



## **August 24, 2023, Board Packet Table of Contents**

- 1 QUALITY COMMITTEE MEETING AGENDA 1:00**
- 2 Quality Committee Meeting Attendance**
- 3 Quality Committee Meeting Minutes**
- 4 MARKETING COMMITTEE MEETING AGENDA 1:30**
- 5 Marketing Committee Meeting Attendance**
- 6 Marketing Committee Meeting Minutes**
- 7 FINANCE COMMITTEE MEETING AGENDA 1:45**
- 8 Finance Committee Meeting Attendance**
- 9 Finance Committee Meeting Minutes**
- 10 Financial Packet as of month ended July 31, 2023**
- 10.a. Local Agency Investment Fund (LAIF) July 2023 Statement *(separate attachment)***
- 10.b. UBS Financial Services July 2023 Statement *(separate attachment)***
- 11 FY24 Proposed Capital Budget**
- 12 BOARD OF DIRECTORS MEETING AGENDA 2:15**
- 13 Board of Directors Meeting Attendance**
- 14 Board of Directors Meeting Minutes**
- 15 Policies submitted for Board Approval by email 8/14/2023**
- 16 Resolution 2024-01 - Authorizing Application for a Certificate of Consent to Self-Insure Workers' Compensation Liabilities**
- 17 Bid Results for Pharmacy Relocation Project**
- 18 Acute Care Wing Project - Update**
- 19 Zoning Administrators Staff Report re: Acute Care Wing Project**
- 20 *CLOSED SESSION 3:00***



**Quality Committee Meeting**  
**Thursday, August 24, 2023, 1:00 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**  
*Or*  
**Microsoft Teams meeting**  
**Join on your computer, mobile app or room device**  
[Click here to join the meeting](#)  
**Meeting ID: 234 601 921 58**  
**Passcode: MWdfbE**  
[Download Teams](#) | [Join on the web](#)  
**Or call in (audio only)**  
[+1 951-384-1117,,605686207#](#) **United States, Riverside**  
**Phone Conference ID: 605 686 207#**

Members:	Cheryl Moxley, Committee Chairperson	Barry Hoy, Committee Member
	Mark Turner, Chief Executive Officer	Julie Atwood, Director of Human Resources
	Terry Peña, Chief Operating Officer	Leslie Plouse, Quality Director
	Don Larsen, MD, Community Member	Gerry Hinkley, Community Member

**OPEN SESSION**

1:00 p.m.

**CALL TO ORDER**

Cheryl Moxley, Committee Chairperson

**PREVIOUS MINUTES**

Cheryl Moxley, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Committee Chairperson.

**CLOSED SESSION - AGENDA ITEMS**

(According to section: (54956.9))

- |                                  |   |
|----------------------------------|---|
| 1. Hospital Acquired Harm        | Leslie Plouse, Quality Director<br>Information Only |
| 2. Event Reports – Level of Harm | Leslie Plouse, Quality Director<br>Information Only |
| 3. Complaints                    | Leslie Plouse, Quality Director<br>Information Only |

**Quality Committee Meeting**  
**Thursday, August 24, 2023, 1:00 p.m.**

Page 2 of 2

4. USACS Dashboard

Leslie Plouse, Quality Director  
Information Only

**RETURN TO OPEN SESSION**

1. Closed Session Report  
2. Public Report of Decisions

Cheryl Moxley, Committee Chairperson

Cheryl Moxley, Committee Chairperson

**OPEN SESSION – AGENDA ITEMS**

1. Performance Improvement  
    a. Hand Hygiene Program  
    b. Patient Experience  
    c. MediTech Implementation  
2. Patient Surveys  
3. Regulatory  
    a. Regulatory Activities  
    b. Regulatory Updates

Leslie Plouse, Quality Director  
Information Only

Leslie Plouse, Quality Director  
Information Only

Leslie Plouse, Quality Director  
Information Only

**ADJOURNMENT**

San Bernardino Mountains Community Hospital Quality Committee Meetings

## Attendance Matrix - 2023

[illegible]

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Moxley, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Julie Atwood, Member, Director of Human Resources Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Leslie Plouse, Member, Quality Director Gerry Hinkley, Community Member</p> <p>Don Larson, MD – Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Barry Smart, Board Treasurer Yvonne Waggener, Chief Financial Officer Tom Madrigal, Facilities Manager Steffanie Miller, Executive Assistant to Facilities</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Moxley called the meeting to order at 1:02 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes	On a motion made and seconded, the Quality Committee Meeting Minutes of June 30, 2023 were approved as written.	<p><b>On a motion made and seconded, the Quality Committee Meeting Minutes of June 30, 2023 were approved as written</b></p> <p><b>M (Hoy) / S (Hinkley) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>
5.0 Adjourn to Closed Session:	The Quality Committee Adjourned to “Closed Session” at approximately 1:03 p.m.	<b>None</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	<p><b><u>CLOSED SESSION ATTENDEES:</u></b></p> <p>Cheryl Robinson, Committee Chairperson  Barry Hoy, Committee Member  Mark Turner, Member, Chief Executive Officer  Julie Atwood, Member, Director of Human Resources  Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer  Leslie Plouse, Member, Quality Director  Gerry Hinkley, Community Member  Kristi McCasland, Executive Assistant  Kieth Burkart, Board President  Cheryl Robinson, Board Vice President  Barry Smart, Board Treasurer  Yvonne Waggener, Chief Financial Officer</p>	
6.0 Return to Open Session:	The Committee returned to “Open Session” at approximately 1:11 p.m.	<b>None</b>
6.1 Closed Session Report:	Per Moxley, the following items were reported on during “Closed Session” – Hospital Acquired Harm; Harm Events; Complaints; and USACS Dashboard.	<b>Information only</b>
7.0 Agenda Items  7.1 Performance Improvement (PI)	<p>Plouse reported on the following PI Projects:</p> <ol style="list-style-type: none"> <li>1) <u>Meds to Beds</u>: Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In June 2023, we were at 100%.</li> <li>2) <u>Breast Cancer Screening</u>: Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of June 2023, we are at 47.41%.</li> <li>3) <u>Colon Cancer Screening</u>: Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 45-75 receive a screening for</li> </ol>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>colorectal cancer; as of June 2023, we are at 41.03%.</p> <p>4) <u>2023 PI Priority #1: Hand Hygiene</u>: The PI committee has been meeting weekly starting in July. Walk rounds are being done to complete gap analysis in each clinical area. The TJC Targeted Solutions Tool web-based program audit selected by the committee.</p> <p>5) <u>2023 PI Priority #2: Implementation of new EHR</u>: The steering committee is meeting weekly. Currently on track to meet go-live, date of October 1, 2023.</p> <p>6) <u>2023 PI Priority #3: Patient Experience</u>: Action items/steps were reviewed in detail. The committee has achieved 100% on 4 of the 9 action items.</p>	
7.2 Patient Surveys	<p>Patient Satisfaction Surveys (Inpatient &amp; ED) –</p> <ul style="list-style-type: none"> <li>• <u>Inpatient</u>: In June 2023, there were two responses, with a 50% top box score (63.89 mean score). Verbatim comments were reviewed.</li> <li>• <u>ED</u>: In June 2023, there were nine responses with a 69.06% top box score (90.55 mean score). Verbatim comments were reviewed.</li> </ul>	<b>Information only</b>
7.3 Regulatory Activity/Updates	<p>Regulatory Activities and Updates --</p> <ul style="list-style-type: none"> <li>• CDPH Complaint Investigation 6/16/2023: Investigation closed with no citations.</li> <li>• SNF Life Safety Survey 5/4/2023: Small hole in Sterile Supply needs to be sealed with fire-rated material. All other audit at 100%.</li> <li>• SNF CMS Recertification Survey 4/17/2023-4/20/2023: 100% compliance to plan of correction audits in June.</li> <li>• TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022: Critical Results documentation stalled due to Orchard report</li> </ul>	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>issues. Policies uploaded and current = 97%.</p> <ul style="list-style-type: none"> <li>• CDPH Complaint Investigation 7/22/2022: Investigation remains open.</li> <li>• TJC Update: The Joint Commission recently announced it would eliminate and consolidate a second tranche of standards, following the first major reduction announced late last year. The more than 200 eliminated and consolidated standards, effective August 27, 2023, will streamline requirements and make them as efficient and impactful on patient safety and quality as possible. <ul style="list-style-type: none"> <li>• Critical Access Hospital: Of 150 in-scope EPs, 23 were deleted or consolidated (15% reduction)</li> <li>• Laboratory: Of 230 in-scope EPs, 64 were deleted or consolidated (28% reduction)</li> </ul> </li> </ul>	
8.0 Final Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:23 p.m.	<b>Meeting adjourned</b>





# **MOUNTAINS**

## **COMMUNITY HOSPITAL**

*The Heart of Mountain Healthcare*

### **Marketing Committee Meeting**

**Thursday, August 24, 2023, 1:30 p.m.**

**George M. Medak Conference Room, Suite 207**

**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

**Meeting ID: 234 601 921 58**

**Passcode: MWdfbE**

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

[+1 951-384-1117, 605686207#](#) **United States, Riverside**

**Phone Conference ID: 605 686 207#**

<b>Members:</b>	Cheryl Robinson, Committee Chairperson	Barry Hoy Committee Member
	Mark Turner, Chief Executive Officer	Terry Peña, Chief Operating Officer
	Kim McGuire, Director, Community Development	Don Larsen, MD, Community Member
	Gerry Hinkley, Community Member	

### **OPEN SESSION**

1:30 p.m.

### **CALL TO ORDER**

Cheryl Robinson, Committee Chairperson

### **PREVIOUS MINUTES**

Cheryl Robinson, Committee Chairperson  
Action Probable

### **PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Committee Chairperson.

### **AGENDA ITEMS**

- |                |   |
|----------------|---|
| 1. Fundraising | Kim McGuire, Dir. of Community Dev.<br>Information Only |
| 2. Marketing   | Kim McGuire, Dir. of Community Dev.<br>Information Only |

### **ADJOURNMENT**

San Bernardino Mountains Community Hospital Marketing Committee Meetings

## Attendance Matrix - 2023

[illegible]

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Cheryl Robinson, Committee Chairperson Barry Hoy, Committee Member Mark Turner, Member, Chief Executive Officer Kim McGuire, Member, Community Development Director Dr. Don Larsen, Community Member Gerry Hinkley, Community Member</p> <p>Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Barry Smart, Board Member Julie Atwood, Human Resources Director Yvonne Waggener, Chief Financial Officer Leslie Plouse, Quality Director Peter Venturini, Foundation Board President</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Robinson called the meeting to order at 1:30 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	The minutes of the meeting of the Marketing Committee held on February 16, 2023 were approved as written	<p><b>The minutes of the meeting of the Marketing Committee held on February 16, 2023, were approved as written.</b></p> <p><b>M (Hoy) / S (Turner) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>Information only</b>
5.0 Fundraising / Marketing	McGuire updated the committee on Fundraising and Marketing activities	<b>Information only</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <u>Fundraising:</u> <ul style="list-style-type: none"> <li>○ YTD, the Foundation has raised \$89,000 – this includes the Le Grand Picnic tickets and sponsorships we sold the past few days for LGP. Last year at this time, we had raised \$31,000.</li> <li>○ Total cash and investments around \$2.4MM.</li> <li>○ The Foundation President will sign a check for \$290,000 for the hospital’s wish list items tomorrow.</li> <li>○ The Summit Circle dinner was held on April 15, and there were 140 attendees. Overall, it was a great event.</li> <li>○ The “Back to the Future” themed LeGrand Picnic is scheduled for July 23, 2023. A save the date email was sent and the event information was added to the hospitals website. The committee is working on décor, auction items, advertising, scripts, ordering the tables/chairs and gathering volunteers. The Foundation received their sellers permit for this event to be able to charge sales tax.</li> </ul> </li> <li>• <u>Naming opportunities:</u> <ul style="list-style-type: none"> <li>○ There were 125 naming opportunities identified, the next step will be to value each space. Gift Map will help with giving us comparative values.</li> </ul> </li> <li>• <u>Grant Update</u> <ul style="list-style-type: none"> <li>○ Received a \$7,500 grant from JE Fehsenfeld Foundation</li> <li>○ Requested a \$100k grant from San Manuel Band of Mission Indians, which is pending.</li> <li>○ The final report for the Ahmanson Foundation is due August 31<sup>st</sup></li> <li>○ Requested a \$15k grant from the Mountain Small Business Grant Program, which is pending.</li> <li>○ Working schedule a call to learn more about the IE Community Foundation and their endowment fund program and other grant opportunities.</li> <li>○ Connected with a grant writer for SAC Health and Loma Linda, who also writes grants for Bear Valley on occasion. We are going to keep an eye out for opportunities to partner.</li> </ul> </li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>• <u>Marketing:</u> <ul style="list-style-type: none"> <li>○ Hospital &amp; Nurses Week was promoted through social media posts.</li> <li>○ New Mover Cards were developed and sent to new homeowners who closed escrow between 12/1/2022-3/31/2023 (approximately 400 new homeowners).</li> <li>○ Working with HR on a staff recruitment campaign that focuses on work life balance.</li> <li>○ Out of 4,300 national entries in the Healthcare Advertising Awards, there were only 14 that were given awards for “COVID Marketing Campaign” of which Mountains Community Hospital won two of those 13 awards.</li> <li>○ Social media posts are being done on Instagram, Facebook and LinkedIn, please follow us and share our posts.</li> </ul> </li> <li>• <u>Upcoming Events:</u> <ul style="list-style-type: none"> <li>○ Rural Dental Open House – 5/11</li> <li>○ Auxiliary Meeting – 5/11</li> <li>○ Locals Day at SkyPark – 5/18</li> <li>○ Running Springs Farmers Market – 5/20</li> <li>○ Game of Skate in Crestline – 5/20</li> <li>○ Auxiliary Officer Installation – 6/12 (tentative)</li> <li>○ Volunteer/New Employee Orientation – 6/19</li> <li>○ New waiting room/registration area ribbon cutting – TBD</li> <li>○ Sheriff’s Dept. BBQ mixer – TBD</li> <li>○ Le Grand Picnic – 7/23</li> <li>○ Rose Memorial – 8/12</li> <li>○ Foundation Board Meeting – 8/31</li> <li>○ Ted Roy Charity Foundation Golf Tournament – 9/15</li> <li>○ First Friday at the Lake House – TBD</li> <li>○ Breast Cancer Walk – 10/7</li> <li>○ Lake Arrowhead Chamber Mixer – 10/12</li> <li>○ Foundation Board Meeting – 10/19</li> </ul> </li> </ul>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
6.0 Adjournment:	There being no further business to discuss, the meeting was adjourned at approximately 1:50 p.m.	<b>Meeting adjourned</b>



**Finance Committee Meeting**  
**Thursday, August 24, 2023, 1:45 p.m.**  
**George M. Medak Conference Room, Suite 207**  
**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**  
*Or*  
**Microsoft Teams meeting**  
**Join on your computer, mobile app or room device**  
[Click here to join the meeting](#)  
**Meeting ID: 234 601 921 58**  
**Passcode: MWdfbE**  
[Download Teams](#) | [Join on the web](#)  
**Or call in (audio only)**  
[+1 951-384-1117,,605686207#](#) **United States, Riverside**  
**Phone Conference ID: 605 686 207#**

Members:	Barrick Smart, Committee Chairperson	Barry Hoy, Committee Member
	Yvonne Waggener, Chief Financial Officer	Terry Peña, Chief Operating Officer
	Mark Turner, Chief Executive Officer	Don Larsen, MD, Community Member
	Gerry Hinkley, Community Member	

**OPEN SESSION**

1:45 p.m.

**CALL TO ORDER**

Barry Smart, Committee Chairperson

**PREVIOUS MINUTES**

Barry Smart, Committee Chairperson  
Action Probable

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Committee Chairperson.

**AGENDA ITEMS**

- |                                 |   |
|---------------------------------|---|
| 1. Financial Statements         | Yvonne Waggener, Chief Financial Officer<br>Action Probable |
| 2. Capital Purchases            | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 3. Investments                  | Yvonne Waggener, Chief Financial Officer<br>Action Possible |
| 4. FY24 Proposed Capital Budget | Yvonne Waggener, Chief Financial Officer<br>Action Probable |

**ADJOURNMENT**

San Bernardino Mountains Community Hospital Finance Committee Meetings

## Attendance Matrix - 2023

[illegible]



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
<p>1.0 Members Present:</p> <p>Absent:</p> <p>Recording Secretary:</p> <p>Guests:</p>	<p>Barrick Smart, Committee Chairperson Barry Hoy, Committee Member Yvonne Waggener, Member, Chief Financial Officer Terry Peña, Member, Chief Operating Officer/Chief Nursing Officer Mark Turner, Member, Chief Executive Officer Gerry Hinkley, Community Member</p> <p>Don Larson, MD – Community Member</p> <p>Kristi McCasland, Executive Assistant</p> <p>Kieth Burkart, Board President Cheryl Robinson, Board Vice President Cheryl Moxley, Board Secretary Julie Atwood, Human Resources Director Kim McGuire, Community Development Director Leslie Plouse, Quality Director Peter Venturini, Foundation President</p>	<p><b>Quorum present</b></p>
2.0 Call to Order:	Smart called the meeting to order at 1:45 p.m.	<b>The meeting was called to order</b>
3.0 Previous Minutes:	On a motion made and seconded, the Finance Committee Meeting Minutes of June 30, 2023 were approved.	<p><b>On a motion made and seconded, the Finance Committee Meeting Minutes of June 30, 2023 were approved as written</b></p> <p><b>M (Hoy) / S (Hinkley) / C</b></p>
4.0 Public Comment:	There was no public comment noted at this time.	<b>None</b>
5.0 Agenda Items: 5.1 Financial Statements	Waggener reported that they preliminarily closed FY23, but that FY23 still needs to be audited. Waggener presented the FY23	<b>A motion was made and seconded to recommend to the</b>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
	Financial Statements as of and for the twelve (12) months ended June 30, 2023. Comparative statistics and selected financial indicators were reviewed.	<b>Board to accept the Financial Statements as of Twelve (12) months ending June 30, 2023.</b>  <b>M (Hoy) / S (Hinkley) / C</b>
5.2 Capital Purchases	Waggener presented and reviewed the FY23 Capital Purchases as of twelve (12) months ended June 30, 2023.	<b>Information only</b>
5.3 Investments	Waggener presented and reviewed the LAIF and UBS statements as of June 30, 2023.	<b>Information only</b>
5.4 FY24 Proposed (DRAFT) Capital Budget	Waggener presented and reviewed the 1 <sup>st</sup> draft of the FY24 Capital Budget. Turner noted that the Senior Management Team still needs to prioritize the items on the FY24 Capital Budget. Waggener will email the 1 <sup>st</sup> draft of the capital budget to the committee members for their review. The finalized FY24 capital budget will be brought to the August meeting for review/approval.	<b>Information only</b>
6.0 Adjournment:	No further business to discuss, the meeting was adjourned at approximately 2:21 p.m.	<b>Meeting adjourned</b>

Mountains Community Hospital  
Key Financial Indicators

	AUDITED								BENCHMARKS	
	06/30/17	06/30/18	06/30/19	06/30/20	06/30/21	06/30/22	06/30/23	07/31/23	FAR WEST CAH	CA CAH
<b><u>LIQUIDITY</u></b>										
Days cash on hand - All sources	161	240	344	523	490	490	452	458	173	222
Cash	909,787	944,823	625,817	15,242,086	8,242,632	4,168,498	3,476,735	3,075,032		
Board Designated	8,505,612	14,339,180	21,636,014	20,160,931	29,289,726	35,548,549	37,386,706	37,562,562		
Total	9,415,399	15,284,003	22,261,831	35,403,017	37,532,358	39,717,047	40,863,441	40,637,594		
Days gross revenue in gross AR	58	57	55	49	62	52	57	59		
Days net revenue in net AR	41	33	43	33	41	37	32	33	59	41
Days expense in AP	32	23	25	29	29	42	23	23		
Current ratio	1.6	2.3	1.6	2.1	1.8	1.8	1.5	1.5		
Cash to debt	91%	154%	236%	303%	443%	498%	484%	481%		
<b><u>CAPITAL STRUCTURE</u></b>										
Long-term debt to capitalization	38%	28%	24%	25%	16%	14%	14%	14%		
<b><u>PROFITABILITY</u></b>										
Total margin	12%	26%	19%	17%	29%	14%	7%	0%		
<b><u>OTHER</u></b>										
Paid full time equivalents (FTE's)	165.66	177.25	183.31	176.66	185.49	182.08	195.86	195.80		
<b>BENCHMARK - FAR WEST</b>	The Industry Benchmark is from the Optum 2022 Almanac of Hospital Financial and Operating Indicators. The Benchmark Average is for Critical Access Hospital in the Far West Region.									
<b>BENCHMARK - CA</b>	The California Benchmark is from the Flex Monitoring Team Data Summary Report #26, CAH Financial indicators Report: Summary of Indicators Medians by State, May 2022.									

Mountains Community Hospital  
Comparative Statistics

	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-22	45	7	52	589	1.5	0.2	1.7	19.0	841	27	18	24
Aug-22	46	28	74	605	1.5	0.9	2.4	19.5	814	26	20	19
Sep-22	50	14	64	585	1.7	0.5	2.1	19.5	760	25	3	7
Oct-22	30	38	68	594	1.0	1.2	2.2	19.2	786	25	-	1
Nov-22	80	56	136	562	2.7	1.9	4.5	18.7	802	27	-	6
Dec-22	47	4	51	558	1.5	0.1	1.6	18.0	786	25	-	12
Jan-23	46	39	85	585	1.5	1.3	2.7	18.9	712	23	-	9
Feb-23	44	46	90	532	1.6	1.6	3.2	19.0	565	20	-	11
Mar-23	56	45	101	584	1.8	1.5	3.3	18.8	497	16	-	9
Apr-23	54	27	81	535	1.8	0.9	2.7	17.8	602	20	-	14
May-23	81	43	124	513	2.6	1.4	4.0	16.5	692	22	-	9
Jun-23	55	48	103	548	1.8	1.6	3.4	18.3	774	26	4	7
	634	395	1,029	6,790	1.7	1.1	2.8	18.6	8,631	24	45	128
	Patient Days				Average Daily Census				ER Visits		Surgery	
	Acute	Swing	Hospital	SNF	Acute	Swing	Hospital	SNF	Month	Day	Endo	Surg
Jul-23	41	54	95	589	1.3	1.7	3.1	19.0	874	28	4	7
	41	54	95	589	1.3	1.7	3.1	19.0	874	28	4	7
Budget Jul-23	71	62	133	605	2.3	2.0	4.3	19.5	744	24	6	15

Mountains Community Hospital  
Comparative Statistics

	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-22	7,502	632	276	52	9	107	1,076	642	480	259	221	89	1,049
Aug-22	7,644	635	256	74	23	100	1,088	792	506	291	236	177	1,210
Sep-22	6,523	584	238	51	12	119	1,004	615	395	245	240	140	1,020
Oct-22	6,566	594	206	94	19	102	1,015	722	413	247	244	126	1,030
Nov-22	6,815	575	184	99	23	83	964	715	379	196	213	102	890
Dec-22	5,970	592	203	78	19	93	985	635	337	204	235	97	873
Jan-23	5,784	577	191	37	8	94	907	623	374	227	223	88	912
Feb-23	4,897	488	153	46	13	63	763	526	322	183	196	74	775
Mar-23	3,813	450	148	19	5	62	684	378	278	108	198	54	638
Apr-23	6,309	574	203	55	11	92	935	678	361	264	199	91	915
May-23	6,569	611	210	64	7	97	989	811	483	284	217	106	1,090
Jun-23	6,118	606	244	63	26	119	1,058	810	449	272	224	104	1,049
	74,510	6,918	2,512	732	175	1,131	11,468	7,947	4,777	2,780	2,646	1,248	11,451
	Lab	Radiology Exams						PT	Rural Health Clinics				
	Tests	X Ray	CT	Mammo	DXA	US	Total	Visits	LA Med	LA Dent	LA Tele	RS Med	Total
Jul-23	6,374	643	241	68	20	111	1,083	690	422	227	214	77	940
	6,374	643	241	68	20	111	1,083	690	422	227	214	77	940
Budget Jul-23	6,200	615	220	70	16	102	1,023	650	500	250	230	120	1,100



Through July 2023

Description	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance	FY Budget	Remaining
Total Expenses	2,831,146	2,908,040	-76,894	2,831,146	2,908,040	-76,894	36,655,786	-33,824,640
Income (Loss) from Operations	-359,890	-1,047,341	687,451	-359,890	-1,047,341	687,451	-5,828,688	5,468,798
Non-Operating Rev (Exp) :								
District Tax Revenue	258,000	258,000	0	258,000	258,000	0	3,096,000	-2,838,000
Investment Income	138,191	76,200	61,991	138,191	76,200	61,991	914,400	-776,209
Interest Expenses	-45,933	-45,866	-67	-45,933	-45,866	-67	-522,182	476,249
Non Capital Grants & Contr	0	0	0	0	0	0	952,000	-952,000
Other Non-Operating Revenue	36,118	36,260	-142	36,118	36,260	-142	432,570	-396,452
Other Non-Operating Expense	-28,699	-32,565	3,866	-28,699	-32,565	3,866	-353,580	324,881
Gain/Loss On Disp of Property	0	0	0	0	0	0	0	0
Non-Operating Revenue/Expense	357,677	292,029	65,648	357,677	292,029	65,648	4,519,208	-4,161,531
Net Income (Loss)	-2,213	-755,312	753,099	-2,213	-755,312	753,099	-1,309,480	1,307,267

July 2023

	Beginning	Ending	
Description	Balance	Balance	Variance
<b>Assets:</b>			
Cash & Cash Equivalents	3,476,735	3,075,032	-401,703
Receivables: Patient - Net	2,704,200	2,786,024	81,823
Receivables: Other	106,034	305,827	199,793
Receivables: Foundation	0	420	420
Inventory	704,423	700,829	-3,594
Prepaid Expenses & Deposits	590,636	543,390	-47,246
-----			
Total Current Assets	7,582,028	7,411,522	-170,506
Assets Limited As To Use	37,737,176	38,023,993	286,817
Capital Assets - Net	18,803,544	18,709,872	-93,672
Other Assets	1,982,928	1,982,928	0
-----			
Total Assets	66,105,677	66,128,315	22,638
=====			
<b>Liabilities:</b>			
Long-Term Debt - CP	1,036,629	996,193	-40,436
AP & Accrued Expenses	958,856	845,486	-113,370
Patient Credit Balances	627,197	623,993	-3,203
Accrued Interest	173,599	171,844	-1,755
Accrued Payroll	1,358,792	1,532,585	173,794
Deferred Revenue	41,221	37,243	-3,978
Est Third-Party Settlements	753,815	766,316	12,501
-----			
Total Current Liabilities	4,950,108	4,973,660	23,552
Long-Term Debt	8,445,994	8,447,294	1,300
Deferred Inflows-Leases	2,008,540	2,008,540	0
-----			
Total Liabilities	15,404,643	15,429,494	24,852
Net Assets	50,701,034	50,698,821	-2,213
-----			
Total Liabilities & Net Assets	66,105,677	66,128,315	22,638
=====			



FY24 CAPITAL BUDGET & ASSET ADDITIONS AS OF 07/31/23							
Department	Item Description	Budget	Complete	Actual	Funding Source		
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000		6,390			
FACILITIES	Front of House & Gift Shop	565,000		11,720	Foundation		514,500
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000		3,375			
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000		3,033			
FACILITIES	MOB Improvements	130,000					
FACILITIES	New Acute Care Wing	75,000					
FACILITIES	SNF Nurses' Station	50,000					
FACILITIES	Seal & Stripe Parking Lot	48,000					
FACILITIES	Keyless Entry Doors	45,000		5,061			
FACILITIES	Front of House & Med Surg HVAC	40,000					
FACILITIES	Chemistry Analyzers (2) Construction	25,000					
FACILITIES	Hospital Exterior Paint	25,000					
FACILITIES	OR Doors	20,000					
FACILITIES	MOB Electrical Panel	15,000					
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000		250			
EVS	Soiled Linen Enclosure	6,500					
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000			Foundation		50,000
FACILITIES	SNF Renovations	150,000					
FACILITIES	Surgery Water Filtration System Construction	20,000					
FACILITIES	Med Surg Windows	200,000					
FACILITIES	SNF Windows	200,000					
FACILITIES	Hospital & MOB Flooring	75,000					
FACILITIES	Parking Lot Expansion	100,000					
FACILITIES	SNF Fence	24,000					
FACILITIES	PFS Remodel	125,000					
FACILITIES	Second Floor Remodel	60,000					
FACILITIES	Education Center	-			Foundation		327,000
FACILITIES	Parking Solution	-					
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000					
IT	EHR System (Meditech Expanse)	600,000		15,113			

<b>FY24 CAPITAL BUDGET &amp; ASSET ADDITIONS AS OF 07/31/23</b>							
<u>Department</u>	<u>Item Description</u>	<u>Budget</u>	<u>Complete</u>	<u>Actual</u>	<u>Funding Source</u>		
FACILITIES	Nurses' Call System	285,000					
IT	Voice & Messaging System	165,000					
FACILITIES	Hospital Camera System	150,000					
ED/MS/OR/SNF	IV Pumps	104,000			Foundation		104,000
FACILITIES	Fire Suppression (Server Room)	100,000					
FACILITIES	Patient Transfer Vehicle	90,000			Foundation		90,000
ED/MS/OR/SNF	Defibrillators (4)	85,000					
FACILITIES	Chiller	80,000					
LAB	Coagulation Analyzer	67,000					
FACILITIES	Tractor	56,000					
IT	Med Surg & SNF IDF Cabinets	55,000					
IT	Microsoft Veem Cloud Backup	35,000					
IT	Cisco Firewalls	30,000					
IT	Cisco Catalyst Network Switches	25,000					
ED	Carbon Monoxide Monitor	8,000					
RESP	Blood Gas Analyzer	8,000					
IT	Cisco Wireless Controller	7,000					
DIET	Worktop Freezer	6,000					
FACILITIES	ER Exam Lights	50,000					
LAB	Phlebotomy Carts (2)	19,000					
EVS	ECH20 Scrubber	12,500					
EVS	T1B Scrubber for OR	7,300					
EVS	i-Mop	6,700					
FACILITIES	Storage Containers	60,000					
FACILITIES	Utility Vehicle	30,000					
OR	Endoscopes	28,000					
ANESTH	Anesthesia Machines	146,000					
RESP	EKG Machine	15,000					
		<b>\$ 6,564,000</b>		<b>\$ 44,943</b>			<b>\$ 194,000</b>

San Bernardino Mountains Community Hospital District  
DRAFT - FY24 Capital Budget

					Reason for Purchase						Ranking
Department	Item Description (Construction)	FY24 Budget	Funding Source		People	Quality/Safety	Finance	Growth	Service	Regulatory	1-5
FACILITIES	Pharmacy Relocation (Includes Hood)	900,000				X			X	X	5
FACILITIES	Front of House & Gift Shop	565,000	Foundation	514,500	X			X	X		5
FACILITIES	Seismic NPC3 (Anchor Equipment) & SPC 4D	200,000				X				X	5
FACILITIES	Minor Use Permit (Parking Structure, Education Center, Acute Care Wing)	150,000						X		X	5
FACILITIES	MOB Improvements	130,000				X					5
FACILITIES	New Acute Care Wing	75,000			X	X		X		X	5
FACILITIES	SNF Nurses' Station	50,000			X	X				X	5
FACILITIES	Seal & Stripe Parking Lot	48,000			X	X				X	5
FACILITIES	Keyless Entry Doors	45,000			X	X				X	5
FACILITIES	Front of House & Med Surg HVAC	40,000								X	5
FACILITIES	Chemistry Analyzers (2) Construction	25,000			X	X		X		X	5
FACILITIES	Hospital Exterior Paint	25,000			X						5
FACILITIES	OR Doors	20,000			X	X			X	X	5
FACILITIES	MOB Electrical Panel	15,000			X	X					5
FACILITIES	Med Surg Nursing Station (Pyxis)	10,000								X	5
EVS	Soiled Linen Enclosure	6,500				X				X	5
FACILITIES	RHC LA Interior Remodel/Retrofit	275,000	Foundation	50,000	X	X				X	4
FACILITIES	SNF Renovations	150,000			X	X				X	4
FACILITIES	Surgery Water Filtration System Construction	20,000				X	X		X		4
FACILITIES	Med Surg Windows	200,000				X				X	3
FACILITIES	SNF Windows	200,000			X	X					3
FACILITIES	Hospital & MOB Flooring	75,000			X	X					3
FACILITIES	Parking Lot Expansion	100,000			X						2
FACILITIES	SNF Fence	24,000			X	X					2
FACILITIES	PFS Remodel	125,000			X						1
FACILITIES	Second Floor Remodel	60,000			X	X					1
FACILITIES	Education Center	-	Foundation	327,000							
FACILITIES	Parking Solution	-									
		3,533,500		891,500							

San Bernardino Mountains Community Hospital District  
DRAFT - FY24 Capital Budget

					Reason for Purchase						Ranking
Department	Item Description (Equipment)	FY24 Budget	Funding Source		People	Quality/Safety	Finance	Growth	Service	Regulatory	1-5
ED/MS/OR/SNF	Telemetry Monitoring Equipment	700,000			X	X	X		X	X	5
IT	EHR System (Meditech Expanse)	600,000			X	X	X		X		5
FACILITIES	Nurses' Call System	285,000				X			X	X	5
IT	Voice & Messaging System	165,000			X	X			X	X	5
FACILITIES	Hospital Camera System	150,000			X	X				X	5
ED/MS/OR/SNF	IV Pumps	104,000	Foundation	104,000	X	X			X	X	5
FACILITIES	Fire Suppression (Server Room)	100,000				X				X	5
FACILITIES	Patient Transfer Vehicle	90,000	Foundation	90,000	X	X	X	X	X	X	5
ED/MS/OR/SNF	Defibrillators (4)	85,000			X	X	X		X	X	5
FACILITIES	Chiller	80,000			X	X			X		5
LAB	Coagulation Analyzer	67,000				X			X		5
FACILITIES	Tractor	56,000			X	X	X		X		5
IT	Med Surg & SNF IDF Cabinets	55,000			X	X			X	X	5
IT	Microsoft Veem Cloud Backup	35,000			X	X			X		5
IT	Cisco Firewalls	30,000			X	X			X		5
IT	Cisco Catalyst Network Switches	25,000			X	X			X		5
ED	Carbon Monoxide Monitor	8,000			X	X		X	X		5
RESP	Blood Gas Analyzer	8,000				X			X	X	5
IT	Cisco Wireless Controller	7,000			X	X			X		5
DIET	Worktop Freezer	6,000			X	X			X		5
FACILITIES	ER Exam Lights	50,000			X	X			X		4
LAB	Phlebotomy Carts (2)	19,000			X	X			X		4
EVS	ECH20 Scrubber	12,500				X			X		4
EVS	T1B Scrubber for OR	7,300				X				X	4
EVS	i-Mop	6,700				X			X		4
FACILITIES	Storage Containers	60,000					X				3
FACILITIES	Utility Vehicle	30,000			X				X		3
OR	Endoscopes	28,000			X	X			X		3
ANESTH	Anesthesia Machines	146,000			X	X			X		1
RESP	EKG Machine	15,000				X				X	1
		3,030,500		194,000							
		6,564,000		1,085,500							



**“Mountains Community Hospital makes possible essential quality medical services to the residents and visitors of the local mountains.”**

**DISTRICT BOARD OF DIRECTORS MEETING**

**Thursday, August 24, 2023, 2:15 p.m.**

**George M. Medak Conference Room, Suite 207**

**MCH Medical Office Building, 29099 Hospital Road, Lake Arrowhead, CA 92352**

*Or*

**Microsoft Teams meeting**

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

**Meeting ID: 234 601 921 58**

**Passcode: MWdfbE**

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

[+1 951-384-1117, 605686207#](#) **United States, Riverside**

**Phone Conference ID: 605 686 207#**

**Members:**

Kieth Burkart, President  
Barrick Smart, Treasurer  
Barry Hoy, Trustee

Cheryl Robinson, Vice President  
Cheryl Moxley, Secretary

**Staff Members:**

Mark Turner, Chief Executive Officer  
Bijan Motamedi, M.D., MEC President  
Julie Atwood, Human Resources Director

Terry Peña, Chief Operating Officer  
Yvonne Waggener, Chief Financial Officer  
Kristi McCasland, Executive Assistant

**OPEN SESSION**

2:15 p.m.

**CALL TO ORDER**

Kieth Burkart, President

**PRESIDENTS COMMENTS**

Kieth Burkart, President  
Action Possible

**BOARD MEMBER REPORTS**

All Board Members

**PUBLIC COMMENTS**

Government Code  
Section 54954.3 Sections A & B

The public has the right to address the legislative body on any item of interest to the public.  
A time restraint may be implemented at the discretion of the Board President.

**PREVIOUS MINUTES approval**

Kieth Burkart, President  
Action probable

**CONSENT AGENDA**

Kieth Burkart, President  
Action Probable

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, August 24, 2023, 2:15 p.m.**

Page 2 of 3

(Motion will be made to include all items listed)

1. Approval of Quality Committee minutes, meeting held July 24, 2023
2. Approval of Marketing Committee minutes, meeting held May 25, 2023
3. Approval of Finance Committee minutes, meeting held July 24, 2023
4. Approval of the attached Policies and Procedures that was sent August 14, 2023

**AGENDA ITEMS**

- |  |   |
|--|---|
| 1. Resolution 2024-01: Authorizing Application for a Certificate of Consent to Self-Insure Workers' Compensation Liabilities | Mark Turner, Chief Executive Officer<br>Action Probable |
| 2. Bid Results for Pharmacy Relocation Project   | Mark Turner, Chief Executive Officer<br>Action Possible |
| 3. CEO Report  | Mark Turner, Chief Executive Officer                    |
| a. Construction and Land Use approval update   | Information Only  |
| 1) Acute Care Wing Project – Update  | Information Only  |
| 2) Zoning Staff Report re: Acute Care Wing Project   | Information Only  |
| b. Corporate Compliance Update   | Information Only  |
| 4. COO/CNO Report  | Terry Peña, Chief Operating Officer<br>Information only |
| 5. Quality Committee Report<br>Report of Meeting held August 24, 2023  | Cheryl Moxley, Chairperson<br>Information only          |
| 6. Marketing Committee Report<br>Report of Meeting held August 24, 2023  | Cheryl Robinson, Chairperson<br>Information only        |
| 7. Finance Committee Report<br>Report of Meeting held August 24, 2023  | Barry Smart, Chairperson                                |
| a. Financial Statements  | Action Probable   |
| b. Capital Purchases   | Action Possible   |
| c. Investments   | Action Possible   |
| d. FY24 Proposed Capital Budget  | Action Probable   |
| 8. Board Education   | Kieth Burkart, President<br>Action Possible             |
| 9. Discussion Topic Suggestions  | Kieth Burkart, President<br>Information only            |

**ADJOURN TO CLOSED SESSION**

**DISTRICT BOARD OF DIRECTORS MEETING**  
**Thursday, August 24, 2023, 2:15 p.m.**

Page 3 of 3

**CLOSED SESSION AGENDA ITEMS**

(Closed session pursuant to Govt. Code Section 54954.5)

- |   |  |
|---|--|
| 1. <u>Hearings</u><br>Subject matter: Staff Privileges<br>Re: Credentialing Recommendations<br>Closed session pursuant to Cal. Health & Safety § 32155  | Bijan Motamedi, M.D., MEC President<br>Action Probable   |
| 2. <u>Medical Executive Committee Report</u><br>Subject Matter: Report of Medical Executive Committee<br>Meeting minutes<br>Closed session pursuant to Cal. Health & Safety § 32155   | Bijan Motamedi, M.D., MEC President<br>Information only  |
| 3. <u>Annual Management Action Plan (MAP) Updates</u><br>Subject Matter: Proposed new services, programs & facilities<br>Estimated date of public disclosure: April 30, 2024<br>Closed session under Cal. Health & Safety § 32106 | Mark Turner, Chief Executive Officer<br>Information only |
| 4. <u>Executive session</u><br>Subject Matter: Personnel Issues<br>Re: CEO Compensation<br>Closed session under Cal. Gov. Code § 54957  | Board Members & CEO Only<br>Action Possible              |

**RETURN TO OPEN SESSION**

- |                               |                          |
|-------------------------------|--------------------------|
| 1. Closed Session Report      | Kieth Burkart, President |
| 2. Public Report of Decisions | Kieth Burkart, President |

**NEXT BOARD-ATTENDED MEETINGS**

Thursday, September 28, 2023 at 1:00 p.m.  
*(Days & times are subject to change so please refer to the posted agenda for exact times)*

**FINAL ADJOURNMENT**

# San Bernardino Mountains Community Hospital Board of Directors Meetings

## Attendance Matrix - 2023

Board Members	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Kieth Burkart	√	√	√	√	√	√	√					D A R K
Cheryl Robinson	√	√	√	√	√	√	√					
Cheryl Moxley	√	√	√	√	A	√	√					
Barry Smart	√	√	√	√	√	√	√					
Barry Hoy	√	√	√	√	√	√	√					
Staff Members												
Mark Turner	√	√	√	√	√	√	√					
Terry Peña	√	√	√	√	E	√	√					
Yvonne Waggener	√	√	√	√	√	√	√					
Julie Atwood	√	√	√	√	√	E	√					
Kim McGuire	√	√	√	√	√	√	√					
Kristi McCasland	√	√	√	√	√	√	√					
Bijan Motamedi, M.D.	E	√	√	√	√	E	√					
Walter Maier, M.D.	n/a	n/a	n/a	n/a	n/a	√	n/a					
Comment												
	√	Present			E	Excused			A	Absent		



<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION/RECOMMENDATION</b>	<b>ACTION/FOLLOW-UP</b>
1.0 Call to Order:	Kieth Burkart, Board President, called the Board of Directors meeting to order at approximately 2:30 p.m.	<b>The meeting was called to order</b>
2.0 Board Members Present:  Members Absent:  Recording Secretary  Staff Members Present:  Guests:	<p>Kieth Burkart, Board President Cheryl Robinson, Vice President Cheryl Moxley, Board Secretary Barrick Smart, Board Treasurer Barry Hoy, Board Trustee</p> <p>Kristi McCasland, Executive Assistant</p> <p>Mark Turner, Chief Executive Officer Terry Peña, Chief Operating Officer/Chief Nursing Officer Yvonne Waggener, Chief Financial Officer Julie Atwood, Human Resources Director Bijan Motamedi, M.D., MEC President</p> <p>Kim McGuire, Community Development Director Leslie Plouse, Quality Director Gerry Hinkley, Community Member Peter Venturini, Foundation President</p>	<b>Quorum present</b>
3.0 President's Comments:	None	<b>None</b>
4.0 Board Member's Reports:	None	<b>None</b>
5.0 Public Comments:	None	<b>None</b>
6.0 Previous Minutes:	On a motion made and seconded the Minutes from the Board of Directors meeting of June 30, 2023 and Special Board of Directors meeting of July 7, 2023 were approved as written.	<b>On a motion made and seconded the Minutes from the Board of Directors meeting of</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
		<p><b>June 30, 2023 and Special Board of Directors meeting of July 7, 2023 were approved as written.</b></p> <p><b>M (Smart) / S (Moxley) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
7.0 Consent Agenda:	<p>The following Consent Agenda items were reviewed:</p> <ol style="list-style-type: none"> <li>1. Approval of Quality Committee minutes, meeting held June 30, 2023</li> <li>2. Approval of Facilities Committee minutes, meeting held April 28, 2023</li> <li>3. Approval of Finance Committee minutes, meeting held June 30, 2023</li> <li>4. Approval of the attached list of Policies and Procedures that was sent July 11, 2023 (<i>see list attached to the July Board Packet</i>).</li> </ol>	<p><b>On a motion made and seconded, the Consent Agenda items were approved as presented.</b></p> <p><b>M (Hoy) / S (Robinson) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>
<p>8.0 Agenda</p> <p>8.1 CEO Report</p> <p>a. LeGrand Picnic Recap</p>	<p>Turner reported that the LeGrand picnic was a huge success and raised \$286,728, which is the most ever raised at this event. He noted that a debrief meeting would be held in mid-August to go over what when well and what we can improve on. A full recap of this event will be presented during next month's Marketing Committee Meeting.</p>	<p><b>Information only</b></p>
<p>b. Construction and Land Use Approval Update</p>	<p>Turner reported that a full construction and land use approval update was given during the Facilities Committee Meeting (<i>see section 8.4 below</i>). Turner reported the additional information on the Land Use projects:</p> <ul style="list-style-type: none"> <li>• <u>Land Use Approval (Acute Wing)</u>: We contracted with Gary Hicks to help with the financing of this project. A meeting has been scheduled with Ferguson Engineering (Architect) to begin the planning on the acute care wing, which will be a 3-4 month process.</li> <li>• <u>Land Use Approval (Education Center/Parking Solution)</u>: Turner</li> </ul>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	will be reaching out to Brent McManigal (Land Use Attorney) to start the land use approval process for the Education Center and parking solution.	
c. Corporate Compliance Update	Turner reported that Onusko is currently working on policies to be approved by the Corporate Compliance Committee. The next steps are to pull together the members of the committee, and educate staff on the compliance hotline.	<b>Information only</b>
d. California Hospital Association (CHA)- Grassroots Campaign re Seismic Requirements	Turner reported that the California Hospital Association (CHA) has been advocating for all hospitals regarding the seismic requirement deadline. CHA has asked hospitals to help in this effort by coordinating grassroots efforts; CHA will provide us with a toolkit. Turner has reached out to Venturini and Hinkley to get their involvement in this grassroots campaign for our community.	<b>Information only</b>
8.2 COO/CNO Report	<p>Peña reported on the following:</p> <ul style="list-style-type: none"> <li>• MediTech implementation is going well. Testing was conducted on the MediTech side, and out of 14 cases, 10 went perfectly. MediTech is working on the issues identified during the testing.</li> <li>• Working to set up a committee meeting for the Journey Mapping Project, Med/Surg will be the first department implemented.</li> <li>• Looking for templates for Leadership Rounding, which is scheduled to begin on August 1, 2023 and will be tied to the BETA Heart SCORE survey results.</li> <li>• Budget variance templates for the clinical departments have been revised.</li> <li>• Awaiting more applicants for the SNF Manager, we have contracted with a third recruiting agency to help fill this position.</li> </ul>	<b>Information only</b>
8.3 Quality Committee Report	Moxley reported on the Quality Committee meeting:	<b>Information only</b>
a. Report of meeting held July 27, 2023	<p>1. <u>Performance Improvement:</u></p>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>a. <u>Meds to Beds</u>: Our target for 2023 is that 100% of IEHP members who are discharged from an IP setting are offered the Meds to Beds program. In June 2023, we were at 100%.</p> <p>b. <u>Breast Cancer Screening</u>: Our target for 2023 is that 55.15% of female IEHP patients ages 52-74 receive a mammogram; as of June 2023, we are at 47.41%.</p> <p>c. <u>Colon Cancer Screening</u>: Our target for 2023 is that 48.75% of IEHP/MediCal patients ages 45-75 receive a screening for colorectal cancer; as of June 2023, we are at 41.03%.</p> <p>d. <u>2023 PI Priority #1: Hand Hygiene</u>: The PI committee has been meeting weekly starting in July. Walk rounds are being done to complete gap analysis in each clinical area. The TJC Targeted Solutions Tool web-based program audit selected by the committee.</p> <p>e. <u>2023 PI Priority #2: Implementation of new EHR</u>: The steering committee is meeting weekly. Currently on track to meet go-live, date of October 1, 2023.</p> <p>f. <u>2023 PI Priority #3: Patient Experience</u>: Action items/steps were reviewed in detail. The committee has achieved 100% on 4 of the 9 action items.</p> <p>2. <u>Patient Satisfaction Surveys (Inpatient &amp; ED)</u>:</p> <p>a. <u>Inpatient</u>: In June 2023, there were two responses, with a 50% top box score (63.89 mean score). Verbatim comments were reviewed.</p> <p>b. <u>ED</u>: In June 2023, there were nine responses with a 69.06% top box score (90.55 mean score). Verbatim comments were reviewed.</p> <p>3. <u>Regulatory Activities and Updates</u>:</p> <p>a. <u>CDPH Complaint Investigation 6/16/2023</u>: Investigation closed with no citations.</p> <p>b. <u>SNF Life Safety Survey 5/4/2023</u>: Small hole in Sterile Supply needs to be sealed with fire-rated material. All other audit at</p>	

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<p>100%.</p> <p>c. <u>SNF CMS Recertification Survey 4/17/2023-4/20/2023</u>: 100% compliance to plan of correction audits in June.</p> <p>d. <u>TJC Lab Triennial Reaccreditation Survey 5/3/2022-5/5/2022</u>: Critical Results documentation stalled due to Orchard report issues. Policies uploaded and current = 97%.</p> <p>e. <u>CDPH Complaint Investigation 7/22/2022</u>: Investigation remains open.</p> <p>f. <u>TJC Update</u>: The Joint Commission recently announced it would eliminate and consolidate a second tranche of standards, following the first major reduction announced late last year. The more than 200 eliminated and consolidated standards, effective August 27, 2023, will streamline requirements and make them as efficient and impactful on patient safety and quality as possible._</p> <ul style="list-style-type: none"> <li>• Critical Access Hospital: Of 150 in-scope EPs, 23 were deleted or consolidated (15% reduction)</li> <li>• Laboratory: Of 230 in-scope EPs, 64 were deleted or consolidated (28% reduction)</li> </ul>	
<p>8.4 Facilities Committee Report</p> <p>a. Report of meeting held July 27, 2023</p>	<p>Robinson reported on the Facilities Committee meeting:</p> <ol style="list-style-type: none"> <li>1. <u>Hospital Campus</u>: Madrigal reported that they continue to focus on campus cleanup</li> <li>2. <u>Update: Construction Projects</u>: <ol style="list-style-type: none"> <li>a. <u>Pyxis Med/Surg Install</u>: HCAI granted occupancy on June 16, 2023. The new area will house the House Supervisors and the Pyxis unit. The small conference room will remain as the Med/Surg nurses station. We plan to look into reconfiguring the small conference room to meet the nursing staff's needs.</li> <li>b. <u>Registration Project</u>: HCAI found the fire alarm drawings were incomplete. Revised drawings were submitted to HCAI on 6/16/2023. We expect to receive plan approval by 7/31/2023.</li> </ol> </li> </ol>	<p><b>Information only</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>c. <u>Pharmacy Project</u>: Two contractors attended the job walk on 6/6/2023; one bid was received for \$880k. Contract documents have been sent to our attorney to check for completeness. It is hoped that the contractor will start this project mid-September. The project is estimated to take around 1 year to complete.</li> <li>d. <u>Lab Project</u>: The main analyzer was moved and anchored in the Lab. Working with the contractor to install of the second smaller analyzer.</li> <li>e. <u>Land Use Permit - New Acute Care Wing</u>: All County Departments have recommended approval of the project. The Land Use Permit is scheduled for a public hearing with the County Zoning Administrator on August 10th. The County will send notices regarding the public hearing to all property owners within 300-feet of the property.</li> </ul>	
<p>8.8 Finance Committee Report</p> <ul style="list-style-type: none"> <li>a. Report of meeting held July 27, 2023</li> </ul>	<p>Smart reported on the Finance Committee meeting:</p> <ul style="list-style-type: none"> <li>1. <u>Financial Statements</u>: FY23 was preliminarily closed, but still needs to be audited. Financial packet for month ended June 30, 2023 was reviewed. Comparative statistics and selected financial indicators were reviewed with the Board.</li> <li>2. <u>Capital Purchases</u>: The FY23 Capital Purchases as of Twelve (12) months ended June 30, 2023 was presented and reviewed.</li> <li>3. <u>Investments</u>: LAIF and UBS statements for months ending June 30, 2023 were presented and reviewed.</li> <li>4. <u>FY24 Proposed (DRAFT) Capital Budget</u>: The 1st draft of the FY24 Capital Budget was presented and reviewed. The Senior Management Team still needs to prioritize the items on the FY24 Capital Budget. The finalized FY24 capital budget will be brought to the August meeting for review/approval.</li> </ul>	<p><b>On a motion made and seconded, the Financial Statements as of Twelve (12) months ended June 30, 2023 were accepted as presented.</b></p> <p><b>M (Smart) / S (Hoy) / C</b></p> <p><b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b></p>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
8.9 Board Education	None	None
8.10 Discussion Topic Suggestions:	None	None
9.0 Adjourn to Closed Session:	The Board adjourned to “Closed Session” at approximately 3:17 p.m.	<b>Information only</b>
10.0 Return to Open Session:	The Board returned to “Open Session” at approximately 3:29 p.m.	<b>Information only</b>
10.1 Closed Session Report:	Per Kieth Burkart, the following items were reported on during “Closed Session”: <ul style="list-style-type: none"> <li>• Medical Staff Reports of July 27, 2023 and Credentialing from the July 25, 2023 Medical Executive Committee meeting.</li> </ul>	<b>Information only</b>
11.0 Public Report of Decisions 11.1 Hearings; Staff Privileges; Credentialing Recommendations	The Board accepted the Medical Staff Report of July 27, 2023, and Credentialing from the July 25, 2023 Medical Executive Committee meeting.  Approvals were as follows: <ul style="list-style-type: none"> <li>• <b><u>New Appointments:</u></b> <ul style="list-style-type: none"> <li>○ FARUKH S. MIAN, MD – Tele-Radiology (Chicago Teleradiology)</li> <li>○ RAY F. ZHANG, MD – Tele-Radiology (SOL)</li> </ul> </li> <li>• <b><u>Provisional Extensions:</u></b> <ul style="list-style-type: none"> <li>○ ANTHONY B. BULLARD, MD – Tele-Radiology</li> <li>○ JAMES L. COLLINS, MD – Tele-Radiology</li> <li>○ PAUL LAMPERT, MD – Tele-Radiology</li> <li>○ KAMIAR MASSROUR, MD – Tele-Radiology</li> <li>○ PATRICK L. MCCARTHY, MD – Tele-Radiology</li> <li>○ FARANAK SADRI TAFAZOLI, MD – Tele-Radiology</li> <li>○ LANCE R. WILLIAMS, MD – Tele-Radiology</li> <li>○ JEFFREY A. ZUCKERMAN, MD – Tele-Radiology</li> </ul> </li> <li>• <b><u>Advancement from Provisional Staff/Regular Staff:</u></b> <ul style="list-style-type: none"> <li>○ MICHAEL S. GREEN, MD – Gynecology – MCH Rural Clinic</li> </ul> </li> </ul>	<b>On a motion made and seconded, the Medical Staff Reports of June 30, 2023, and Credentialing from the June 27, 2023 Medical Executive Committee meeting were accepted as recommended by the MEC.</b>  <b>M (Moxley) / S (Robinson) / C</b>  <b>5 Ayes / 0 Nays / 0 Abstain / 0 Absent</b>

TOPIC	DISCUSSION/CONCLUSION/RECOMMENDATION	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> <li>○ BESHROY NASHED, MD – General Surgery</li> <li>• <b><u>Reappointments:</u></b> <ul style="list-style-type: none"> <li>○ GUY G. GIACOPUZZI, DDS – General Dentistry</li> </ul> </li> <li>• <b><u>Changes in Staff Status:</u></b> None</li> <li>• <b><u>Revision/Increase of Privileges:</u></b> None</li> <li>• <b><u>Terminations/Resignations:</u></b> None</li> <li>• <b><u>Revision of Privileges:</u></b> None</li> <li>• <b><u>Leave of Absence Requests:</u></b> None</li> </ul>	
12.0 Next Board-Attended Meetings:	The next Regular Board of Directors meeting will be on <u>Thursday, August 24, 2023</u> at 1:00 p.m. Meeting to be held in the George M Medak Conference Room (Suite 207) in the Medical Office Building.	<b>Information only</b>
13.0 Final Adjournment:	There being no further business to discuss, the Board of Directors meeting adjourned at approximately 3:29 p.m.	<b>Meeting adjourned</b>

By: \_\_\_\_\_

**Cheryl Moxley, Secretary of the Board**

By: \_\_\_\_\_

**Kristi McCasland, Recording Secretary**



**Board Approvals: (68 Documents)**

**I. New Policies / Forms / Attachments: (0)**

**II. Updated Policies / Forms / Attachments: (3)**

- a. **Medical Staff (MS) Policies: (1)**  
[Scope of Service, Medical Staff Services \(Policy\) - MS](#)
- b. **Finance Department Policies: (1)**  
[Check Signers & Check Signing Process \(Policy\) - Finance Department](#)
- c. **Laboratory Department Policies: (1)**  
[Laboratory Services Point of Care Testing Bedside Glucose Monitoring System \(Policy\) - WT](#)

**III. Triennial Renewal Only (no / minor changes): (65)**

- a. **Human Resources (HR) Policies: (1)**  
[Attendance / Tardiness / Absenteeism \(Policy\) - HR](#)
- b. **Leadership (LD) Policies: (3)**  
[Board Members Traveling and Incidental Expenses \(Policy\) - LD](#)  
[Expense Reports \(Policy\) - LD](#)  
[Petty Cash Funds \(Policy\) - Finance Department](#)
- c. **Medication Management (MM) Policies: (1)**  
[Injections: Intradermal, Intramuscular & Subcutaneous \(Policy\) - MM](#)
- d. **Medical Staff (MS) Policies: (14)**  
[Confidentiality, Medical Staff Records \(Policy\) - MS](#)  
[Disaster Privileges Application \(Form\) - MS](#)  
[Interpersonal Provider Evaluation \(Form\) - MS](#)  
[Locum Tenens Application \(Form\) - MS](#)  
[Locum Tenens Coverage \(Form\) - MS](#)  
[Medical Focused Professional Practice Evaluation \(FPPE\) \(Form\) - MS](#)  
[Medical Staff Account \(Policy\) - MS](#)  
[Medical Staff Approval Process \(Policy\) - MS](#)  
[Outside Facilities Requests for Information \(Policy\) - MS](#)  
[Physician Health & Well Being P&P \(Policy\) - MS](#)  
[Physician/Provider Annual Competency Checklist \(Form\) - MS](#)  
[Privileges, Emergency Privileges \(Policy\) - MS](#)  
[Privileges, Temporary Privileges Processing \(Policy\) - MS](#)  
[Radiology Focused Professional Practice Evaluation \(FPPE\) \(Form\) - MS](#)
- e. **Provision of Care, Treatment & Services (PC) Policies: (5)**  
[Language Interpretation Services \(Policy\) - PC / RI](#)  
[Orientation, Nursing Units \(Policy\) - PC](#)  
[Personal Care Products, Care of \(Policy\) - PC](#)  
[Safety Attendants \(Policy\) - PC](#)  
[Telephone Orders \(Policy\) - PC](#)
- f. **Rights & Responsibilities of the Individual (RI) (1)**  
[Consent for Wound Photography \(Form\) - RI](#)
- g. **Laboratory Department Policies: (8)**  
[Blood Donor Bags - Infection Control \(Policy\) - Laboratory Department](#)  
[Clinitek Status hCG POCT Procedure \(Policy\) - WT](#)  
[Hemoccult Testing \(Policy\) - WT](#)  
[Ordering Quality Control for Rural Clinic Tests in the Orchard Laboratory Information System \(Policy\) - WT](#)  
[Reference Laboratory Specimens, Handling of \(Policy\) - Laboratory Department](#)  
[Resulting Rural Clinic Tests in the Orchard Laboratory Information System \(Policy\) - WT](#)  
[Send Out Reports, Lab \(Policy\) - Laboratory Department](#)  
[Waived Testing Responsible Parties for Supervising Training and Performing POCT \(Policy\) - WT](#)

**Board of Directors Meeting - August 24, 2023**  
**Policy Review/Approval**

**h. Nutritional Services Department Policies: (1)**

[Medical-Surgical Nutrition Review \(Policy\) - Nutritional Services Department](#)

**i. Patient Access Department Policies: (7)**

[Admission Procedure - All Services \(Policy\) - Patient Access Department](#)

[Air Transfers \(Policy\) - Patient Access Department](#)

[An Important Message from MediCare \(Policy\) - Patient Access Department](#)

[Night Shift Procedures \(Policy\) - Patient Access Department](#)

[Pre-Admissions \(Policy\) - Patient Access Department](#)

[Red Flag Identity Theft Prevention Program \(Policy\) - Patient Access Department](#)

[Transfers \(Policy\) - Patient Access Department](#)

**j. Rural Health Clinic Policies: (14)**

[Allergy Information \(Policy\) - Rural Health Clinic](#)

[Animal Bites \(Policy\) - Rural Health Clinic](#)

[Aspirin-Use for Suspected Myocardial Infarctions \(Policy\) - Rural Health Clinic](#)

[Audiometry \(Policy\) - Rural Health Clinic](#)

[Collection of Payments \(Policy\) - Rural Health Clinic](#)

[Detecting and Treating Suicide Ideation \(Policy\) - Rural Health Clinic](#)

[IUD, Identification of IUD Candidate \(Policy\) - Rural Health Clinic](#)

[Medical Record Content \(Policy\) - Rural Health Clinic](#)

[Outpatients Exposed to Bloodborne Pathogens \(Policy\) - Rural Health Clinic](#)

[Pap Smears and Pelvic Examinations \(Policy\) - Rural Health Clinic](#)

[Refusal to Consent to Immunizations, Medication, Treatments \(Policy\) - Rural Health Clinic](#)

[Room Turn-Around Protocol \(Policy\) - Rural Health Clinic](#)

[Scope of Service, Rural Health Clinic \(Policy\) - Rural Health Clinic](#)

[Vaccine Power Outage Plan \(Policy\) - Rural Health Clinic](#)

**k. Skilled Nursing Facility Policies: (10)**

[Physician Orders, SNF \(Policy\) - Skilled Nursing Facility](#)

[Posting of Nurse Staffing Information \(Policy\) - Skilled Nursing Facility](#)

[SNF Activities During COVID-19 Outbreaks/Surges \(Policy\) - Skilled Nursing Facility](#)

[SNF COVID-19 Staffing Policy \(Policy\) - Skilled Nursing Facility](#)

[SNF Resident Privacy \(Policy\) - Skilled Nursing Facility](#)

[SNF Smoking Policy \(Policy\) - Skilled Nursing Facility](#)

[Social Service Documentation \(Policy\) - Skilled Nursing Facility](#)

[Social Service Philosophy Statement \(Policy\) - Skilled Nursing Facility](#)

[Social Service Referrals for Resident Conflicts \(Policy\) - Skilled Nursing Facility](#)

[Weights-SNF Residents \(Policy\) - Skilled Nursing Facility](#)

# MEMORANDUM

**TO:** Mark Turner and Tom Madrigal  
**FROM:** Brent R. McManigal  
**DATE:** August 21, 2023  
**RE:** Mountains Community Hospital – Bid Results for Pharmacy Relocation Project.

---

## Summary

The Hospital District recently carried out a public bid for the Pharmacy Relocation Project (“Project”) at Mountains Community Hospital. Below is a summary of the bid process and recommendation for the next steps including award of the Project to Signature Building Services, Inc. (“Signature”).

## Background

The Hospital District is required to publicly bid all construction projects. In preparation for the bid, an Invitation Inviting Bids was published in accordance with state regulations in the Green Sheet starting on May 25, 2023 and running through June 8, 2023. This notice was available both in-print and on-line daily through that period. In addition, the Invitation Inviting Bids was also published in the San Bernardino County Sun newspaper on May 27, 2023 and June 3, 2023.

The mandatory pre-bid meeting and job walk-thru was held on June 6, 2023, at the Hospital. Two prospective bidders attended pre-bid meeting and job walk, Signature and LAH Builders, Inc.

The bid due date was initially July 11, 2023, but was extended to July 25, 2023 at the request of one of the bidders to allow more time to obtain quotes. On July 25, 2023, Signature was the only company to submit a bid for the Project. Signatures’ bid price was \$880,041.00 and the bid included the required bid bond (10% of the Bid amount) and was properly completed with required signatures and required bid forms attached to the Bid. A copy of our Bid Summary is attached to this memo.

Once this item has been approved by the Board and the Hospital receives the final construction permit from HCAI, an “Notice of Award” will be issued to Signature. Once the Notice of Award is issued, Signature must deliver the Performance Bond and Payment Bond for the Project (collectively “Project Bonds”). Both bonds are to be in the amount equal to 100% of the Bid Price. Once received, the final contract will be circulated for signature by Mr. Turner and Signature. Upon execution of the Contract, a Notice to Proceed will be issued to formally start the Project.

**Recommendations**

We recommend the Board approve the award of the construction contract for the Pharmacy Relocation project to Signature Building Services, Inc. in the amount of \$880,041.00 and authorize Mark Turner to execute the contract after receipt of the Project Bonds and signed contract from Signature.

**Mountains Community Hospital Pharmacy Relocation Project**  
**BID SUMMARY Signature Building Services, Inc.**  
**Bids Received: July 25, 2023**

Bid Proposal from: **Signature Building Services, Inc.**  
29255 Whitegate Lane  
Highland, CA 92346  
Contact Person: Brent Kimball, (909) 553-7742

**Addendums:** Bid includes Addendum No. 1 dated 6/21/23 and Addendum No. 2 dated 7/6/23, acknowledgement of receipts signed. Bid Addenda C-1 dated 7/24/23.

**Contractor License No.:** 940342, Primary Class: B-General, Exp.: 11/30/2023 – Active

**DIR Contractor Registration No.:** PW-LR-100434890 / Employer ID: 27-1029525 – Active – In Good Standing

**Lump Sum:** **\$880,041.00**

**Bid Deposit:** Liberty Mutual Surety OCIC Power of Attorney Bid Bond for 10% of bid amount is signed and notarized.

Subcontractors	Scope of work	Location/Phone #	License #	License Verified	Non-Collusion Declaration
PWI Construction	Drywall/T-Bar	Highland (909) 425-8600	768037	Yes	Yes
JSN Construction	Framing	Yucaipa (909) 856-0705	938079	Yes	Yes
Element Electric	Electrical	Hesperia (760) 998-6329	1040647	Yes	Yes
Carpets by Duane	Flooring	Riverside (951) 453-9893	890749	Yes	No
Burgeson's Plumbing	HVAC	Redlands (909) 792-2222	263871	Yes	Yes
Hour Glass & Mirror	Doors	Colton (909) 825-8113	233292	Yes	Yes
<b>Portion of Work</b>					
Tradesmen Int.	Temporary Lab	Riverside (951) 338-2854	N/A	N/A	N/A
Carpets by Duane	Flooring	Riverside (951) 784-2640	890749	Yes	Yes

**Bid Questionnaire** is completed. No concerns as to the questions answered.

**Recently completed projects:** Information as to recently completed public works projects include Nurses Station at SBMCHD, Operating Room HVAC Addition at Mountains Community Hospital , and Hotel Rooms at San Manuel Band of Mission Indians.

**Certificate of Liability Insurance** from Insurance Solutions of America provided as to insured, Signature Building Services, Inc. – Updated Insurance Certificate to be obtained naming Hospital as additionally insured.

**Articles of Incorporation** and **Business License** for Signature Building Services, Inc. are provided.

**Non-Collusion Declaration** by Signature Building Services, Inc. is completed and signed.

# MEMORANDUM

**TO:** Mark Turner and Tom Madrigal  
**FROM:** Brent R. McManigal  
**DATE:** August 21, 2023  
**RE:** Mountains Community Hospital – Acute Care Wing Project – Update and Information Only – No Action Required.

---

## Summary

On August 10, 2023, the San Bernardino County Zoning Administrator approved Minor Use Permit Project No. PROJ-2023-00047 to allow construction of the Acute Care Project. This approval allows the Hospital to proceed with the design and construction of a new 12,500 square foot acute care facility with 17 beds and to convert an existing 17 bed acute care space to skilled nursing beds. The new acute care facility will be built to meet the new seismic standards for acute care facilities by the 2030 compliance date required under Senate Bill 1953.

The County agreed with our assessment that the Project was required to meet new seismic standards and thus was exempt from the California Environmental Quality Act as a Class 2 exemption. Use of this exemption saved the Hospital significant time and monies since no detailed environmental studies and analysis were required.

The County sent out several notices about the Project to property owners surrounding the Hospital's property. There was one inquiry early in the process asking about noise and hospital operations. We worked with the County on a response and after that, there were no inquiries and no members of the public spoke during the public hearing before the Zoning Administrator. A copy of the Staff Report is attached to this Memorandum.

## Status

The Acute Care Project is final with the County. This initial approval is valid for a period of three years (August 2026). The County can issue time extensions for an additional three years (until August 2029). Once construction has started on the project, this land use entitlement will be vested and no time extensions, or additional time extensions would be required. We will work closely with staff on the status of the construction drawings and permits to make sure any time extension that may be necessary is applied for well in advance of any expiration date.

At this time, the next steps is to work with the architect and engineer on the final design and construction drawings that will be used to obtain the actual construction permits. Once the design drawings are completed and permits applied for, the actual construction work will have to be publicly bid through a formal bidding process.



# LAND USE SERVICES DEPARTMENT ZONING ADMINISTRATOR STAFF REPORT

**HEARING DATE: August 10, 2023**

Project Description

**AGENDA ITEM #1**

Vicinity Map

**APN:** 0330-011-26  
**Applicant:** BRENT MCMANIGAL  
**Community/** LAKE ARROWHEAD  
**Supervisory District:** 3RD SUPERVISORIAL DISTRICT  
**Location:** 29101 Hospital Road Lake Arrowhead  
**Project No:** PROJ-2023-00047  
**Staff:** Reuben J. Arceo  
**Rep:** Brent McManigal  
**Proposal:** Minor Use Permit to construct a new 12,500 square foot acute care facility with 17 beds and to convert existing hospital space to add 17 skilled nursing beds.



**18 Hearing Notices Sent on: July 25, 2023 Report Prepared By: Reuben J. Arceo**

## SITE INFORMATION

**Parcel Size:** 5.59 Acres  
**Terrain:** Existing Hospital Facility Gentle Slopes of up to XX%  
**Vegetation:** Developed with a Hospital Facility

## SURROUNDING LAND DESCRIPTION:

AREA	EXISTING LAND USE	LAND USE CATEGORY	ZONING DESIGNATION
Site	Hospital Facility	Public Facility	Institutional
North	Hospital Parking Facility	Commercial	Office/Commercial (CO)
South	Vacant	Public Facility/Commercial	Institutional & Service Commercial)
East	Parking Area	Public Facility	Institutional
West	Single Family Dwelling	Low Density Residential (LDR)	RS-10M

	<b><u>AGENCY</u></b>	<b><u>COMMENT</u></b>
City Sphere of Influence:	N/A	N/A
Water Service:	Lake Arrowhead Community Services Dept	Existing Water Service
Sewer Service:	Lake Arrowhead Community Services Dept	Existing Water Service

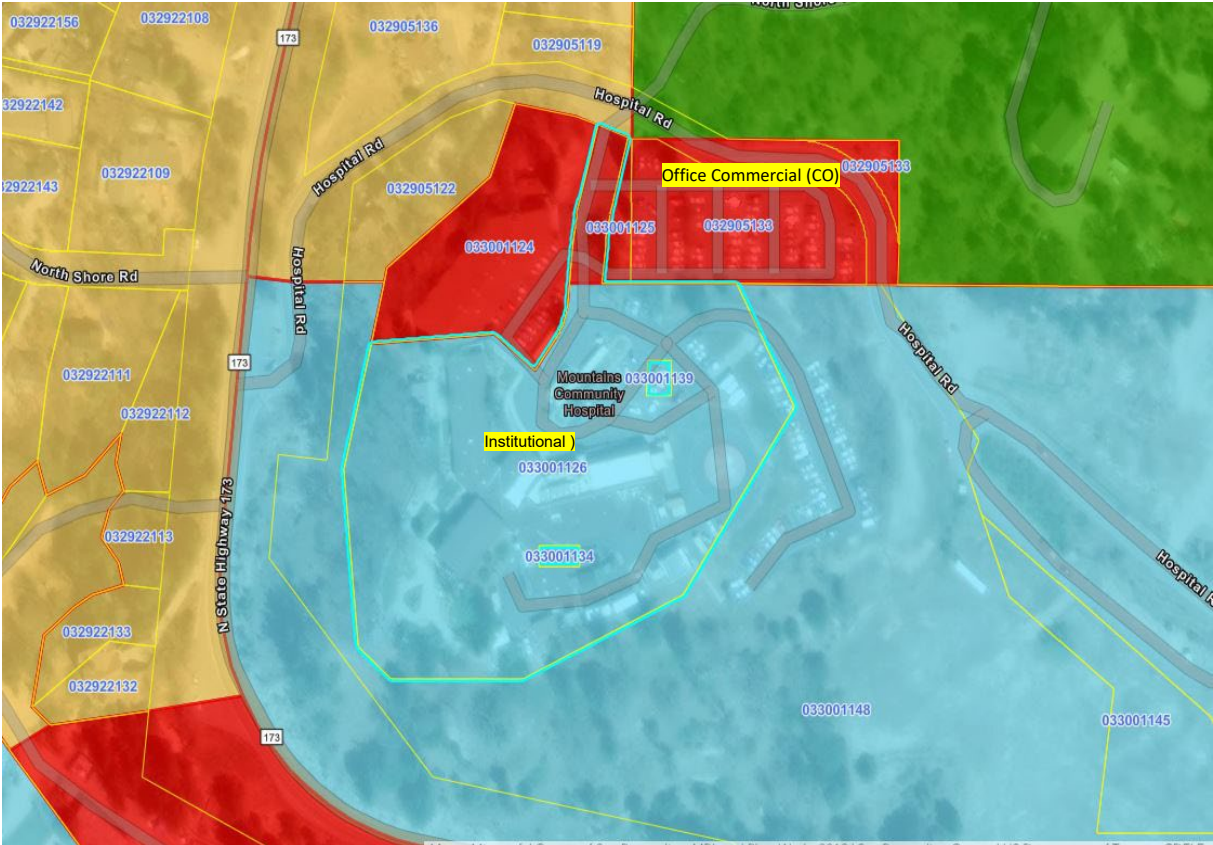
## STAFF RECOMMENDATION:

That the Zoning Administrator **APPROVE** the Minor Use Permit, based on the recommended findings and subject to the ATTACHED Conditions of Approval, and **FILE** a Notice of Exemption.

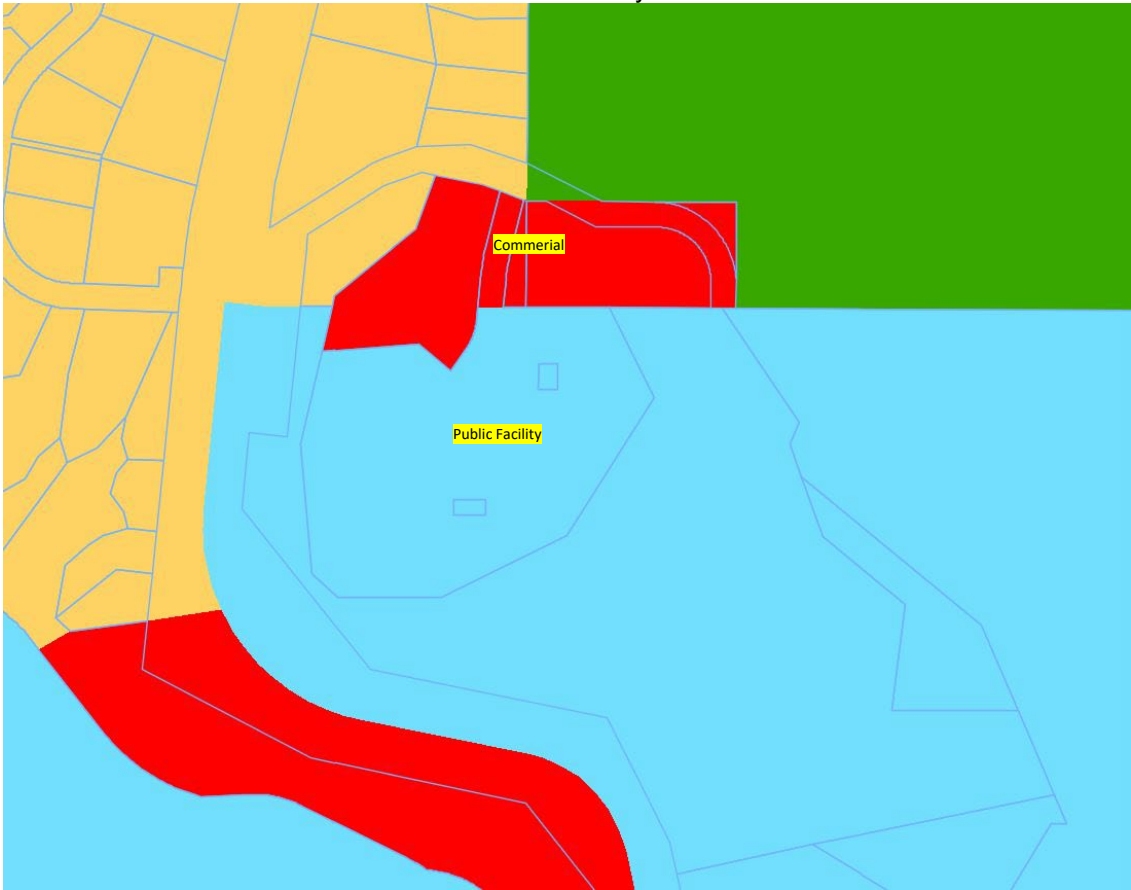
In accordance with Section 86.08.010 of the San Bernardino County Development Code, this action may be appealed to the Planning Commission.



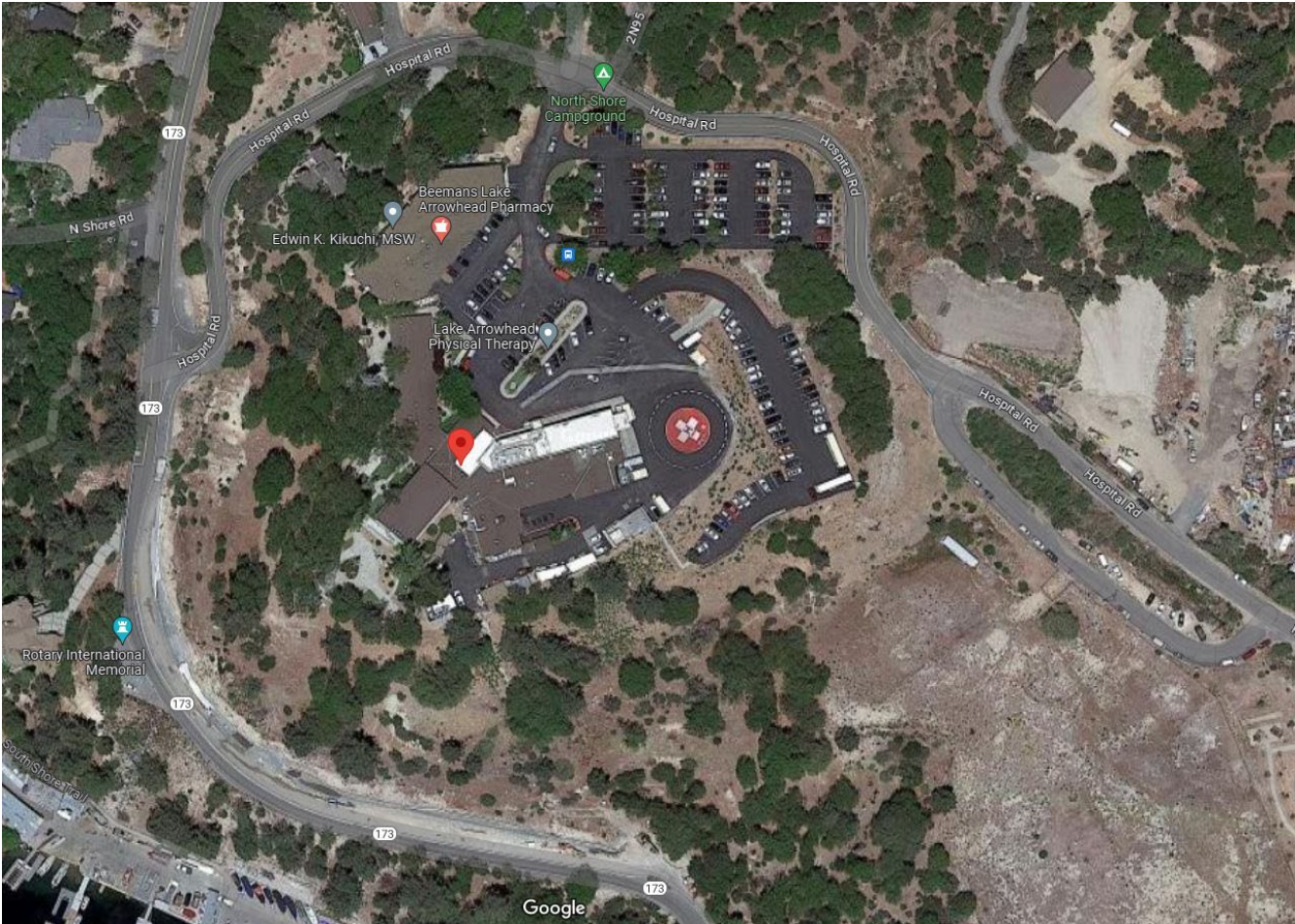
OFFICIAL LAND USE DISTRICT/ZONING MAP  
Institutional



LAND USE DESIGNATION  
Figure 1  
Public Facility

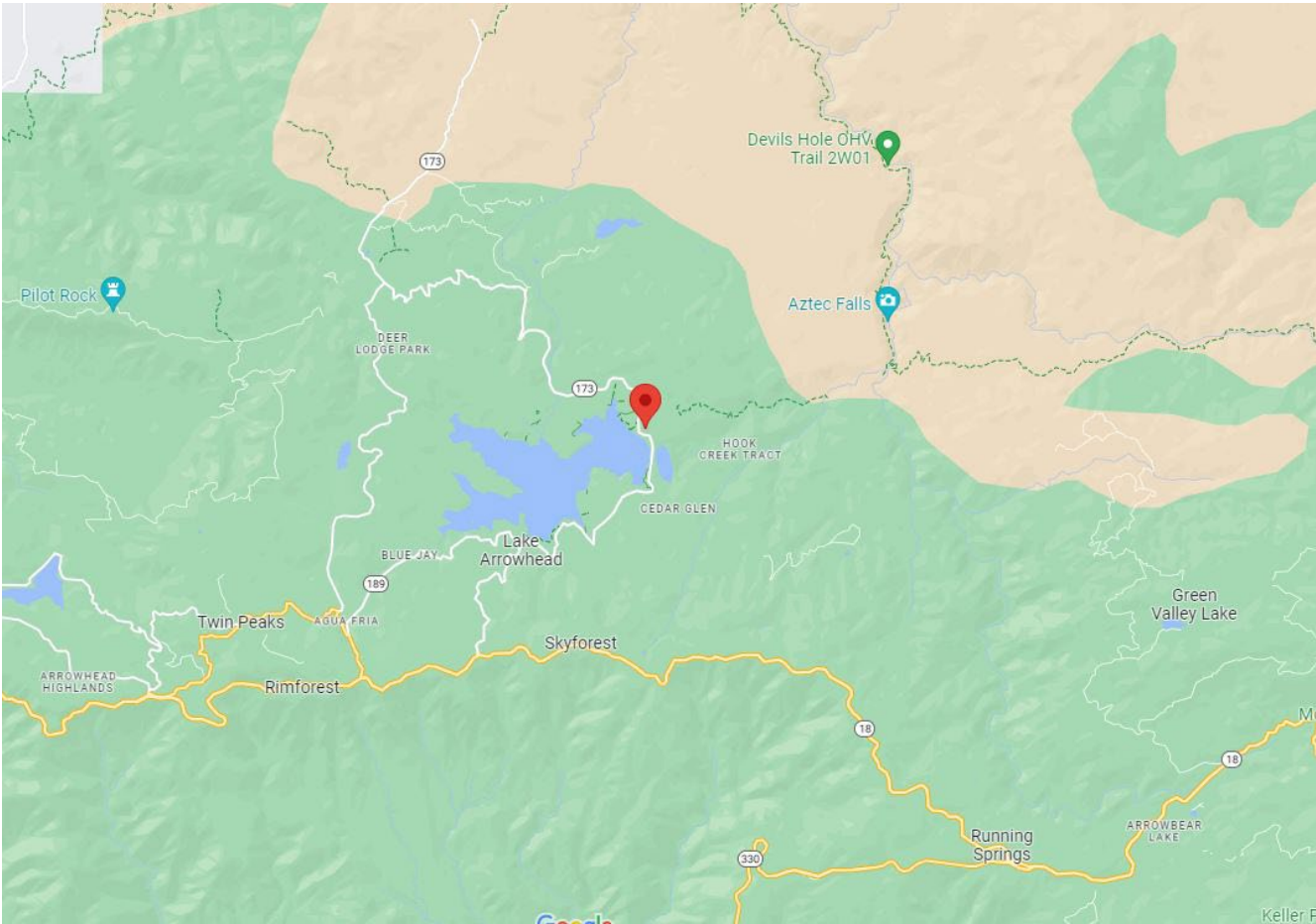


AERIAL VIEW  
Figure 2  
Site Location





REGIONAL VICINITY MAP  
Figure 3





Hospital Expansion  
Detail  
Figure 5





## **SITE PHOTOS**

Looking North

Hospital Main Gallery Entrance  
Primary Area of Hospital Extension



Looking West  
East Side Hospital Wing  
Emergency Entrance





Looking East  
Hospital East Wing  
Proposed Handicap Switchback area of project



Mountains Community Hospital Entrance off  
Hospital Road Looking South



## **PROJECT DESCRIPTION AND BACKGROUND:**

On March 16, 2023, the Project applicant submitted a Minor Use Permit (MUP) application for the construction of a new 12,500 square foot acute care facility with 17 beds and to also convert an existing hospital space to add 17 skilled nursing beds at the Mountains Community Hospital located in Lake Arrowhead.

The Mountains Community Hospital is situated on a 17.73-acre site and is made up of five parcels: APNs 0330-011-24, 25, -26, -45,-48 and 0329-051-33 (hospital site) the project will only involve a portion of the hospital site-- specifically APNs 0330-011-24, -25, -26.

The hospital is a full-service hospital with a 24/7 emergency department, 20-bed long-term care unit, and 17-bed medical, surgical unit ("Acute Care") with full laboratory and radiology services, two surgical suites, physical therapy and rehabilitation offices, heliport and two health clinics. The hospital serves a population of approximately 26,000 people from the areas of Crestline to Green Valley Lake, including seasonal visitors and part-time residents.

The hospital is under obligation to upgrade its facility as the hospital must meet new seismic requirements in accordance with SB 1953 for its acute care facility. The hospital existing acute care facility currently does not meet seismic safety building standards. SB 1953 was signed into law on September 21, 1994, and was codified in Health & Safety Code Section 130000 through 130070. SB 1953 requires hospital buildings that contain acute care operations to be either retrofitted, demolished, or fully replaced or changed to non-acute care operations by 2030.

### **Hospital Project Components**

The hospital project is comprised of two components. The first and primary component is the construction of a replacement Acute Care wing on the front of the existing hospital as shown in Figures 4 and 5. The replacement Project totals approximately 12,500 square feet on one level, comprised of an 8,500 square foot acute care facility with 7 patient beds and will replace the existing Acute Care facility. The expansion includes the construction of new public restrooms and a new entry to the hospital with a dedicated covered drop-off/pick-up area, as noted on the site plan with grading and construction of a new walkway to the existing Medical Office building in compliance with ADA requirements. All grading and ground disturbance will occur on portion of the property that are currently paved or landscaped with non-native plants.

The second component of the project will occur after construction of the new Acute Care facility and will convert the existing Acute Care facility to hold approximately 17 skilled nursing beds ("Skilled Nursing Facility Project"), augmenting the total number of skilled nursing beds currently in the Hospital. The Skilled Nursing Facility is not considered acute care and therefore the existing Acute Care wing can be utilized by the Hospital to better serve the needs of the community without retrofitting it. The replacement of the Acute Care wing and conversion of the existing structure to the Skilled Nursing Facility, will increase the total occupancy of the Hospital by approximately 17 beds, which is less than 50% of its current capacity. The State Department of Health Care Access Information ("HCAI") will review, approve and oversee the construction activities associated with this Project.

As shown on the Site Plan, the Project will be in an area that is currently predominantly paved or landscaped with non-native vegetation. The existing hospital and medical office building have shared parking lots for visitors and employees. These primary parking lots will not be modified as a result of the Project, but there will be changes to the parking immediately in-front of the medical office building and Hospital to accommodate the Project.

---

---

### **PROJECT ANALYSIS:**

Development Code Compliance Summary: As noted below in Table 1, the project satisfies all applicable standards of the Development Code for development in the Public Facility's Zoning District.

See Table 1 *Project Code Compliance*.

Table 1 Project Code Compliance: Institutional			
Project Component	Development Code Standard		Project Plans
Commercial Development	MUP		MUP
Parking	101 total spaces required		168 Parking Spaces
Landscaping	20% minimum required		45%
Lot Coverage	80%		30%
Building Setbacks	Front:	15'	120'
	Street Side	15'	90
	Side Interior:	10	60
	Rear	10'	80
Building Height	30 Maximum		30'
Drive Aisles	24' (two way)		Driveway: 26'

Landscaping: A landscaping plan will be provided and will be required to comply with the Landscaping Standards provided in the San Bernardino Development Code Section 83.10.060, and table 83-12 "Minimum Landscaped Area".

Setbacks: Setback requirements for the Institutional zoning district are provided to be in compliance with those described in Table 82-20b of Section 82.06 of the Development Code.

Hours of Operation: The hospital operates 24 hours per day, 7 days per week. The Project will not change the hours of operation or significantly increase the numbers of employees.

Water Service: Lake Arrowhead Community Services District

Sewer System: Lake Arrowhead Community Services District

Parking: The project is in compliance with Development Code Section 83.11 *Parking and Loading Standards* by providing the required parking and loading areas as well as parking in compliance with ADA standards. A total of (101) parking spaces are required to serve the development and includes 10 ADA spaces. One-hundred and sixty-eight (168) parking spaces have been provided.

The project will provide adequate access and circulation pursuant to the development standards of the County Development Code.

### **PUBLIC COMMENT**

The County Planning Division sent out Project Notices on April 25, 2023. No comments were received in response to the Project Notice.

### **ENVIRONMENTAL REVIEW:**

In accordance with the California Environmental Quality Act (CEQA) the proposed use was determined by staff to meet the provisions of Section 15302, Class 2(a) which pertains to the Replacement or Reconstruction of existing schools and hospitals to provide earthquake resistant structures which do not increase capacity more than 50 percent;

Under the provisions of 15302, Class 2 (a) the proposed use meets the Categorical Exemption provisions, as enumerated below: \_\_\_\_\_

---

**RECOMENDATION: That the Zoning Administrator:**

1. **APPROVE** Minor Use Permit to construct a new 12,500 square foot acute care facility with 17 beds and to convert existing hospital space to add 17 skilled nursing beds.
2. **ADOPT** the Findings (Exhibit A) as contained in the staff report
4. **DIRECT** staff to file the Notice of Exemption

**ATTACHMENTS:**

**EXHIBIT A:** Findings  
**EXHIBIT B:** Conditions of Approval  
**EXHIBIT D:** Site Plan

---

**FINDINGS: MINOR USE PERMIT**

A Minor Use Permit (MUP) to construct a new 12,500 square foot acute care facility with 17 beds and to convert existing hospital space to add 17 skilled nursing beds

The following Chapter 85.06.040(a) *General findings for all Use Permits (Conditional and Minor)* must be made in the affirmative in order to approve the Project's Minor Use Permit:

- 1. THE SITE FOR THE PROPOSED HOSPITAL EXPANSION USE IS ADEQUATE IN TERMS OF SHAPE AND SIZE TO ACCOMMODATE THE PROPOSED USE AND ALL LANDSCAPING, OPEN SPACE, SETBACKS, WALLS AND FENCES, YARDS, AND OTHER REQUIRED FEATURES PERTAINING TO THE APPLICATION.**

The 17.73-acre site is adequate in size and shape to accommodate the proposed hospital institutional expansion use. The site plan shows all aspects of the Project, which meets the required building setbacks, parking requirements, landscaping standards and all other development standards of the Institutional (IN) Zoning District.

- 2. THE SITE FOR THE PROPOSED USE HAS ADEQUATE ACCESS, WHICH MEANS THAT THE SITE DESIGN INCORPORATES APPROPRIATE STREET AND HIGHWAY CHARACTERISTICS TO SERVE THE PROPOSED USE.**

The site design and final Conditions of Approval for the Project provide for the streets surrounding the site to provide legal and physical access to the site, and appropriate regional circulation mitigation. Highway 173 and Hospital Road, both of which are paved road streets necessary to accommodate emergency vehicles such as ambulances, fire paramedic vehicles and fire trucks exiting for entering the hospital 24 hours a day, 7 days per week.

- 3. THE PROPOSED USE WILL NOT HAVE A SUBSTANTIAL ADVERSE EFFECT ON ABUTTING PROPERTY OR THE ALLOWED USE OF THE ABUTTING PROPERTY, WHICH MEANS THE USE WILL NOT GENERATE EXCESSIVE NOISE, TRAFFIC, VIBRATION, LIGHTING, GLARE, OR OTHER DISTURBANCE.**

The proposed use is required to comply with all requirements of the County Development Code and with seismic retrofits in accordance with SB 1953 hospital seismic upgrades. Including compliance with all county Development Code standards as well as the final Conditions of Approval, the use would not have adverse effects on abutting properties. The proposed use is consistent with the Institutional development standards in the Mountain Region. The Project does incorporate landscaped building setbacks to provide appropriate buffers for adjacent commercial zoned and residential zoned properties.

- 4. THE PROPOSED USE AND MANNER OF DEVELOPMENT ARE CONSISTENT WITH THE GOALS, MAPS, POLICIES, AND STANDARDS OF THE COUNTYWIDE PLAN/POLICY PLAN AND ANY APPLICABLE COMMUNITY OR SPECIFIC PLAN.**

The proposed Minor Use Permit site plan, together with the provisions for the Project's design and improvement, are consistent with the Countywide Plan. The Project is consistent with, and implements the following Countywide Plan goals and policies:

Policy Plan Goal LU 2: Land Use Mix and Compatibility: *An arrangement of land uses that balances the lifestyle of existing residents, the needs of future generations, opportunities for commercial and industrial development, and the value of the natural environment.*

---

Policy LU-2.1 Compatibility with Existing Uses: *We require that new development is located, scaled, buffered, and designed to minimize negative impacts on existing conforming uses and adjacent neighborhoods. We also require that new residential developments are located, scaled, buffered, and designed so as to not hinder the viability and continuity of existing conforming nonresidential development.*

- Goal/Policy Implementation: The hospital Project expansion will not have a negative impact on existing conforming uses or adjacent neighborhoods. The Project is appropriately cited and is compatible with existing adjacent uses.

Policy LU-2.4: Land Use Map Consistency: *We consider proposed development that is consistent with the Land Use Map (i.e., it does not require a change in Land Use Category), to be generally compatible and consistent with surrounding land uses and a community's identity. Additional site, building, and landscape design treatment, per other policies in the Policy Plan and development standards in the Development Code, may be required to maximize compatibility with surrounding land uses and community identity.*

- Goal Policy Implementation: The existing hospital and proposed expansion is consistent with the Policy Plan land use category and Institutional zoning designation.

**5. THERE IS SUPPORTING INFRASTRUCTURE, EXISTING OR AVAILABLE, CONSISTENT WITH THE INTENSITY OF THE DEVELOPMENT, TO ACCOMMODATE THE PROPOSED PROJECT WITHOUT SIGNIFICANTLY LOWERING SERVICE LEVELS.**

There is supporting infrastructure, available to accommodate the proposed development without significantly lowering service levels. Water and sewer will continue to be supplied by the Lake Arrowhead Community Services District. Access roads, Highway 173 and Hospital Road are adjacent to the project site. Other public services available to serve the site including electric, gas, telephone, and cable.

**6. THE LAWFUL CONDITIONS STATED IN THE APPROVAL ARE DEEMED REASONABLE AND NECESSARY TO PROTECT THE OVERALL PUBLIC HEALTH, SAFETY AND GENERAL WELFARE.**

This hospital facility expansion was reviewed and conditioned by various County agencies to ensure compliance with County development standards. The conditions stated in the approval are deemed necessary to protect the public health, safety and general welfare.

**7. THE DESIGN OF THE SITE HAS CONSIDERED THE POTENTIAL FOR THE USE OF SOLAR ENERGY SYSTEMS AND PASSIVE OR NATURAL HEATING AND COOLING OPPORTUNITIES.**

The location of the proposed Project was designed in a manner to not interfere with the future ability for the property owner to install a solar energy system. The project would not impede development of solar energy generation systems on adjacent parcels.

**8. THE PROJECT IS PLANNED FOR IMMEDIATE DEVELOPMENT AND DOES NOT INCLUDE A PHASED DEVELOPMENT.**

The project is planned for immediate development and does not include a phased development because the project does not propose and is not being granted approval for phased development.

---

**9. THE PROJECT IS NOT LIKELY TO RESULT IN CONTROVERSY.**

The project is not likely to result in controversy. Project notices were mailed to surrounding property owners within the required radius of 300 feet. No comments were received.

**10. Environmental Review (CEQA)**

In accordance with the California Environmental Quality Act (CEQA) the proposed hospital expansion was determined by staff to meet the provisions of Section 15302, Class 2 (a) pertaining to Replacement or Reconstruction, involving hospitals. Under the provisions of 15302, the proposed use meets the Categorical Exemption provisions, as enumerated below:

- Replacement or reconstruction of existing schools and hospitals to provide earthquake resistant structures which do not increase capacity more than 50 percent.





## Conditions of Approval

<b>Record:</b>	PROJ-2023-00047	<b>System Date:</b>	08/9/2023
<b>Record Type:</b>	Project Application	<b>Primary APN:</b>	0330011260000
<b>Record Status:</b>	Scheduled for Hearing	<b>Application Name:</b>	MINOR USE PERMIT
<b>Effective Date:</b> <b>August 21, 2023</b>		<b>Expiration Date:</b> <b>August 21, 2026</b>	
<b>Description:</b>	A Minor Use Permit to construct a new 12,500 square foot acute care facility with 17 beds and convert an existing hospital space to add 17 skilled nursing beds at the Mountain Community Hospital located at 29101 Hospital Road Lake Arrowhead, zoned institutional (IN).		

## ON-GOING

### Land Use Services - Planning

- Project Approval Description (CUP/MUP)** - Status: Outstanding  
This Minor Use Permit is conditionally approved to construct a new 12,500 square foot acute care facility with 17 beds and to convert existing hospital space to add 17 skilled nursing beds., in compliance with the San Bernardino County Code (SBCC), California Building Codes (CBC), the San Bernardino County Fire Code (SBCFC), the following Conditions of Approval, the approved site plan, and all other required and approved reports and displays (e.g. elevations). The developer shall provide a copy of the approved conditions and the approved site plan to every current and future project tenant, lessee, and property owner to facilitate compliance with these Conditions of Approval and continuous use requirements for the Project.
- Project Location** - Status: Outstanding  
The Project site is located at 29101 Hospital Road Lake Arrowhead
- Revisions** - Status: Outstanding  
Any proposed change to the approved Project and/or conditions of approval shall require that an additional land use application (e.g. Revision to an Approved Action) be submitted to County Land Use Services for review and approval.
- Indemnification** - Status: Outstanding  
In compliance with SBCC §81.01.070, the developer shall agree, to defend, indemnify, and hold harmless the County or its "indemnitees" (herein collectively the County's elected officials, appointed officials (including Planning Commissioners), Zoning Administrator, agents, officers, employees, volunteers, advisory agencies or committees, appeal boards or legislative body) from any claim, action, or proceeding against the County or its indemnitees to attack, set aside, void, or annul an approval of the County by an indemnitee concerning a map or permit or any other action relating to or arising out of County approval, including the acts, errors or omissions of any person and for any costs or expenses incurred by the indemnitees on account of any claim, except where such indemnification is prohibited by law. In the alternative, the developer may agree to relinquish such approval. Any condition of approval imposed in compliance with the County Development Code or County General Plan shall include a requirement that the County acts reasonably to promptly notify the developer of any claim, action, or proceeding and that the County cooperates fully in the defense. The developer shall reimburse the County and its indemnitees for all expenses resulting from such actions, including any court costs and attorney fees, which the County or its indemnitees may be required by a court to pay as a result of such action. The County may, at its sole discretion, participate at its own

expense in the defense of any such action, but such participation shall not relieve the developer of their obligations under this condition to reimburse the County or its indemnitees for all such expenses. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The developer's indemnification obligation applies to the indemnitees' "passive" negligence but does not apply to the indemnitees' "sole" or "active" negligence or "willful misconduct" within the meaning of Civil Code Section 2782.

5 **Additional Permits** - Status: Outstanding

The developer shall ascertain compliance with all laws, ordinances, regulations and any other requirements of Federal, State, County and Local agencies that may apply for the development and operation of the approved land use. These may include but are not limited to: a. FEDERAL: b. STATE: c. COUNTY: d. LOCAL:

6 **Expiration** - Status: Outstanding

This project permit approval shall expire and become void if it is not "exercised" within **August 21, 2026** of the effective date of this approval unless an extension of time is approved. The permit is deemed "exercised" when either: (a.) The permittee has commenced actual construction or alteration under a validly issued building permit, or (b.) The permittee has substantially commenced the approved land use or activity on the project site, for those portions of the project not requiring a building permit. (SBCC §86.06.060) (c.) Occupancy of approved land use, occupancy of completed structures and operation of the approved and exercised land use remains valid continuously for the life of the project and the approval runs with the land, unless one of the following occurs: - Construction permits for all or part of the project are not issued or the construction permits expire before the structure is completed and the final inspection is approved. - The land use is determined by the County to be abandoned or non-conforming. - The land use is determined by the County to be not operating in compliance with these conditions of approval, the County Code, or other applicable laws, ordinances or regulations. In these cases, the land use may be subject to a revocation hearing and possible termination. PLEASE NOTE: This will be the ONLY notice given of this approval's expiration date. The developer is responsible to initiate any Extension of Time application.

7 **Extension of Time** - Status: Outstanding

Extensions of time to the expiration date (listed above or as otherwise extended) may be granted in increments each not to exceed an additional three years beyond the current expiration date. An application to request consideration of an extension of time may be filed with the appropriate fees no less than thirty days before the expiration date. Extensions of time may be granted based on a review of the application, which includes a justification of the delay in construction and a plan of action for completion. The granting of such an extension request is a discretionary action that may be subject to additional or revised conditions of approval or site plan modifications. (SBCC §86.06.060).

8. **Project Account** - Status: Outstanding

The Project account number is PROJ-2023-00047. This is an actual cost project with a deposit account to which hourly charges are assessed by various county agency staff (e.g. Land Use Services, Public Works, and County Counsel). Upon notice, the "developer" shall deposit additional funds to maintain or return the account to a positive balance. The "developer" is responsible for all expense charged to this account. Processing of the project shall cease, if it is determined that the account has a negative balance and that an additional deposit has not been made in a timely manner. A minimum balance of \$1,000.00 must be in the project account at the time the Condition Compliance Review is initiated. Sufficient funds must remain in the account to cover the charges during each compliance review. All fees required for processing shall be paid in full prior to final inspection, occupancy and operation of the approved use.

9 **Performance Standards** - Status: Outstanding

The approved land uses shall operate in compliance with the general performance standards listed in the County Development Code Chapter 83.01, regarding air quality, electrical disturbance, fire hazards (storage of flammable or other hazardous materials), heat, noise, vibration, and the disposal of liquid waste.

10 **Continuous Maintenance** - Status: Outstanding

The Project property owner shall continually maintain the property so that it is visually attractive and not dangerous

to the health, safety and general welfare of both on-site users (e.g. employees) and surrounding properties. The property owner shall ensure that all facets of the development are regularly inspected, maintained and that any defects are timely repaired. Among the elements to be maintained, include but are not limited to:

- a. Annual maintenance and repair: The developer shall conduct inspections for any structures, fencing/walls, driveways, and signs to assure proper structural, electrical, and mechanical safety.
- b. Graffiti and debris: The developer shall remove graffiti and debris immediately through weekly maintenance.
- c. Landscaping: The developer shall maintain landscaping in a continual healthy thriving manner at proper height for required screening. Drought-resistant, fire retardant vegetation shall be used where practicable. Where landscaped areas are irrigated it shall be done in a manner designed to conserve water, minimizing aerial spraying.
- d. Dust control: The developer shall maintain dust control measures on any undeveloped areas where landscaping has not been provided.
- e. Erosion control: The developer shall maintain erosion control measures to reduce water runoff, siltation, and promote slope stability.
- f. External Storage: The developer shall maintain external storage, loading, recycling and trash storage areas in a neat and orderly manner, and fully screened from public view. Outside storage shall not exceed the height of the screening walls.
- g. Metal Storage Containers: The developer shall NOT place metal storage containers in loading areas or other areas unless specifically approved by this or subsequent land use approvals.
- h. Screening: The developer shall maintain screening that is visually attractive. All trash areas, loading areas, mechanical equipment (including roof top) shall be screened from public view.
- i. Signage: The developer shall maintain all on-site signs, including posted area signs (e.g. "No Trespassing") in a clean readable condition at all times. The developer shall remove all graffiti and repair vandalism on a regular basis. Signs on the site shall be of the size and general location as shown on the approved site plan or subsequently a County-approved sign plan.
- j. Lighting: The developer shall maintain any lighting so that they operate properly for safety purposes and do not project onto adjoining properties or roadways. Lighting shall adhere to applicable glare and night light rules.
- k. Parking and on-site circulation: The developer shall maintain all parking and on-site circulation requirements, including surfaces, all markings and traffic/directional signs in an un-faded condition as identified on the approved site plan. Any modification to parking and access layout requires the Planning Division review and approval. The markings and signs shall be clearly defined, un-faded and legible; these include parking spaces, disabled space and access path of travel, directional designations and signs, stop signs, pedestrian crossing, speed humps and "No Parking", "Carpool", and "Fire Lane" designations.
- l. Fire Lanes: The developer shall clearly define and maintain in good condition at all times all markings required by the Fire Department, including "No Parking" designations and "Fire Lane" designations.

11 **Clear Sight Triangle** - Status: Outstanding

Adequate visibility for vehicular and pedestrian traffic shall be provided at clear sight triangles at all 90-degree angle intersections of public rights-of-way and private driveways. All signs, structures and landscaping located within any clear sight triangle shall comply with the height and location requirements specified by County Development Code (SBCC§ 83.02.030) or as otherwise required by County Traffic.

12. **Lighting** - Status: Outstanding

Lighting shall comply with Table 83-7 "Shielding Requirements for Outdoor Lighting in the Mountain Region and Desert Region" of the County's Development Code (i.e. "Dark Sky" requirements). All lighting shall be limited to that necessary for maintenance activities and security purposes. This is to allow minimum obstruction of night sky remote area views. No light shall project onto adjacent roadways in a manner that interferes with on-coming traffic. All signs proposed by this project shall only be lit by steady, stationary, shielded light directed at the sign, by light inside the sign, by direct stationary neon lighting or in the case of an approved electronic message center sign, an alternating message no more than once every five seconds.

**13 Cultural Resources** - Status: Outstanding

During grading or excavation operations, should any potential paleontological or archaeological artifacts be unearthed or otherwise discovered, the San Bernardino County Museum shall be notified, and the uncovered items shall be preserved and curated, as required. For information, contact the County Museum, Community and Cultural Section, telephone (909) 798-8570.

**Public Health– Environmental Health Services****14 Noise Levels** - Status: Outstanding

Noise level shall be maintained at or below County Standards, Development Code Section 83.01.080.

**15 OWTS Maintenance** - Status: Outstanding

The onsite wastewater treatment system shall be maintained so as not to create a public nuisance and shall be serviced by an EHS permitted pumper.

**16 Refuse Storage and Disposal** - Status: Outstanding

All refuse generated at the premises shall at all times be stored in approved containers and shall be placed in a manner so that environmental public health nuisances are minimized. All refuse not containing garbage shall be removed from the premises at least 1 time per week, or as often as necessary to minimize public health nuisances. Refuse containing garbage shall be removed from the premises at least 2 times per week, or as often if necessary to minimize public health nuisances, by a permitted hauler to an approved solid waste facility in conformance with San Bernardino County Code Chapter 8, Section 33.0830 et. seq.

**Public Works Solid Waste**

**17. Class “A” Permit Hauler Service Area** – This project falls within a County Permit Area. If subscribing for the collection and removal of construction and demolition waste from the project site, all developers, contractors, and subcontractors shall be required to receive services through the Class “A” permitted waste hauler in the corresponding Permit Area (Burrtec Waste & Recycling).

**18. Recycling Storage Capacity** – The developer shall provide adequate space and storage bins for both refuse and recycling materials. This requirement is to assist the County in compliance with the recycling requirements of California Assembly Bill (AB) 2176.

**19. Mandatory Trash, Recycling, and Organic Waste Service** – This property falls within a Uniform Handling Service area and is subject to California Senate Bill (SB) 1383. All owners of a dwelling or a commercial or industrial unit within the uniform handling area shall, upon notice thereof, be required to accept uniform handling service from the grantee holding a franchise agreement for trash, recycling, and organic waste (includes green waste and food waste) collection services and pay the rates of such services; or apply to the County for a self-haul exemption from uniform handling service. This requirement is a stipulation of County Code Title 4, Division 6, Chapter 5.

**20. Mandatory Commercial Organics Recycling** – California Assembly Bill (AB) 1826 requires businesses that generate two (2) cubic yards or more of solid waste per week to recycle their organic waste (includes green waste and food waste). A business that is a property owner may require a lessee or tenant of that property to source separate their organic waste to aid in compliance. Additionally, all businesses that contract for gardening or landscaping services must stipulate that the contractor recycle the resulting gardening or landscaping waste. Residential multifamily dwellings of five (5) or more units are required to recycle organics; however, they are not required to arrange for recycling services specifically for food waste. Applicant will be required to report to the County or contract waste hauler on efforts to recycle organics materials once operational.

**21. Recycling and Organic Waste Collection Container Information** – California Assembly Bill (AB) 827 and Senate Bill (SB) 1383 require businesses that sell products meant for immediate consumption and currently provide trash

collection containers for their customers to provide recycling and/or organics collection containers adjacent to trash containers at front-of-house, except in restrooms. Full-service restaurants are exempt from these requirements as long as they provide containers for employees to separate post-consumer recyclables and organic waste purchased on the premise for customers.

## INFORMATIONAL

### County Fire - Community Safety

22. **Additional Requirements** - Status: Outstanding

In addition to the Fire requirements stated herein, other onsite and off-site improvements may be required which cannot be determined at this time and would have to be reviewed after more complete improvement plans and profiles have been submitted to this office. 1. This project shall be submitted to OSHPD for approval

### County Fire – Hazardous Materials

23. **Electronically update business plan using the California Environmental Reporting System (CERS) at**

<http://cers.calepa.ca.gov/> within 30 days of any one of the following events:

- A 100 percent or more increase in the quantity of a previously disclosed material.
- Any handling of a previously undisclosed hazardous materials at or above reportable quantities.
- A change of business address, business ownership, or business name.
- A substantial change in the handler's operations that requires modification to any portion of the business plan.

24. **Amend the Spill Prevention Control and Countermeasure (SPCC) Plan within 6 months:**

- When the facility has had a change in design, construction, operation, or maintenance which affects the facility's discharge potential AND/OR
- To include more effective proven technology at the time of the 5-year SPCC Plan review and evaluation.

"Hazardous Material" means any material that because of its quantity, concentration, physical characteristics or chemical characteristics poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace. Hazardous Materials include but are not limited to, hazardous substances, hazardous waste, or any material which the administering agency has a reasonable basis for believing would be injurious to human health or the environment.

### Land Use Services - Land Development

25. **Erosion Control Installation** - Status: Outstanding

Erosion control devices must be installed and maintained at all perimeter openings and slopes throughout the construction of the project. No sediment is to leave the job site.

26. **Tributary Drainage** - Status: Outstanding

Adequate provisions should be made to intercept and conduct the tributary off-site and on-site 100-year drainage flows around and through the site in a manner that will not adversely affect adjacent or downstream properties at the time the site is developed.

### Public Works - Traffic

27. **Vehicle Backup**. Project vehicles shall not back up into the project site nor shall they back out into the public roadway.

28. **Access**. The access point to the facility shall remain unobstructed at all times, except a driveway access gate which may be closed after normal working hours.

## PRIOR TO LAND DISTURBANCE

### Land Use Services - Land Development

29. **Drainage Improvements** - Status: Outstanding  
Adequate drainage improvements should be considered to intercept and conduct the tributary off-site and on-site drainage flows around and through the site in a safe manner that will not adversely affect adjacent or downstream properties.
30. **FEMA Flood Zone** - Status: Outstanding  
The project is located within Flood Zone D according to FEMA Panel Number 06071C7243H dated 08/28/2008. Flood hazards are undetermined in this area, but they are still possible.
31. **Grading Plans** - Status: Outstanding  
Grading and erosion control plans shall be prepared in accordance with the County's guidance documents (which can be found here: <https://lus.sbcounty.gov/land-development-home/grading-and-erosion-control/>) and submitted for review with approval obtained prior to construction. Fees for grading plans will be collected upon submittal to the Land Development Division and are determined based on the amounts of cubic yards of cut and fill. Fee amounts are subject to change in accordance with the latest approved fee schedule.
32. **NPDES Permit** - Status: Outstanding  
An NPDES permit - Notice of Intent (NOI) - is required on all grading of one (1) acre or more prior to issuance of a grading/construction permit. Contact your Regional Water Quality Control Board for specifics. [www.swrcb.ca.gov](http://www.swrcb.ca.gov)
33. **On-site Flows** - Status: Outstanding  
On-site flows need to be directed to the nearest County maintained road or drainage facilities unless a drainage acceptance letter is secured from the adjacent property owners and provided to Land Development.
34. **Regional Board Permit** - Status: Outstanding  
Construction projects involving one or more acres must be accompanied by Regional Board permit WDID #.  
Construction activity includes clearing, grading, or excavation that results in the disturbance of at least one (1) acre of land total.

### Public Health– Environmental Health Services

35. **Vector Control Requirement** - Status: Outstanding  
The project area has a high probability of containing vectors. A vector survey shall be conducted to determine the need for any required control programs. A vector clearance application shall be submitted to the appropriate Mosquito & Vector Control Program. For information, contact EHS Mosquito & Vector Control Program at (800) 442-2283 or West Valley Mosquito & Vector at (909) 635-0307.

## PRIOR TO BUILDING PERMIT ISSUANCE

### Land Use Services - Planning

36. **Signs** - Status: Outstanding  
All proposed on-site signs shall be shown on a separate plan, including location, scaled and dimensioned elevations of all signs with lettering type, size, and copy. Scaled and dimensioned elevations of buildings that propose signage shall also be shown. The applicant shall submit sign plans to County Planning for all existing and proposed signs on this site. The applicant shall submit for approval any additions or modifications to the previously approved signs. All signs shall comply with SBCC Chapter 83.13, Sign Regulations, SBCC §83.07.040, Glare and Outdoor Lighting Mountain and Desert Regions, and SBCC Chapter 82.19, Open Space Overlay as it relates to Scenic Highways (§82.19.040), in addition to the following minimum standards: a. All signs shall be lit only by steady, stationary

shielded light; exposed neon is acceptable. b. All sign lighting shall not exceed 0.5 foot-candle. c. No sign or stationary light source shall interfere with a driver's or pedestrian's view of public right-of-way or in any other manner impair public safety. d. Monument signs shall not exceed four feet above ground elevation and shall be limited to one sign per street frontage.

## Public Health– Environmental Health Services

37. **California Regional Water Quality Control Board Clearance** - Status: Outstanding  
Written clearance shall be obtained from the designated California Regional Water Quality Control Board (listed below) and a copy forwarded to the Division of Environmental Health Services for projects with design flows greater than 10,000 gallons per day. Lahontan Region, 15095 Amargosa Road Bldg. 2 Suite 210 Victorville, CA 92392.
38. **Demolition Inspection Required** - Status: Outstanding  
All demolition of structures shall have a vector inspection prior to the issuance of any permits pertaining to demolition or destruction of any premises. For information, contact EHS Mosquito & Vector Control Program at (800) 442-2283 or West Valley Mosquito & Vector at (909) 635-0307.
39. **Existing Wells** - Status: Outstanding  
If wells are found on-site, evidence shall be provided that all wells are: (1) properly destroyed, by an approved C57 contractor and under permit from the County OR (2) constructed to EHS standards, properly sealed and certified as inactive OR (3) constructed to EHS standards and meet the quality standards for the proposed use of the water (industrial and/or domestic). Evidence, such as a well certification, shall be submitted to EHS for approval.
40. **New OWTS** - Status: Outstanding  
If sewer connection and/or service are unavailable, onsite wastewater treatment system(s) may then be allowed under the following conditions: a. A soil percolation report shall be submitted to EHS for review and approval. For information, please contact the Wastewater Section at (800) 442-2283. b. An Alternative Treatment System, if applicable, shall be required.
41. **Preliminary Acoustical Information** - Status: Outstanding  
Submit preliminary acoustical information demonstrating that the proposed project maintains noise levels at or below San Bernardino County Noise Standard(s), San Bernardino Development Code Section 83.01.080. The purpose is to evaluate potential future on-site and/or adjacent off-site noise sources. If the preliminary information cannot demonstrate compliance to noise standards, a project specific acoustical analysis shall be required. Submit information/analysis to the EHS for review and approval. For information and acoustical checklist, contact EHS at (800) 442-2283
42. **Sewage Disposal** –  
Sewage disposal shall be Lake Arrowhead CSD Water Service Area or EHS approved.
43. **Water Purveyor** - Status: Outstanding  
Water purveyor shall be Lake Arrowhead CSD Water Service Area or EHS approved.
44. **Water Service Verification Letter** - Status: Outstanding  
Applicant shall procure a verification letter from the water service provider. This letter shall state whether or not water connection and service shall be made available to the project by the water provider. This letter shall reference the File Index Number and Assessor's Parcel Number(s). For projects with current active water connections, a copy of water bill with project address may suffice.

## Public Works Solid Waste

45. **Construction Waste Management Plan (CWMP) Part 1** – The developer shall prepare, submit, and obtain approval from SWMD of a CDWMP Part 1 for each phase of the project. The CWMP shall list the types and weights of solid

waste materials expected to be generated from construction. The CWMP shall include options to divert waste materials from landfill disposal, materials for reuse or recycling by a minimum of 65% of total weight or volume. More information can be found on the San Bernardino County Solid Waste Management Division (SWMD) website at <https://dpw.sbcounty.gov/solid-waste-management/construction-waste-management/>. An approved CDWMP Part 1 is required before a permit can be issued. There is a one-time fee of \$150.00 for residential projects/\$530.00 for commercial/non-residential projects.

## PRIOR TO OCCUPANCY

### Land Use Services - Planning

46. **Fees Paid** - Status: Outstanding  
Prior to final inspection by Building and Safety Division and/or issuance of a Certificate of Conditional Use by the Planning Division, the applicant shall pay in full all fees required under actual cost job number PROJ-2023-00047.
47. **Installation of Improvements** - Status: Outstanding  
All required on-site improvements shall be installed per approved plans.
48. **Landscaping/Irrigation** - Status: Outstanding  
All landscaping, dust control measures, all fences, etc. as delineated on the approved Landscape Plan shall be installed. The developer shall submit the Landscape Certificate of Completion verification as required in SBCC Section 83.10.100. Supplemental verification should include photographs of the site and installed landscaping.
49. **Screen Rooftop** - Status: Outstanding  
All roof top mechanical equipment is to be screened from ground vistas.
50. **GHG - Installation/Implementation Standards** - Status: Outstanding  
The developer shall submit for review and obtain approval from County Planning of evidence that all applicable GHG performance standards have been installed, implemented properly and that specified performance objectives are being met to the satisfaction of County Planning and County Building and Safety. These installations/procedures include the following:
  - a) Design features and/or equipment that cumulatively increases the overall compliance of the project to exceed Title 24 minimum standards by five percent.
  - b) All interior building lighting shall support the use of fluorescent light bulbs or equivalent energy-efficient lighting.
  - c) Installation of both the identified mandatory and optional design features or equipment that have been constructed and incorporated into the facility/structure.

### Land Use Services - Land Development

51. **Drainage Improvements** - Status: Outstanding  
Adequate drainage improvements should be considered to intercept and conduct the tributary off-site and on-site drainage flows around and through the site in a safe manner that will not adversely affect adjacent or downstream properties.

### Public Works Solid Waste

52. **Construction Waste Management Plan (CDWMP) Part 2** – The developer shall complete SWMD's CDWMP Part 2 for construction and demolition. The CDWMP Part 2 shall provide evidence to the satisfaction of SWMD that demonstrates that the project has diverted from landfill disposal, material for reuse or recycling by a minimum of 65% of total weight or volume of all construction waste. The developer MUST provide ALL receipts and/or backup documentation for actual disposal/diversion of project waste. More information can be found on the San Bernardino County Solid Waste Management Division (SWMD) website at <https://dpw.sbcounty.gov/solid-waste-management/construction-waste-management>. Public Health– Environmental Health Services



53. **Medical Waste Generator Permit** - Status: Outstanding

A Medical Waste Generator annual permit shall be required. For information, contact EHS at: (800) 442-2283.

If you would like additional information regarding any of the conditions in this document, please contact the department responsible for applying the condition and be prepared to provide the Record number above for reference. Department contact information has been provided below.

Department/Agency	Office/Division	Phone Number
Land Use Services Dept.	San Bernardino Govt. Center	(909) 387-8311
(All Divisions)	High Desert Govt. Center	(760) 995-8140
Web Site	<a href="https://lus.sbcounty.gov/">https://lus.sbcounty.gov/</a>	
County Fire	San Bernardino Govt. Center	(909) 387-8400
(Community Safety)	High Desert Govt. Center	(760) 995-8190
Web Site	<a href="https://www.sbcfire.org/">https://www.sbcfire.org/</a>	
County Fire	Hazardous Materials	(909) 386-8401
	Flood Control	(909) 387-7995
Dept. of Public Works	Solid Waste Management	(909) 386-8701
	Surveyor	(909) 387-8149
	Traffic	(909) 387-8186
Web Site	<a href="https://dpw.sbcounty.gov/">https://dpw.sbcounty.gov/</a>	
Dept. of Public Health	Environmental Health Services	(800) 442-2283
Web Site	<a href="https://dph.sbcounty.gov/programs/ehs/">https://dph.sbcounty.gov/programs/ehs/</a>	
Local Agency Formation Commission (LAFCO)		(909) 388-0480
Web Site	<a href="http://www.sbclafco.org/">http://www.sbclafco.org/</a>	
	Water and Sanitation	(760) 955-9885
	Administration,	
	Park and Recreation,	
Special Districts	Roads, Streetlights,	(909) 386-8800
	Television Districts, and Other	
External Agencies (Caltrans, U.S. Army, etc.)		See condition text for contact information...



## OWNER / APPLICANT:

SAN BERNARDINO MOUNTAINS COMMUNITY HOSPITAL DISTRICT  
PO BOX 70  
LAKE ARROWHEAD, CA 92352  
ATTN: BRENT MCANICAL  
PHONE: (909) 723-1807

## BUILDING INFORMATION:

EXISTING:  
MEDICAL OFFICE: 14,700 SF  
HOSPITAL: 32,360 SF  
NEW:  
ACUTE CARE: 12,500 SF  
TOTAL: 59,560 SF

SITE / PRELIMINARY GRADING PLAN  
**MOUNTAINS COMMUNITY HOSPITAL**  
LAKE ARROWHEAD, CALIFORNIA

## PROPOSED LOT COVERAGE:

TOTAL BUILDING COVERAGE: 59,560 SF 24.4%  
TOTAL PAVEMENT COVERAGE: 73,426 SF 30.1%  
TOTAL OPEN SPACE/LANDSCAPING: 110,814 SF 45.5%  
TOTAL PARCEL ACREAGE: 243,800 SF / 5.60 AC 100.0%

## EARTHWORK QUANTITIES:

CONSTRUCTION MAY VARY.

CUT 1,200 CUBIC YARDS  
FILL 1,200 CUBIC YARDS

EARTH WORK QUANTITIES NOTE: THE ABOVE LISTED QUANTITIES REFLECT THE ENGINEER'S ESTIMATE OF THE ACTUAL VOLUMES OF MATERIAL CUT AND FILLED. THESE QUANTITIES ARE FOR ESTIMATING AND BONDING PURPOSE ONLY. THE CONTRACTOR IS RESPONSIBLE FOR COMPUTING HIS OWN QUANTITIES FOR CONTRACT PURPOSES.

## PROJECT INFORMATION

ASSESSOR'S PARCEL NO: 0330-011-24, -25, -26  
GROSS ACREAGE: 243,800 SF / 5.60 AC  
NET ACREAGE: 243,800 SF / 5.60 AC  
EXISTING/PROPOSED ZONING: LA/M & LA/CO  
EXISTING/PROPOSED LAND USE: HOSPITAL/MEDICAL  
TELEPHONE: FRONTIER  
1-800-921-8101  
CABLE: SPECTRUM  
42171 BIG BEAR BLVD.  
BIG BEAR LAKE, CA 92315  
(833) 267-6094  
WATER/SEWER PURVEYOR: LAKE ARROWHEAD COMMUNITY SERVICES DISTRICT  
P.O. BOX 700  
LAKE ARROWHEAD, CA 92352  
(909) 336-7100  
GAS PURVEYOR: SOUTHERN CALIFORNIA GAS CO.  
P.O. BOX 3003  
REDLANDS, CA 92372  
(909) 335-7793  
ELECTRICITY PURVEYOR: SOUTHERN CALIFORNIA EDISON  
P.O. BOX 96  
RIMFOREST, CA 92372  
(909) 793-2081

## PROJECT DESCRIPTION

THE MOUNTAINS COMMUNITY HOSPITAL IS ON AN 17.73 ACRE SITE LOCATED AT 29101 HOSPITAL ROAD, LAKE ARROWHEAD, IN UNINCORPORATED SAN BERNARDINO COUNTY, AND MADE UP OF FIVE PARCELS: APNS 0330-011-24, -25, -26, -45, -48, AND 0329-051-33 ("HOSPITAL SITE"). THE PROJECT WILL ONLY INVOLVE A PORTION OF THE HOSPITAL SITE, SPECIFICALLY APNS 0330-011-24, -25 AND -26. THE HOSPITAL IS BOUNDED BY LAKE ARROWHEAD TO THE SOUTH, RESIDENTIAL PROPERTIES TO THE WEST, NORTH SHORE CAMPGROUND AND RECREATIONAL TRAILS TO THE NORTH, AND VACANT LAND TO THE EAST.

## PARKING:

EXISTING:  
STANDARD CAR: (EXISTING) 169 SPACES  
ACCESSIBLE CAR: (EXISTING) 6 SPACE  
ACCESSIBLE VAN: (EXISTING) 3 SPACE  
TOTAL: (EXISTING) 178 SPACES

PROPOSED:  
STANDARD CAR: (EXISTING TO REMAIN) 133  
STANDARD CAR: (NEW/RELOCATED) 21 SPACE  
ACCESSIBLE CAR: (NEW/RELOCATED) 4 SPACE  
ACCESSIBLE VAN: (NEW/RELOCATED) 5 SPACE  
TOTAL: (NEW/RELOCATED) 163 SPACES

TOTAL REQUIRED: 101 SPACES

## LEGEND

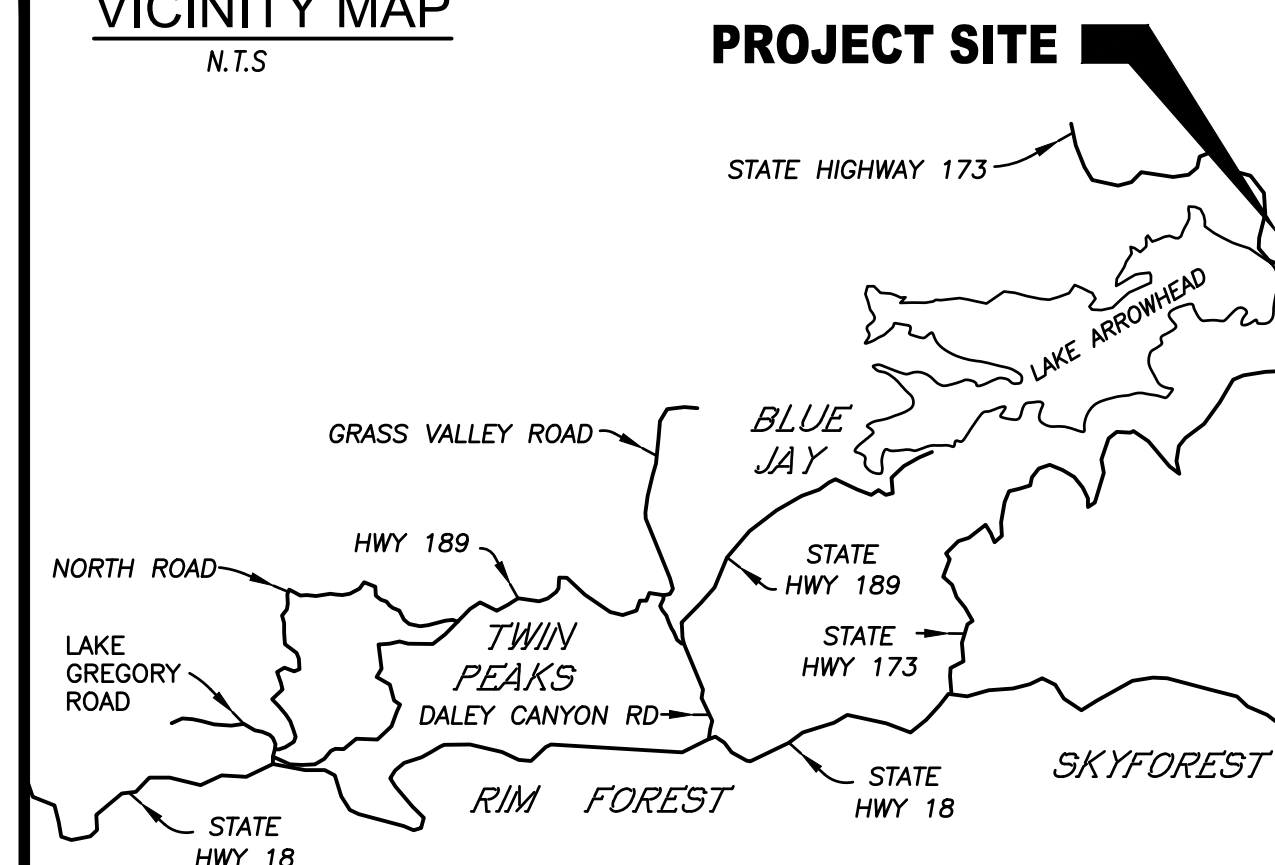
ASPH ASPHALTIC CONCRETE SURFACE  
BVC BEGIN VERTICAL CURVE  
C CENTER LINE  
EVC END OF VERTICAL CURVE  
(E) EXISTING  
(X) EXISTING  
FT FINISH FLOOR  
FG FINISH GRADE  
FL FLOWLINE  
FS FINISHED SURFACE  
GB GRADE BREAK  
GW GUY WIRE  
INV INVERT OF PIPE  
NG NATURAL GROUND  
NTS NOT TO SCALE  
PP POWER POLE  
PL PROPERTY LINE  
R/W RIGHT-OF-WAY  
TC TOP OF CURB  
TF TOP OF FOOTING  
TW TOP OF WALL  
W WROUGHT IRON

EXISTING CONCRETE SURFACE  
PROPOSED CONCRETE SURFACE  
EXISTING/PROPOSED ASPHALT PAVEMENT  
RIGHT OF WAY  
PROPERTY LINE  
CENTERLINE  
EXISTING BLOCK OR STONE WALL  
FLOWLINE  
FILL SLOPE  
INDICATES DIRECTION OF FLOW  
EXISTING CONTOUR ELEVATION  
PROPOSED CONTOUR ELEVATION

30 0 30 60 90  
SCALE: 1"=30'

## VICINITY MAP

N.T.S.



LAKE ARROWHEAD  
COUNTY OF SAN BERNARDINO

**BONADIMAN** TEL. (909) 885-3806  
JOSEPH E. BONADIMAN & ASSOCIATES, INC. 234 NORTH ARROWHEAD AVE.  
ENGINEERS - C.T.S. - SURVEYING - PLANNING SAN BERNARDINO, CA 92346  
FAX (909) 981-1721  
www.bonadiman.com

## PRELIMINARY SITE PLAN

29101 HOSPITAL ROAD  
LAKE ARROWHEAD, CA

APN: 0330-011-24, -25, -26

## REVISIONS

NO	DESCRIPTION	BY	APPROVED	DATE

PREPARED FOR: MOUNTAINS COMMUNITY HOSPITAL

DRAWN BY: JTS SCALE: 1" = 40'  
CHECKED BY: JTS JOB NO: 244980 SHEET: 1 OF 1  
DISREGARD PRINTS BEARING  
EARLIER REVISION DATES 07-18-23