualized technical assistance to improve quality of care and safety. Participation is completely voluntary, and full participation has the potential to help your organization or facility reach specified goals.

CONTINUED

- ▶ Receiving free, expert quality improvement technical assistance from the Southcentral CMS QIN-QIO Region 5 to guide you in assessing current systems and processes to identify underlying causes of the performance gaps that affect quality of care.
- ▶ Engaging in a comprehensive assessment of your organization's strengths and readiness to participate in topic specific quality improvement projects designed to improve the quality of patient care.
- ▶ Supporting your staff as they develop quality improvement processes and reviewing the effectiveness of those processes. Helping your staff routinely submit data to CMS about the outcomes of those new process improvements.
- ▶ Receiving one-on-one or group technical assistance that employs evidence-based best practices and quality improvement tools
- ▶ Participating in educational sessions and accessing tools and resources designed to support high-quality care and expand quality improvement project skills.
- ▶ Receiving assistance to conduct a root cause analysis (RCA) based on the core findings of the comprehensive assessment.
- ▶ Reviewing the action plan your team developed to address the RCA findings with related timelines and measurement strategies.
- ▶ Learning and becoming proficient in evidence-based interventions aimed at improving quality and safety.
- ▶ Receiving individualized data reports to help identify opportunities to improve and see those improvements implemented.

**Your responsibilities include**

- ▶ Maintaining Medicare Certification
- ▶ Committing to fully participate in quality improvement activities with the Southcentral CMS QIN-QIO Region 5
- ▶ Working to create an organizational culture that prioritizes safety and quality
- ▶ Providing feedback to CMS about your experience with the Southcentral CMS QIN-QIO Region 5, when requested
- ▶ Submitting data on a quarterly basis, at a minimum, to CMS to track quality improvement performance
  - ◊ Include data obtained directly from your facility or organization that is not maintained by CMS.
  - ◊ If submitting data to the Merit-based Incentive Payment System (MIPS), submit data quarterly at the practice level to monitor progress on quality improvement. Note: Accountable Care Organization-level data is not an acceptable option since it does not reflect individual practice level changes. Data reported quarterly will not be used for public reporting, pay-for-performance purposes or scoring and does not replace MIPS reporting.

**Together we can make a measurable difference in the quality of health care.**

We pledge to support this effort by our commitment to improving quality of health care in our organization or facility through active participation with the Southcentral CMS QIN-QIO Region 5.

Sheila F Adams  
Signature of Designated Quality Improvement Lead or Point of Contact

Chief Nursing Officer  
Point of Contact Title

Sheila F Adams  
Printed Name of Designated Quality Improvement Lead or Point of Contact

03.06.2026  
Date

J. B. Freeman  
Acknowledged by the QIN-QIO

\_\_\_\_\_  
Date

This agreement complies with CMS privacy and security requirements, all applicable laws and regulations governing the storage, main-tenance, and transfer of health information, and does not involve any prohibited conflicts of interest.



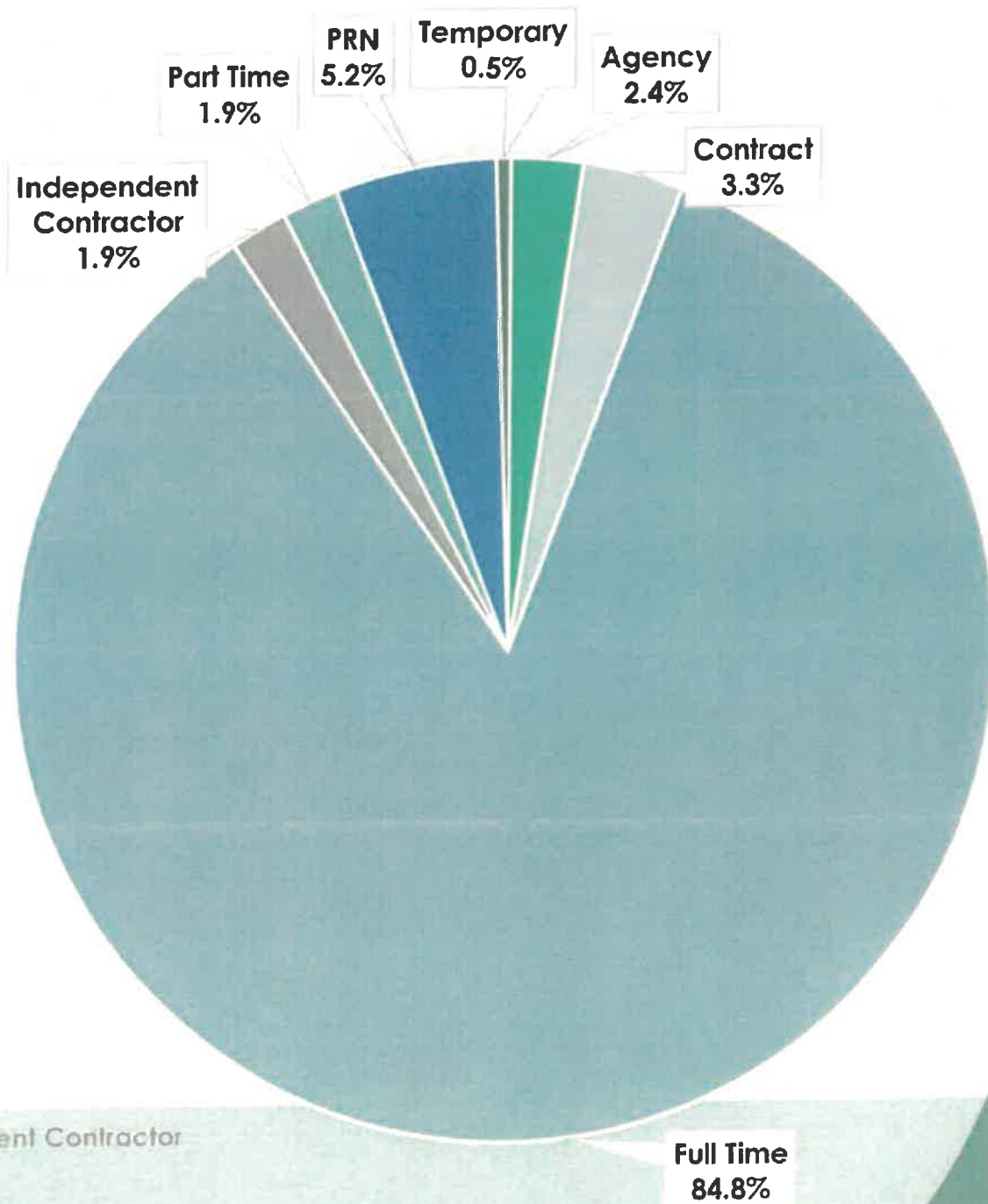
[www.SouthcentralQINQIO.org](http://www.SouthcentralQINQIO.org)



# Human Resources Governing Board Report

## February 2026

### Staffing Matrix

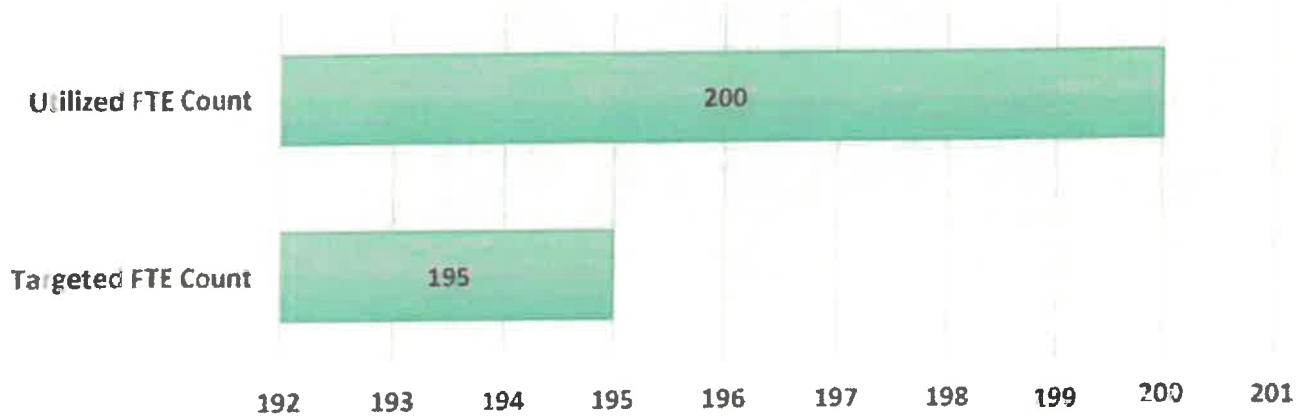


- Agency
- Contract
- Full Time
- Independent Contractor
- Part Time
- PRN
- Temporary



# Human Resources Governing Board Report February 2026

## FTE Utilization



## 8 Month Trend By Category

	June '25	February '26	8 Month Trend Change
Agency	7%	2.4%	-4.6%
Contract	5%	3.3%	-1.7%
Full Time	76%	84.8%	8.8%
Independent Contractor	1%	1.9%	0.9%
Part Time	3%	1.9%	-1.1%
PRN	5%	5.2%	0.2%
Temporary	3%	0.5%	-2.5%
Utilized FTE	211	200	-5.4%



# Human Resources Governing Board Report

## February 2026

### Vacancies (As of 03/19/2026)

FTE Count	Title	Status	Department
1	Respiratory Therapist	FT	Cardiopulmonary
1	Echo Cardio Tech	FT	Cardiopulmonary
1	Physical Therapist	FT	Rehab Services
1	Physical Therapist Assistant	FT	Rehab Services
1	Medical Assistant	FT	Clinic
1	LPN	FT	Clinic
1	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
1	Registration Clerk	FT	Business Office
.50	Cook	PT	Dietary
1	EVS Technician	FT	Housekeeping

### New Hires (February 2026)

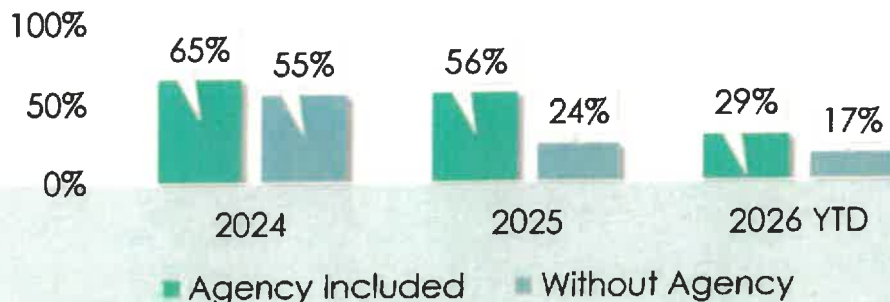
FTE Count	Title	Status	Department
1	Scheduling Clerk	FT	Business Office

### Turnover (February 2026)

FTE Count	Title	Status	Department
.50	Cook	PT	Dietary
.25	EMT-Basic	PRN	Ambulance

Turnover Rate: 6.9%  
Based on an average FTE target of 195

### First Year Turnover Rate





# Human Resources Governing Board Report February 2026

## **Current Projects**

- SVH Master Personnel Policy Development: Sections 1, 2, 6, and 7 have been implemented, and orientation sessions with leadership are underway. The next orientation phase will focus on staff. The second-stage release of additional policy sections is targeted for completion by April 30, 2026.
- Employee satisfaction survey results have been completed. The feedback is currently being analyzed to develop action plans that address all identified needs. Exit interview surveys are now a standard process to collect consistent, structured feedback and help identify opportunities and priorities 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 45%, 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 March 2026

- Increase in nursing unit patients including swing bed patients
- Infection Prevention has started a campaign to increase compliance with hand hygiene, PIPPO (pump in/pump out). EVS has reported an increased need to replace hand sanitizers.
- Outpatient infusions have increased averaging 3-4 weekly. The infusions are given on the nursing unit and are not included in the census.
- AR project is going well however we do not have a projected completion date. We did apply to CMS for an exemption for reporting for 2026.
- SVH has been approved to receive direct technical assistance and advanced data analytics, along with evidence-based intervention recommendations that are tailored to our needs. We will be provided with customized training and 24/7 access to quality improvement tools. This service is provided through CMS QIN-QIO by TMF Health Quality Institute. This five-year program is free of charge.

Respectfully submitted,

*Sheila F. Adams, RN, MSN, MHA*

## CEO Report – March 2026

- Deescalation training for staff using Behavioral Health funding grant. Uptick in assaults on staff in March.
- Socorro- SB3 meeting March 18, 19 and 20.
- New provider starting June 15<sup>th</sup> for walk-in clinic coverage. Amanda Williams, NP.
- Safe Haven Baby Box update.
- Board self-evaluations -April.