

ITEM 5



West Side Health Care District

115 Adkisson Way, Taft, CA 93268 (661) 765-7234

BOARD MEETING MINUTES

Thursday, March 26, 2026, at 2:00pm

1. CALL TO ORDER

Board President, Eric Cooper called the meeting to order at 2:00pm. Board President, Eric Cooper led the Pledge of Allegiance. Those present were:

Eric Cooper	Board President
Darren Walrath	Board Vice President
Virginia Miller	Board Secretary/Treasurer
Jan Ashley	Board Member
Adee Ward	Board Member
Ryan Shultz	Executive Director
Robyn Melton	Clerk of the Board

Present at the meeting: District Legal Counsel, Mark Bateman.; Clinic Director, Summer Wood-Luper; Medical Director, Ron Ostrom; and Midway Driller, Doug Keeler.

APPROVAL OF AGENDA

Board Vice President, Darren Walrath made a motion to approve the March 26, 2026 Agenda. Board Member, Jan Ashley seconded. Agenda approved.

2. PUBLIC INPUT- None

3. CLOSED SESSION

At 2:02pm Board President, Eric Cooper asked for a motion to enter into Closed Session. Board Member, Adele Ward made a motion, Secretary/Treasurer Ginny Miller seconded. Motion carried.

- A. *Public Employee Performance Evaluation (California Government Code Section 54957)*
Executive Director, Ryan Shultz.
- B. *Conference with Labor Negotiators (California Government Code Section 54957.6)*
Unrepresented Employee: Executive Director, Ryan Shultz.

4. OPEN SESSION

The Board returned to Open Session at 3:06 pm. Board President, Eric Cooper announced that no reportable action was taken

5. APPROVAL OF MINUTES

Board Meeting minutes of February 26, 2026 were reviewed. After discussion, a motion was made by Board Member, Jan Ashley to approve the board minutes. Board Vice President, Darren Walrath, seconded. Motion carried by unanimous vote.

Special Board Meeting minutes of March 12, 2026 were reviewed. After discussion, a motion was made by Board Member, Jan Ashley to approve the board minutes. Board Vice President, Darren Walrath seconded. Motion carried by unanimous vote.

6. FINANCIAL REVIEW

The unaudited February 2026 Financial Reports were presented by Executive Director, Rayn Shultz. After discussion, Board Member, Adele Ward made a motion to receive and file the unaudited February 2026 financials to file for audit. Board Member, Jan Ashley seconded. Motion carried by unanimous vote.

7. ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDURES

After review and discussion, Board Member, Jan Ashley made a motion to approve the policies and procedures. Board Member, Adele Ward seconded. Motion carried by unanimous vote. The West Side Family Health Care Policies and Procedures that were approved were: Equipment Management, Eye Irrigation. Employee Health Access Benefit, Culture Transmittal, Billing Practices, Staff Meetings, Patient Rights and Responsibilities, Supply Ordering, Patient Rights and Responsibilities (Spanish) and Visitors and Relatives

8. POTENTIAL APPROVAL OF NEW EMPLOYMENT AGREEMENT WITH EXECUTIVE DIRECTOR, RYAN SHULTZ, INCLUDING COMPENSATION AND BENEFITS. Board Committee Member, Adele Ward announced the proposed terms of Executive Director, Ryan Shultz terms in the New Contract, effective March 1, 2026. The exact terms will be given to District Legal Counsel, Mark Bateman for a formal contract.

9. POTENTIAL APPROVAL OF UPDATED YOUNG WOOLDRIDGE, LLP RETAINER AGREEMENT

Board Secretary/Treasurer, Ginny Miller made a motion to approve the updated Young Wooldridge, LLC Retainer Agreement. Board Vice President, Darren Walrath seconded. Motion passed by unanimous vote.

10. ADMINISTRATIVE STAFF REPORT

A. March 2026, General Information- Attached for informational purposes only, no action.

11. BOARD COMMITTEE REPORTS

- A. Finance Committee- Nothing further at this time.
- B. Facilities Committee-Nothing further at this time.
- C. Community Outreach Committee- Nothing further at this time.
- D. Personnel Committee- Nothing further at this time.
- E. Additional Board Member Input- Nothing further at this time.

12. ITEMS FOR FUTURE AGENDAS

Board President, Eric Cooper asked for the following item to be placed on the April 2026 Board Agenda; Dental Equipment Itemized List with estimated pricing; Executive Director Contract Review and Annual Evaluation.

13. ADJOURNMENT

At 4:06 pm, the Board Meeting of March 26, 2026 was adjourned.

Respectfully Submitted: _____
Ginny Miller, Board Secretary/Treasurer

Next regular Board Meeting is scheduled for April 23, 2026 at 2:00pm



115 Adkisson Way Taft, CA 93268 (661) 765-7234

FACILITIES COMMITTEE MEETING

Tuesday, April 7, 2026 at 9:30am

1. CALL TO ORDER

The meeting was called the meeting to order at 9:36am. Board Clerk, Robyn Melton led the Pledge of Allegiance. Those present were:

Eric Cooper	Committee Member
Darren Walrath	Committee Member
Ryan Shultz	Executive Director
Robyn Melton	Board Clerk

2. PUBLIC INPUT – None

3. 109 ADKISSON WAY – REMODEL PROPOSALS

A. Exterior Stucco/Paint

Three bids were received and discussed.

MQS Construction, Inc., \$43,500.00.

RYP Construction, \$62,000.00. This price includes new windows.

Chuy's Plastering, Inc., \$140,947.21. Price includes new windows.

The Committee requested the Executive Director to contact the three bidders request new bids removing windows, and retaining wall stucco, and resubmit.

B. Asphalt/Parking

Three bids were received and reviewed for new Asphalt and Asphalt overlay.

Bowman Asphalt, Inc. Asphalt Overlay, \$56,203.00. New Asphalt, \$131,904.67.

Bakersfield Paving, Inc., Asphalt Overlay, \$68,014.00. New Asphalt, \$93,515.00

Kern Asphalt, Asphalt Overlay, 78,497.00.

The Committee requested the Executive Director to contact the three bidders to confirm the scope of work, confirming asphalt overlay depth, ADA compliance and parking stripping. New bids will be requested if scope of work is changed.

C. Roof

Two bids were received and discussed.

MQS Construction, Inc., \$55,000.00.

Midstate Sheetmetal \$186,875.00

The Committee requested the Executive Director to seek out additional bids and bring back to the committee the lowest bidder.

4. GERNERAL REVIEW AND DISCUSSION OF ALL FACILITIES AND HEALTH CARE CAMPUS
The committee conducted a campus walkthrough and engaged in general conversation regarding the overall appearance of the health care campus.

5. COMMITTEE MEMBER INPUT-
Nothing additional at this time.

6. ADJOURNMENT
Being no further business, a motion was made to Adjourn. The meeting was adjourned at 10:36 pm.

Respectfully Submitted: _____

Eric Cooper, Committee Member



West Side Health Care District

115 Adkisson Way Taft, CA 93268 (661) 765-7234

SPECIAL BOARD MEETING

Wednesday, May 13, 2026 at 10:00am

1. CALL TO ORDER

Board President, Eric Cooper, called the meeting to order at 10:02am Pledge of Allegiance was led by Eric Cooper. Those present were:

<i>Eric Cooper</i>	<i>President</i>
<i>Darren Walrath</i>	<i>Vice President</i>
<i>Virginia Miller</i>	<i>Board Secretary/Treasurer</i>
<i>Jan Ashley</i>	<i>Board Member</i>
<i>Adele Ward</i>	<i>Board Member</i>
<i>Ryan Shultz</i>	<i>Executive Director</i>

2. PUBLIC INPUT-*None at this time.*

3. Potential Awards of Public Works Contract

A. Award of public works project to MQS Construction for exterior stucco and paint (including materials and work) in the amount of \$72,000 for 109 Adkisson Way, Taft, CA, pursuant to Board Resolution 2025-1 and CA Public Contract Section 22030 *et seq.*

After discussion, Board Secretary/Treasurer Miller made the motion to approve the public works contract for exterior stucco and paint to MQS Construction pursuant to Board Resolution 2025-1 and CA Public Contract Section 22030 et seq.. Board Vice President Walrath seconded the motion. Motion carried by unanimous vote.

B. Award of public works project to Bakersfield Paving for parking lot asphalt (including materials and work) in the amount of \$68,384.00 for 109 Adkisson Way, Taft, CA, pursuant to Board Resolution 2025-1 and CA Public Contract Section 22030 *et seq.*

After discussion, Board Secretary/Treasurer Miller made the motion to approve the public works contract for parking lot asphalt to Bakersfield Paving in an amount not to exceed \$68,3824, with the following amendments to the submitted work proposal, remove all interior parking stall wheel stops, pursuant to Board Resolution 2025-1 and CA Public Contract Section 22030 et seq.. Board Vice President Walrath seconded the motion. Motion carried by unanimous vote.

C. Award of public works project to MQS Construction for roof replacement (including materials and work) in the amount of \$55,000 for 109 Adkisson Way, Taft, CA, pursuant to Board Resolution 2025-1 and CA Public Contract Section 22030 *et seq.*

After discussion, Board Secretary/Treasurer Miller made the motion to approve the public works contract roof replacement to MQS Construction pursuant to Board Resolution 2025-1 and CA Public Contract Section 22030 et seq.. Board Vice President Walrath seconded the motion. Motion carried by unanimous vote.

4. ADJOURNMENT

Being no further business, the Special Board meeting of May 13, 2026, was adjourned at 10:37 am

Respectfully Submitted: _____
Virginia Miller, Board Secretary/Treasurer

ITEM 6

[DRAFT] EMPLOYMENT AGREEMENT

THIS EMPLOYMENT AGREEMENT ("Agreement") is made this _____, 2026 ("Effective Date"), by and between West Side Health Care District ("District"), and Ryan [insert] Shultz ("Employee").

In consideration of the mutual covenants and obligations hereinafter set forth, the parties agree as follows:

1. *Employment and Duties.* District employs Employee to provide the following services ("Professional Services"), as its Executive Director and in an exempt capacity, including, but not limited to some or all of the following:

- a. See Description of Employee's Job Duties, attached hereto as Exhibit "A".
- b. Employee shall perform such other or additional duties as shall be assigned from time to time by the District Board of Directors ("Board").

2. *Compensation.* During the term of this Agreement, District shall compensate Employee as follows:

a. *Salary.* Employee's gross annual salary (the "Salary Amount") during Extended Year One (defined below) shall be \$193,960 (subject to potential increase under the remainder of this Paragraph 2.a below), payable in equal bi-weekly installments in accordance with the District's regular payroll procedures, and subject to all regular and standard payroll taxes and deductions; provided, however, the Salary Amount shall increase to be \$202,280 (subject to potential increase under the remainder of this Paragraph 2.a below) starting at the beginning of Year Two (defined below) and continuing until the end of Year Two, and then shall further increase to be \$210,600 (subject to potential increase under the remainder of this Paragraph 2.a below) starting at the beginning of Year Three (defined below) and continuing until the end of Year Three. Each Salary Amount specified herein above ["shall be increased" or "shall be subject to increase, if and only if subsequently approved by the District's Board of Directors in open session"] by an amount equal to the same cost of living adjustment percentage increase and other organizational wide compensation increases that are provided to all District exempt staff members (any such applicable adjustment or organizational wide compensation increase for exempt staff members being referred to herein as an "Organizational Compensation Increase"). Except as provided in the immediately preceding sentence, in no event shall there be any increase in the Salary Amount applicable to the Term (including any portion or extension thereof) unless said increase is approved by Board in a signed written amendment to this Agreement. As used herein, "Extended Year One" means the time-period beginning on the Effective Date and ending at midnight (PST) on May 31, 2027 ("Extended Year One End Date"); "Year Two" means the time-period beginning at 12:00:01 a.m. (PST) on the calendar day immediately following the Extended Year One End Date and ending at midnight (PST) on May 31, 2028 ("Year Two End Date"); and "Year Three" means the

time-period beginning at 12:00:01 a.m. (PST) on the calendar day immediately following the Year Two End Date and ending at midnight (PST) on May 31, 2029 (“Year Three End Date”). [NOTE TO DRAFT: ALL LANGUAGE HIGHLIGHTED IN YELLOW IN THIS DRAFT IS UNDER DISCUSSION.]

b. *PTO and PSL.* Employee shall be entitled to accrue Paid Time Off (PTO) and Paid Sick Leave (PSL) on the same basis as the Board has approved, as of the Effective Date, and may hereafter approve, for all exempt employees of District.

c. *Retirement.* Employee shall be allowed to participate in District’s 403b plan on the same terms and conditions (including, without limitation, matching contributions to be made by District) as are applicable to all full-time exempt employees of District.

d. *Other Employee Benefits.* Employee shall be entitled to all employee benefits and requirements extended, from time to time, to all full-time exempt employees of District, except as stated in Paragraph 2.e and 2.f below.

e. *Health Care Insurance Stipend.* Employee shall be entitled to all health care insurance benefits provided by District to its exempt employees. District shall contribute \$1,440 towards Employee’s monthly health insurance costs during the Term of this Agreement.

f. *Cell Phone Stipend.* District shall provide Employee with a monthly stipend of \$100 per month to reimburse Employee for the cost of cell phone charges incurred during the Term of this Agreement.

3. *Extent of Services.* Employee shall devote his entire attention and energy to the business and affairs of District and shall not be engaged in any other business activity, whether or not such business activity is pursued for gain, profit or other pecuniary advantage, unless District consents to Employee’s involvement in such business activity in writing. This restriction shall not be construed as preventing Employee from investing his assets in a form or manner that will not require Employee’s services in the operation of any of the companies in which investments are made.

4. *Term.*

a. This Agreement shall commence as of the Effective Date and shall be in full force and effect until midnight (PST) on May 31, 2029 and shall be automatically renewed for an additional eighteen (18) months at the end of the then-existing Term of this Agreement (including any prior extensions or renewals) unless one party gives notice of termination or notice of desire to renegotiate its terms to the other at least three (3) months prior to the applicable automatic extension date. In the event District terminates this Agreement, the provisions of Paragraph 5A and/or 5B hereof shall apply. In the event that the Agreement is automatically renewed for an additional eighteen (18) months under this Paragraph 4.a, the Salary Amount and all other terms and conditions of this Agreement that are in effect as of the last calendar day of the otherwise applicable Term (i.e., the Term that would apply in the

absence of said renewal) shall continue to apply during said eighteen (18) month renewal period unless the parties agree otherwise in a duly executed amendment to this Agreement or in a new duly executed agreement approved by the Board in open session.

b. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of District to terminate the services of Employee at any time, subject only to the provisions set forth in Paragraph 5, subparagraphs A and B of this Agreement.

c. Nothing in this Agreement shall prevent, limit or otherwise interfere with the right of the Employee to resign at any time from this position with Employer, subject only to the provision set forth in Paragraph 5, subparagraph C, of this Agreement, during the term of this Agreement.

d. Nothing in this Section shall preclude the termination of this Agreement by mutual consent of both parties hereto.

5. *Termination and Severance Pay*

a. In the event Employee is terminated by District before expiration of the aforesaid term of employment or any subsequent eighteen (18) month extension and during such time that Employee is willing and able to perform his duties under this Agreement, then in that event District agrees to pay Employee the Severance Compensation Amount (as defined below), payable in equal biweekly installments in accordance with District's regular payroll procedures during the Severance Compensation Period (as defined below). As used herein, the "Severance Compensation Amount" means the Salary Amount applicable as of the date of termination of Employee's employment and during the remainder of the Severance Compensation Period (as defined below); and the "Severance Compensation Period" means a period of time equal to the remaining unexpired term of this Agreement (as of the date of termination of Employee's employment) or six (6) months of salary, whichever is less. The Severance Compensation Amount provided in this Paragraph shall not include any other noncash benefits, and notwithstanding anything in this Agreement to the contrary, the Severance Compensation Amount shall not be subject to any Organizational Compensation Increase. Notwithstanding anything in this Agreement to the contrary, District shall have no obligation to pay the Severance Compensation Amount or any portion thereof or any other severance amounts whatsoever designated in this Agreement in the event:

(1) Employee is terminated because of his conviction or entering a plea of guilty or nolo contendere of any illegal or immoral act, including but not limited to any illegal or immoral act involving personal gain to him, or

(2) Employee is terminated for having materially breached his obligations or neglecting his duties hereunder, to include the following:

- (i) Unsatisfactory work performance;
- (ii) Failure to follow Board instructions;
- (iii) Insubordination;

(iv) Violation of a District policy which the Board deems serious in nature.

(3) Employee voluntarily resigns from employment with Employer or otherwise terminates this Agreement.

b. In the event Employer at any time during the term of this Agreement (i) reduces the salary or other financial benefit of Employee in a greater percentage than an applicable across-the-board reduction for all employees of Employer or (ii) Employer refuses, following written notice, to comply with any other provision benefiting Employee herein or (iii) Employee resigns following a suggestion, whether formal or informal, by a majority of the Board of Directors that he resign, then, in any such event, Employee may, at his option, be deemed to be "terminated" within the meaning and context of the severance pay provision contained in the Paragraph A.

c. In the event Employee voluntarily resigns his position with Employer before expiration of the aforesaid term of his employment, then Employee shall give Employer sixty (60) days written notice in advance, unless the parties hereto otherwise agree.

d. Nothing in this Section shall preclude the termination of this Agreement by mutual consent of both parties hereto.

6. *Death.* If Employee's employment terminates by reason of his death, District shall only be obligated to make the payments required under its pension plan as stated in Paragraph 2 (c) above.

7. *Performance Evaluation*

a. The Board shall review and evaluate the performance of the Employee annually. Further, the President of the Board shall provide the Employee with a summary written statement of the findings of the Board and provide an adequate opportunity for the Employee to discuss his evaluation with the Board.

b. Annually, the Board and Employee shall define goals and performance objectives which they determine necessary for the proper operation of District and attainment of the Board's policy objectives and shall further establish a relative priority among those various goals and objectives to be reduced to writing. They shall generally be attainable within the time limitations as specified and the annual operating and capital budgets and appropriations provided.

c. In effecting the provisions of this Section, the Board and Employee mutually agree to abide by the provisions of applicable law.

8. *Confidential Information.* Employee acknowledges and agrees that Confidential Information acquired by Employee in the course of his employment under this Agreement is valuable proprietary information of District. Employee agrees that such Confidential Information, whether in written, verbal or model form, shall not be disclosed

to anyone outside the employment of District without District's written consent unless the Confidential Information has been made generally available to District's trade.

For purposes of this Agreement, "Confidential Information" means any and all information of a confidential, attorney-client, proprietary or secret nature which is or may be either applicable to, or related in any way to the business or operations, present or future, of District or business of any patient, physician, nurse practitioner or other medical provider, employee, consultant, contractor, supplier or vendor of District. Confidential Information includes, for example and without limitation, financial data, patient information, physician assistance agreements, pricing lists and information, business plans, and any other nonpublic information that has commercial value or any information District has received from others that District is obligated to treat as confidential or proprietary. Confidential Information does not include information becomes generally known to the public through no action of Employee; that Employee can show by written evidence either was in the possession of Employee as of the date of this Agreement or was independently developed without the use of any Confidential Information; or that is in rightful possession of Employee from a third party without restriction.

As used herein, "person" means an individual, sole proprietorship, partnership, joint venture, trust, unincorporated organization, association, corporation, limited liability company, institution, public benefit corporation, entity or government (whether federal, state, county, city, municipality or otherwise, including without limitation, any instrumentality, division, agency, body or department thereof).

9. *Protection of Confidential Information.* Employee acknowledges that the Confidential Information is a special, valuable and unique asset of District, and agrees at all times to keep in confidence and trust all Confidential Information for so long as it remains proprietary and confidential to District. Employee agrees at all times that he will not, and that he will not enable or permit any other person, directly or indirectly, to use any Confidential Information other than in the course of performing his duties under this Agreement or any other agreement that may be formed between Employee and District. Employee further agrees that he will not directly or indirectly, disclose any Confidential Information or anything related thereto to any third party without the prior written consent of District. All Confidential Information that comes into Employee's possession will remain exclusive property of District.

If Employee is required by law or court order to disclose any Confidential Information, he will promptly notify District of such requirement and provide District with a copy of any court order or other law which require such disclosure and, if District so elects, to the extent legally permissible, afford District adequate opportunity at its own expense to contest such law or court order or seek a protective order. If District does not elect to contest or is unsuccessful in contesting such law or court order, Employee may then disclose the Confidential Information to the extent, and only to the extent, required by such law or court order.

At District's request, Employee will promptly and without charge deliver to District all Confidential Information in its possession or under its control.

10. *Non-use of Confidential Information.* During his employment and for a period of two (2) years thereafter, Employee agrees that he will not access or in any other way use District Confidential Information as described herein, alone or in concert with others, to directly or indirectly: (a) engage (either as a sole proprietor, owner, partner, member, shareholder, employer, employee, officer, director, consultant or agent) or contact persons, companies, or entities contained in the Confidential Information for the purpose of conducting a business relationship in competition with District; (b) induce any customers of District with whom Employee has had contacts or relationships, and directly or indirectly, by way or use of District Confidential Information, to curtail or cancel their business relationship with District; (c) induce, or attempt to influence, any physician, nurse practitioner or medical under contract with District, or any employee of District, to terminate his or her contractual relationship or employment (as applicable) with District. The provisions of subparagraphs (a), (b) and (c) above are separate and distinct commitments independent of the other subparagraphs. Employee acknowledges that the restrictions set forth in this section do not impose unreasonable restrictions or work a hardship on Employee and are essential to the willingness of District to hire Employee and are reasonable as to scope, duration and territory.

11. *Remedies.* The covenants set forth in sections 9 and 10 are necessarily of special, unique and extraordinary nature and the loss arising from a breach thereof cannot reasonably and adequately be compensated by money damages, as such breach will cause District to suffer irreparable harm. Accordingly, if District institutes an action or proceeding to enforce this Agreement, Employee waives the claim or defense thereto that District has an adequate remedy at law or has not been or is not being irreparably injured by such breach. Employee further acknowledges and agrees that District will be entitled to preliminary and permanent injunctive or other extraordinary relief from a court of competent jurisdiction to restrain the violation or threatened violation of such covenants by Employee or a person or persons acting for or with Employee in any capacity. District will be entitled to such injunctive relief without the necessity of posting a bond or other security. The remedy set forth herein will be cumulative and not in limitation of any other legal remedies available.

12. *Return of Documents.* Upon termination of Employee's employment with or without cause, Employee shall immediately return and deliver to District and shall not retain any originals or copies of any books, papers, billing lists, contracts with any physician, nurse practitioner or other medical provider, consultant contracts, client contracts, patient information, patient files, files, books or any other documents containing any of the Confidential Information or otherwise related to Employee's performance of duties under this Agreement. Employee further acknowledges and agrees that all such documents are District's sole and exclusive property.

13. *Expenses.* Employee is authorized to incur only such expenses for promoting District's business as District may, from time to time, deem reasonable and

appropriate. District will reimburse Employee for all such expenses upon Employee's presentation of receipts and an itemized account therefor, **except for the cell phone stipend as provided in Paragraph 2(f).**

14. *Other Terms of Employment.*

a. The Board, in consultation with Employee, shall fix any such other terms and conditions of employment, as it may determine from time to time, relating to the performance of Employee, provided such terms and conditions are not inconsistent with or in conflict with the provisions of this Agreement or law.

b. All provisions of District's policies, resolutions, and regulations and rules of District relating to sick leave, holidays and other fringe benefits and working conditions as they now exist or hereafter may be amended, also shall apply to Employee as they would to other employees of the District, in addition to said benefits enumerated specifically for the benefit of Employee as herein provided or as otherwise provided herein.

15. *Notice.* All notices, demands and communications required or desired or permitted to be given hereunder shall be in writing and shall be deemed to have been duly given at on the date received, if delivered personally, or on the third day after mailing, if sent by registered or certified mail, return receipt requested, postage prepaid, addressed to the parties at the addresses set forth below or such other person at such location as either party hereto may subsequently designate in a similar manner. Notice Address:

West Side Health Care District

115 Adkisson Way
Taft, CA 93268
Attn: President, Board of Directors

Employee
Ryan Shultz, MSHCA
[insert home address]

16. *Construction of Agreement.* This Agreement shall be interpreted, construed and governed by and under the laws of the State of California, and Employee unconditionally submits to the jurisdiction of the courts located in the State of California and the County of Kern in all matters relating to or arising from this Agreement, as follows:

a. If any provision or clause of this Agreement or the application thereof to either party is held to be invalid by a court of competent jurisdiction, then such provision shall be severed herefrom, and such invalidity shall not affect any other provision of this Agreement, the balance of which shall remain in and have its intended full force and effect.

b. In the event that any provisions of this Agreement shall ever be deemed to exceed the time or geographical limits permitted by applicable law, that such provisions

shall be reformed to the maximum time and geographical limits permitted by applicable law.

c. References herein to "Paragraphs" or "Subparagraphs" mean the various paragraphs and subparagraphs of this Agreement. The headings and titles of the paragraphs of this Agreement are not a part of this Agreement, but are for convenience only and are not intended to define, limit or construe the contents of the various paragraphs. The term "including" means including, without limitation, unless the context clearly indicates otherwise.

d. The representations, warranties, covenants and agreements of the parties shall be revived continuously during the Term, are in consideration of the compensation paid to Employee and shall survive the termination of this Agreement.

e. If any party hereto defaults in the performance of its covenants, agreements, or other obligations described in this Agreement, then in addition to any and all other rights or remedies which the non-defaulting party may have against the defaulting party, the defaulting party will be liable to and will pay to the non-defaulting party a sum equal to the non-defaulting party's court costs and reasonable fees for attorneys and their support staff incurred in enforcing the covenants, agreements and other obligations of the defaulting party in this Agreement.

f. This Agreement contains the entire agreement between the parties hereto with respect to the subject matter hereof, and there are no understandings, representations or warranties of any kind between the parties except as expressly set forth herein.

g. This Agreement may not be modified except by writing duly signed by both parties hereto.

h. Neither this Agreement nor any right or obligation of Employee hereunder may be assigned by Employee without the prior written consent of District. Subject thereto, this Agreement and the covenants and conditions herein contained shall inure to the benefit of and shall be binding upon the parties hereto and their respective successors and permitted assigns.

i. All references herein to payment or money sums shall mean in U.S. currency only. All references herein to calendar year, month, week or day shall mean the calendar in parts thereof as observed in the United States. All references herein to date and time shall mean the date and time in Bakersfield, California, U.S.

j. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which shall constitute one and the same agreement.

k. The waiver by either party of a breach or default by the other party of any provision of this Agreement shall not operate or be construed as a waiver of any other, continuing or subsequent breach or default by such party.

17. **RIGHT TO PRIVATE COUNSEL.** EMPLOYEE HEREBY ACKNOWLEDGES THAT MARK BATEMAN OF YOUNG WOOLDRIDGE LLP REPRESENTS DISTRICT (AND ONLY DISTRICT) IN CONNECTION WITH THE PREPARATION AND EXECUTION OF THIS AGREEMENT, AND NOT EMPLOYEE. EMPLOYEE HAS BEEN ADVISED BY DISTRICT TO HAVE THIS AGREEMENT REVISED BY HIS OWN PRIVATE ATTORNEYS AND COUNSEL. EMPLOYEE REPRESENTS THAT HE FULLY UNDERSTANDS HIS RIGHT TO DISCUSS ALL ASPECTS OF THIS AGREEMENT WITH HIS PRIVATE ATTORNEYS, AND THAT HE HAS, PRIOR TO EXECUTING THIS AGREEMENT, FULLY INFORMED HIMSELF OF ITS CONTENTS THROUGH ATTORNEYS, ADVISORS AND/OR SOURCES OF HIS OWN SELECTION.

The parties hereto have executed this Agreement as of the date first set forth above.

West Side Health Care District

By: _____

Title: President, Board of Directors

Date: _____

Ryan Shultz, MSHCA

Date: _____

ITEM 7

West Side Family Health Care Patient Census 2025-2026

	July 2025	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026			
1	97	88	81	104	39	132	50	56	61	93	-	-			
2	114	38	131	104	48	120	92	142	163	102	-	-			
3	86	45	122	80	124	108	56	145	123	78	-	-			
4	43	108	124	31	133	130	54	134	144	39	-	-			
5	33	127	105	38	138	97	140	143	141	40	-	-			
6	41	86	48	116	119	44	138	95	116	94	-	-			
7	99	132	49	120	106	40	145	66	46	114	-	-			
8	114	84	118	132	38	95	117	33	52	130	-	-			
9	88	36	128	130	26	105	97	121	154	95	-	-			
10	102	24	127	97	121	129	54	135	116	93	-	-			
11	87	87	112	46	110	121	56	132	136	34	-	-			
12	35	131	105	32	122	86	127	128	147	43	-	-			
13	28	134	34	105	131	38	131	102	130	143	-	-			
14	93	99	50	132	95	45	136	52	64	112	-	-			
15	91	98	143	120	39	118	124	41	60	136	-	-			
16	113	50	120	110	54	113	108	92	150	103	-	-			
17	108	51	117	108	127	119	37	145	127	72	-	-			
18	88	109	122	31	123	128	45	154	153	39	-	-			
19	34	111	99	51	140	109	146	132	155	49	-	-			
20	38	117	39	110	128	60	130	131	111	141	-	-			
21	86	133	32	131	107	69	138	46	55	114	-	-			
22	114	93	118	124	46	99	102	58	55	104	-	-			
23	102	48	126	112	43	115	97	122	132	120	-	-			
24	103	48	124	84	86	44	43	130	128	84	-	-			
25	80	118	98	41	94	39	46	146	128	46	-	-			
26	38	152	93	47	88	83	137	121	107	52	-	-			
27	27	143	33	131	23	70	132	119	103	127	-	-			
28	106	117	39	116	42	58	142	57	46	117	-	-			
29	116	120	95	112	47	112	133	-	47	153	-	-			
30	108	44	120	118	50	107	97	-	99	125	-	-			
31	85	49	-	69	-	94	47	-	79	-	-	-	YTD	M/AVG	
TOTAL	2,497	2,820	2,852	2,882	2,587	2,827	3,097	2,978	3,328	2,792	-	-	28660	2866	
D/AVG	81	91	95	93	86	91	100	103	107	93	-	-	940	94	
NSOT	1	4	7	3	3	5	3	2	15	19	-	-	62	6	
X-RAYS INTERNAL	347	371	394	491	386	424	520	498	502	444	-	-	4377	438	
X-RAYS EXTERNAL	61	50	55	95	45	41	68	63	90	67	-	-	635	64	
Year	July	August	September	October	November	December	January	February	March	April	May	June	YTD	M/AVG	X-RAY
FY 2024-2025	2380	2753	2703	2940	2513	2852	3376	3004	3266	2733	2797	2653	33970	2831	779/5237
FY 2023-2024	2075	2526	2405	2575	2524	2632	2668	2663	2686	2592	2737	2368	30451	2538	828/4695
FY 2022-2023	2115	2246	2190	2370	2696	2655	2150	2176	2329	2166	2560	2504	28157	2346	646
FY 2021-2022	1795	2172	2695	2306	2157	2090	3211	1981	2147	2088	2408	2214	27264	2272	714
FY 2020-2021	1200	1195	1097	1285	1343	1475	1533	1364	1436	1619	1723	1684	16954	1413	840
FY 2019-2020	1034	1282	1284	1377	1338	1184	1793	1679	1385	1288	1461	1158	16263	1355	788
FY 2018-2019	1119	1405	1389	1471	1267	1247	1583	1666	1564	1255	1403	1115	16484	1374	1250
FY 2017-2018	1002	1282	1284	1377	1187	1184	1632	1543	1347	1287	1310	1115	15550	1296	1286

West Side Health Care District

4/20/2026 6:59 AM

Register: 1006.00 · United Security Bank - GF #5374

From 03/01/2026 through 03/31/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
03/01/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	69.99	X		543,287.61
03/01/2026	20391	BETA Healthcare Gr...	2021.00 · Accounts Pa...	5808	17,897.04	X		525,390.57
03/01/2026	20392	CareFusion Solution...	2021.00 · Accounts Pa...	Medbank Tow...	352.43	X		525,038.14
03/01/2026	20393	Rondomed, Inc, a Pr...	2021.00 · Accounts Pa...	Medical Direct...	6,000.00	X		519,038.14
03/01/2026	20394	Sun Outdoor Advertis...	2021.00 · Accounts Pa...	Contract No: 2...	424.00	X		518,614.14
03/02/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	83.34	X		518,530.80
03/03/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	502.87	X		518,027.93
03/03/2026	Auto Pay	AFLAC Premiums	2021.00 · Accounts Pa...	February 2026	441.00	X		517,586.93
03/03/2026	Auto Pay	Reliance Standard	2021.00 · Accounts Pa...	March 2026	1,515.02	X		516,071.91
03/03/2026	Auto Pay	Beam	2021.00 · Accounts Pa...	New Dental an...	3,966.13	X		512,105.78
03/03/2026	20452	Black / Hall Constru...	2021.00 · Accounts Pa...	Payment App 5...	100,918.63	X		411,187.15
03/03/2026	20453	Black / Hall Constru...	2021.00 · Accounts Pa...	Payment App 6...	15,806.30	X		395,380.85
03/05/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	48.99	X		395,331.86
03/05/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	43.96	X		395,287.90
03/09/2026		City of Taft-TMCCF	1064.01 · Other Accou...			X	134,161.43	529,449.33
03/09/2026			8610.13 · Group Healt...	Deposit		X	10.89	529,460.22
03/09/2026			8610.13 · Group Healt...	Deposit		X	10.89	529,471.11
03/09/2026			7083.43 · Food - Empl...	Deposit		X	20.00	529,491.11
03/10/2026			9260.90 · Rent Dowde...	Deposit March...		X	400.00	529,891.11
03/10/2026			1200.00 · Land:Land 1...	Deposit		X	1,249.03	531,140.14
03/10/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	462.16	X		530,677.98
03/10/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	27.66	X		530,650.32
03/10/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	55.39	X		530,594.93
03/10/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.89	X		530,584.04
03/10/2026	18165	UMPQUA BANK	2029.05 · Columbia B...	VOID: Umpqu...	11,464.47	X		519,119.57
03/10/2026	20454	Duane Ament Radiol...	2021.00 · Accounts Pa...	Portable X-Ray...	15,843.90	X		503,275.67
03/11/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00	X		503,265.67
03/11/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Maintena...	125.00	X		503,140.67
03/11/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	308.00	X		502,832.67
03/11/2026	20455	ADS Inc.	2021.00 · Accounts Pa...		578.99	X		502,253.68
03/11/2026	20456	Airgas USA, LLC	2021.00 · Accounts Pa...		294.09	X		501,959.59
03/11/2026	20457	Allied Universal Sec...	2021.00 · Accounts Pa...		3,662.85	X		498,296.74
03/11/2026	20458	Amazing Bounce	2021.00 · Accounts Pa...	Community He...	1,610.00	X		496,686.74
03/11/2026	20459	American Business ...	2021.00 · Accounts Pa...	Contract for Ca...	28.69	X		496,658.05
03/11/2026	20460	Canon Financial Ser...	2021.00 · Accounts Pa...	3-1-26 to 3-31-...	341.09	X		496,316.96
03/11/2026	20461	Carrie Jameson	2021.00 · Accounts Pa...	Mileage to pic...	29.52	X		496,287.44
03/11/2026	20462	Diamond Drugs, Inc.	2021.00 · Accounts Pa...	Medication CC...	1,095.54	X		495,191.90
03/11/2026	20463	Dowden Technical S...	2021.00 · Accounts Pa...		12,849.17	X		482,342.73
03/11/2026	20464	DRW Solutions, LLC	2021.00 · Accounts Pa...		902.50	X		481,440.23

West Side Health Care District

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From 03/01/2026 through 03/31/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
03/11/2026	20465	Duane Ament Radiol...	2021.00 · Accounts Pa...	EvoView Offic...	2,936.28	X		478,503.95
03/11/2026	20466	Fastenal	2021.00 · Accounts Pa...	CATAF0435	647.77	X		477,856.18
03/11/2026	20467	FRONTIER	2021.00 · Accounts Pa...	Account #661-...	632.19	X		477,223.99
03/11/2026	20468	Henry Schein	2021.00 · Accounts Pa...	02558749	10,975.26	X		466,248.73
03/11/2026	20469	JWT & Associates, ...	2021.00 · Accounts Pa...	Final Billing fo...	1,905.00			464,343.73
03/11/2026	20470	Kiwanis Club of Taft	2021.00 · Accounts Pa...		165.50	X		464,178.23
03/11/2026	20471	M & S Security	2021.00 · Accounts Pa...		180.00	X		463,998.23
03/11/2026	20472	Medline Industries, L...	2021.00 · Accounts Pa...		240.63	X		463,757.60
03/11/2026	20473	MedPro Disposal	2021.00 · Accounts Pa...	Medical waste ...	492.17	X		463,265.43
03/11/2026	20474	MedStatix	2021.00 · Accounts Pa...		401.90	X		462,863.53
03/11/2026	20475	Mercedes Rosales	2021.00 · Accounts Pa...	ACLS & BLS ...	252.00	X		462,611.53
03/11/2026	20476	Michael Avellan	2021.00 · Accounts Pa...	PALS & BLS ...	210.00	X		462,401.53
03/11/2026	20477	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	1,055.81	X		461,345.72
03/11/2026	20478	P.G.& E.	2021.00 · Accounts Pa...		2,185.03	X		459,160.69
03/11/2026	20479	PreCheck, Inc	2021.00 · Accounts Pa...	Customer # 12...	126.24	X		459,034.45
03/11/2026	20480	Prestige Worldwide, ...	2021.00 · Accounts Pa...	(3/1/26-3/31/2...	7,520.00	X		451,514.45
03/11/2026	20481	Sierra HR Partners	2021.00 · Accounts Pa...	HR assistance ...	150.00	X		451,364.45
03/11/2026	20482	Stinson's	2021.00 · Accounts Pa...	17637	30.65	X		451,333.80
03/11/2026	20483	Stockdale Radiology	2021.00 · Accounts Pa...	Payment for in...	6,410.00	X		444,923.80
03/11/2026	20484	Stratus Video, LLC	2021.00 · Accounts Pa...	Language Serv...	2,062.98	X		442,860.82
03/11/2026	20485	Streamline	2021.00 · Accounts Pa...	March 1-2026 ...	480.00	X		442,380.82
03/11/2026	20486	Taft College Foundat...	2021.00 · Accounts Pa...	Al Baldock Go...	500.00	X		441,880.82
03/11/2026	20487	United Rentals, Inc	2021.00 · Accounts Pa...	5556534	948.31	X		440,932.51
03/11/2026	20488	Victoria Ramos	2021.00 · Accounts Pa...	ACLS, PALS ...	320.00	X		440,612.51
03/11/2026	20489	Welch Allyn Inc	2021.00 · Accounts Pa...	Annual Service...	255.00	X		440,357.51
03/11/2026	20490	Westside Recreation ...	2021.00 · Accounts Pa...		3,700.00	X		436,657.51
03/11/2026	20491	Westside Waste Man...	2021.00 · Accounts Pa...		543.02	X		436,114.49
03/11/2026	20492	Young Wooldridge	2021.00 · Accounts Pa...	20554-1 MRB	8,070.00	X		428,044.49
03/11/2026	20493	Duane Ament Radiol...	2021.00 · Accounts Pa...	Portable X-Ray...	15,843.90	X		412,200.59
03/11/2026	20494	Laboratory Corporati...	2021.00 · Accounts Pa...	Account Numb...	131.25	X		412,069.34
03/11/2026	20495	GlaxoSmithKline LLC	2021.00 · Accounts Pa...		3,405.95	X		408,663.39
03/12/2026			2029.05 · Columbia B...	Deposit		X	11,464.47	420,127.86
03/12/2026	Auto Pay	UMPQUA BANK	2021.00 · Accounts Pa...	Credit Card Pa...	11,429.12	X		408,698.74
03/13/2026		City of Taft-TMCCF	1064.01 · Other Accou...			X	171,548.92	580,247.66
03/16/2026		Vibul Tangpraphaph...	1064.01 · Other Accou...			X	2,785.38	583,033.04
03/18/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	56.00	X		582,977.04
03/18/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	121.02	X		582,856.02
03/18/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	550.00	X		582,306.02
03/18/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	42.81	X		582,263.21

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From 03/01/2026 through 03/31/2026

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Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
03/18/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	21.64	X		582,241.57
03/18/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	35.00	X		582,206.57
03/19/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	35.00	X		582,171.57
03/19/2026	20496	TUHSD HOSA	2021.00 · Accounts Pa...	HOSA State C...	5,000.00	X		577,171.57
03/23/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	83.81	X		577,087.76
03/23/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	83.81	X		577,003.95
03/23/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	79.00	X		576,924.95
03/23/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	30.00	X		576,894.95
03/23/2026	20497	Kern Valley Printing...	2021.00 · Accounts Pa...	Sweatshirts for...	789.14	X		576,105.81
03/23/2026	20498	American Business ...	2021.00 · Accounts Pa...		3,553.07	X		572,552.74
03/24/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	15.00	X		572,537.74
03/24/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	40.00	X		572,497.74
03/24/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	190.00	X		572,307.74
03/24/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	41.60	X		572,266.14
03/24/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	116.12	X		572,150.02
03/25/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	30.00	X		572,120.02
03/26/2026		Laboratory Corp Of ...	1064.01 · Other Accou...			X	1,130.57	573,250.59
03/26/2026	Auto Pay	Beam	2021.00 · Accounts Pa...	New Dental an...	4,016.30			569,234.29
03/26/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	166.69	X		569,067.60
03/26/2026	20504	Akemi Welsh Produc...	2021.00 · Accounts Pa...	Employee App...	450.00			568,617.60
03/26/2026	20505	Allied Universal Sec...	2021.00 · Accounts Pa...		3,733.38	X		564,884.22
03/26/2026	20506	AMBCO	2021.00 · Accounts Pa...	Calibration	120.00			564,764.22
03/26/2026	20507	American Business ...	2021.00 · Accounts Pa...	Health Fair	213.34			564,550.88
03/26/2026	20508	American Office Sol...	2021.00 · Accounts Pa...	Coverage Perio...	806.00	X		563,744.88
03/26/2026	20509	Armstrong Locksmith	2021.00 · Accounts Pa...	Keys made for ...	18.00			563,726.88
03/26/2026	20510	BFF Mobile Petting ...	2021.00 · Accounts Pa...	Petting zoo for ...	1,940.00			561,786.88
03/26/2026	20511	Carrie Coleman	2021.00 · Accounts Pa...	Chairs for the ...	400.00			561,386.88
03/26/2026	20512	Carrie Jameson	2021.00 · Accounts Pa...	Health Fair It...	77.85	X		561,309.03
03/26/2026	20513	City of Taft	2021.00 · Accounts Pa...		156.32	X		561,152.71
03/26/2026	20514	Cooper's True Value ...	2021.00 · Accounts Pa...		175.72	X		560,976.99
03/26/2026	20515	CuraScript SD	2021.00 · Accounts Pa...	000086282-02	84.18			560,892.81
03/26/2026	20516	GlaxoSmithKline LLC	2021.00 · Accounts Pa...	Pharmaceuticals	804.58			560,088.23
03/26/2026	20517	Henry Schein	2021.00 · Accounts Pa...	02558749	12,717.02	X		547,371.21
03/26/2026	20518	Jerry Melton and So...	2021.00 · Accounts Pa...	Repair conduit ...	297.99	X		547,073.22
03/26/2026	20519	Legal Shield	2021.00 · Accounts Pa...	0153768	67.80			547,005.42
03/26/2026	20520	McKesson Medical-...	2021.00 · Accounts Pa...	72076429	1,370.32			545,635.10
03/26/2026	20521	Medline Industries, I..	2021.00 · Accounts Pa...		404.16	X		545,230.94
03/26/2026	20522	Melton, Robyn	2021.00 · Accounts Pa...	Plinko Machin...	102.73	X		545,128.21
03/26/2026	20523	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	1,061.45			544,066.76

West Side Health Care District

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Register: 1006.00 · United Security Bank - GF #5374

From 03/01/2026 through 03/31/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
03/26/2026	20524	O'Connor Pest Control	2021.00 · Accounts Pa...	102306	221.00			543,845.76
03/26/2026	20525	P.G.& E.	2021.00 · Accounts Pa...		5,196.59			538,649.17
03/26/2026	20526	Precision Psychiatric...	2021.00 · Accounts Pa...	February 2026 ...	13,236.00			525,413.17
03/26/2026	20527	Randall, Terry	2021.00 · Accounts Pa...		7,672.34			517,740.83
03/26/2026	20528	Sierra School Equip...	2021.00 · Accounts Pa...	Panel top cap ...	46.76			517,694.07
03/26/2026	20529	Spectrum Enterprise	2021.00 · Accounts Pa...	0970287-01	1,877.59			515,816.48
03/26/2026	20530	Stericycle, Inc	2021.00 · Accounts Pa...	Waste Disposa...	308.03			515,508.45
03/26/2026	20531	Superior Technical S...	2021.00 · Accounts Pa...	Calibration of ...	75.00			515,433.45
03/26/2026	20532	Taft Chamber of Co...	2021.00 · Accounts Pa...	Advertise the ...	400.00			515,033.45
03/26/2026	20533	Taft Midway Driller	2021.00 · Accounts Pa...	February 2026 ...	499.00			514,534.45
03/26/2026	20534	TECHNIC LEASIN...	2021.00 · Accounts Pa...	4-1-26 to 4-30-...	211.45			514,323.00
03/26/2026	20535	United Rentals, Inc	2021.00 · Accounts Pa...	5556534	948.31			513,374.69
03/26/2026	20536	West Kern Water Di...	2021.00 · Accounts Pa...		510.49	X		512,864.20
03/26/2026	20537	Westside Recreation ...	2021.00 · Accounts Pa...	Gym Members...	330.00			512,534.20
03/26/2026	20538	Spectrum Enterprise	2021.00 · Accounts Pa...	0970287-01	178.25			512,355.95
03/30/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	311.43	X		512,044.52
03/30/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	463.98	X		511,580.54
03/30/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00	X		511,570.54

West Side Health Care District

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Register: 1006.00 · United Security Bank - GF #5374

From 04/01/2026 through 04/30/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
04/01/2026			9262.90 · Rent Refere...	Deposit Rent f...		1,130.57	512,701.11
04/01/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	21.65		512,679.46
04/01/2026	20499	BETA Healthcare Gr...	2021.00 · Accounts Pa...	5808	17,897.04		494,782.42
04/01/2026	20500	Canon Financial Ser...	2021.00 · Accounts Pa...		750.90		494,031.52
04/01/2026	20501	CareFusion Solution...	2021.00 · Accounts Pa...	Medbank Tow...	354.43		493,677.09
04/01/2026	20502	Rondomed, Inc, a Pr...	2021.00 · Accounts Pa...	Medical Direct...	6,000.00		487,677.09
04/01/2026	20503	Sun Outdoor Advertis...	2021.00 · Accounts Pa...	Contract No: 2...	424.00		487,253.09
04/02/2026	Auto Pay	UMPQUA BANK	2021.00 · Accounts Pa...	Credit Card Pa...	28,000.00		459,253.09
04/02/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	20.28		459,232.81
04/06/2026		Dowden Technical S...	1064.01 · Other Accou...			400.00	459,632.81
04/06/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	502.87		459,129.94
04/07/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	16.82		459,113.12
04/07/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	73.27		459,039.85
04/07/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00		459,029.85
04/07/2026	20539	A Business Accounti...	2021.00 · Accounts Pa...	Quickbooks Co...	57.50		458,972.35
04/07/2026	20540	ADS Inc.	2021.00 · Accounts Pa...		843.49		458,128.86
04/07/2026	20541	Airgas USA, LLC	2021.00 · Accounts Pa...		773.78		457,355.08
04/07/2026	20542	Allied Universal Sec...	2021.00 · Accounts Pa...		3,784.32		453,570.76
04/07/2026	20543	American Business ...	2021.00 · Accounts Pa...		840.62		452,730.14
04/07/2026	20544	American Office Sol...	2021.00 · Accounts Pa...	Coverage Perio...	806.00		451,924.14
04/07/2026	20545	Bethany Lackey	2021.00 · Accounts Pa...	B.L. Face Pain...	400.00		451,524.14
04/07/2026	20546	CuraScript SD	2021.00 · Accounts Pa...	000086282-02	236.70		451,287.44
04/07/2026	20547	Diamond Drugs, Inc.	2021.00 · Accounts Pa...	Medication CC...	575.25		450,712.19
04/07/2026	20548	Dowden Technical S...	2021.00 · Accounts Pa...		4,371.56		446,340.63
04/07/2026	20549	FRONTIER	2021.00 · Accounts Pa...	Account #661-...	632.19		445,708.44
04/07/2026	20550	GlaxoSmithKline LLC	2021.00 · Accounts Pa...	Pharmaceuticals	402.29		445,306.15
04/07/2026	20551	Henry Schein	2021.00 · Accounts Pa...	02558749	12,413.97		432,892.18
04/07/2026	20552	JWT & Associates, ...	2021.00 · Accounts Pa...	Progress billin...	9,975.00		422,917.18
04/07/2026	20553	Katelyn Bullard	2021.00 · Accounts Pa...	BLS Renewal, ...	320.00		422,597.18
04/07/2026	20554	Kendra Dennis	2021.00 · Accounts Pa...	2 Balloon Arch...	400.00		422,197.18
04/07/2026	20555	Kern CPR	2021.00 · Accounts Pa...	Basic Life Sup...	1,500.00		420,697.18
04/07/2026	20556	Kern Mechanical KMI	2021.00 · Accounts Pa...	Repair AC at t...	2,650.00		418,047.18
04/07/2026	20557	Kern Print Services	2021.00 · Accounts Pa...	Sign In Sheets	857.88		417,189.30
04/07/2026	20558	M & S Security	2021.00 · Accounts Pa...		575.00		416,614.30
04/07/2026	20559	Medline Industries, L...	2021.00 · Accounts Pa...		1,046.75		415,567.55
04/07/2026	20560	MedPro Disposal	2021.00 · Accounts Pa...	Medical waste ...	492.17		415,075.38
04/07/2026	20561	MedStatix	2021.00 · Accounts Pa...		381.90		414,693.48
04/07/2026	20562	Michael Bell	2021.00 · Accounts Pa...	Kuzz Radio St...	150.00		414,543.48
04/07/2026	20563	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	517.12		414,026.36

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Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
04/07/2026	20564	ONSET Computer C...	2021.00 · Accounts Pa...	Annual Service...	50.00		413,976.36
04/07/2026	20565	P.G.& E.	2021.00 · Accounts Pa...	109 Adkisson ...	1,355.88		412,620.48
04/07/2026	20566	PreCheck, Inc	2021.00 · Accounts Pa...	Customer # 12...	62.62		412,557.86
04/07/2026	20567	Prestige Worldwide, ...	2021.00 · Accounts Pa...	(4/1/26-4/30/2...	7,520.00		405,037.86
04/07/2026	20568	RLH Fire Protection	2021.00 · Accounts Pa...	Fire alarm mon...	830.00		404,207.86
04/07/2026	20569	Sierra HR Partners	2021.00 · Accounts Pa...	HR assistance ...	150.00		404,057.86
04/07/2026	20570	Stephanie Lacy	2021.00 · Accounts Pa...	CCF Medicatio...	24.27		404,033.59
04/07/2026	20571	Stinson's	2021.00 · Accounts Pa...	17637	243.51		403,790.08
04/07/2026	20572	Streamline	2021.00 · Accounts Pa...	April 1-2026 to...	480.00		403,310.08
04/07/2026	20573	Taft Midway Driller	2021.00 · Accounts Pa...	March 2026 A...	429.00		402,881.08
04/07/2026	20574	Welch Allyn Inc	2021.00 · Accounts Pa...	Annual Service...	255.00		402,626.08
04/07/2026	20575	West Kern Water Di...	2021.00 · Accounts Pa...		1,118.20		401,507.88
04/07/2026	20576	Young Wooldridge	2021.00 · Accounts Pa...	20554-1 MRB	12,962.00		388,545.88
04/07/2026	20577	MQS Construction L...	2021.00 · Accounts Pa...	Install 2 screen...	1,800.00		386,745.88
04/09/2026			7083.16 · Workers Co...	Deposit Divide...		2,601.00	389,346.88
04/09/2026		Laboratory Corp Of ...	1064.01 · Other Accou...			227.69	389,574.57
04/09/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00		389,564.57
04/09/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	5.00		389,559.57
04/09/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Maintena...	125.00		389,434.57
04/10/2026		City of Taft-TMCCF	1064.01 · Other Accou...			113,771.76	503,206.33
04/15/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	83.81		503,122.52
04/15/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	204.00		502,918.52
04/15/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	158.87		502,759.65
04/15/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	699.30		502,060.35
04/15/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	15.79		502,044.56
04/15/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	20.49		502,024.07
04/16/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	83.81		501,940.26
04/16/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	60.31		501,879.95
04/20/2026		Laboratory Corp Of ...	1064.01 · Other Accou...			1,130.57	503,010.52
04/20/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	79.00		502,931.52
04/20/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00		502,921.52
04/21/2026			-split-	Deposit		5,600.00	508,521.52
04/21/2026		Vibul Tangpraphaph...	1064.01 · Other Accou...			2,780.48	511,302.00
04/21/2026	Auto Pay	AFLAC Premiums	2021.00 · Accounts Pa...	March 2026	441.00		510,861.00
04/21/2026	Auto Pay	Reliance Standard	2021.00 · Accounts Pa...	April 2026	1,559.87		509,301.13
04/21/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	61.88		509,239.25
04/21/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	321.99		508,917.26
04/21/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	15.00		508,902.26
04/22/2026			1101.00 · Prepaid Insu...	Deposit		776.72	509,678.98

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Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
04/22/2026			9400.00 · Misc. Income	Deposit Inspira...		64.47	509,743.45
04/22/2026		Kern Health Systems	1064.01 · Other Accou...			1,500.00	511,243.45
04/22/2026	Auto Pay	UMPQUA BANK	2021.00 · Accounts Pa...	Credit Card Pa...	14,891.34		496,352.11
04/22/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	352.51		495,999.60
04/23/2026			7182.20 · CCF Medica...	Deposit Re-iss...		13,236.00	509,235.60
04/23/2026			8610.24 · Accounting -...	Deposit Re-iss...		1,905.00	511,140.60
04/23/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	190.00		510,950.60
04/23/2026	20582	Alinea Medical Imag...	2021.00 · Accounts Pa...	Mammogram ...	1,534.00		509,416.60
04/23/2026	20583	Allied Universal Sec...	2021.00 · Accounts Pa...		3,878.33		505,538.27
04/23/2026	20584	American Business ...	2021.00 · Accounts Pa...	Posters for the ...	178.01		505,360.26
04/23/2026	20585	AMN Healthcare	2021.00 · Accounts Pa...		2,158.42		503,201.84
04/23/2026	20586	Artistic Surfaces	2021.00 · Accounts Pa...	Portable X-Ray...	1,028.00		502,173.84
04/23/2026	20587	Canon Financial Ser...	2021.00 · Accounts Pa...		1,076.22		501,097.62
04/23/2026	20588	Cooper's True Value ...	2021.00 · Accounts Pa...		60.97		501,036.65
04/23/2026	20589	CuraScript SD	2021.00 · Accounts Pa...	000086282-02	4,999.42		496,037.23
04/23/2026	20590	Curtis Maynard	2021.00 · Accounts Pa...	Installation of ...	1,538.78		494,498.45
04/23/2026	20591	Dowden Technical S...	2021.00 · Accounts Pa...		3,781.38		490,717.07
04/23/2026	20592	Dr. Tanveer Riar	2021.00 · Accounts Pa...	Jan - Feb Equi...	7,000.00		483,717.07
04/23/2026	20593	Fastenal	2021.00 · Accounts Pa...	CATAF0435	791.05		482,926.02
04/23/2026	20594	Henry Schein	2021.00 · Accounts Pa...	02558749	5,004.33		477,921.69
04/23/2026	20595	Jaylynn Dowden	2021.00 · Accounts Pa...	Donuts for CP...	90.29		477,831.40
04/23/2026	20596	JWT & Associates, ...	2021.00 · Accounts Pa...	Progress billin...	7,350.00		470,481.40
04/23/2026	20597	Kern Mechanical KMI	2021.00 · Accounts Pa...	Repair AC at t...	475.00		470,006.40
04/23/2026	20598	Kern Technical Solut...	2021.00 · Accounts Pa...	Troubleshoot c...	912.17		469,094.23
04/23/2026	20599	Kern Valley Printing...	2021.00 · Accounts Pa...		2,760.87		466,333.36
04/23/2026	20600	Kiwanis Club of Taft	2021.00 · Accounts Pa...		131.50		466,201.86
04/23/2026	20601	Laboratory Corporati...	2021.00 · Accounts Pa...	Account Numb...	400.13		465,801.73
04/23/2026	20602	Legal Shield	2021.00 · Accounts Pa...	0153768	67.80		465,733.93
04/23/2026	20603	Matrix Trust Company	2021.00 · Accounts Pa...	Admin Fees fo...	374.82		465,359.11
04/23/2026	20604	McKesson Medical-...	2021.00 · Accounts Pa...	72076429	935.66		464,423.45
04/23/2026	20605	Medline Industries, I...	2021.00 · Accounts Pa...		2,123.80		462,299.65
04/23/2026	20606	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	1,546.95		460,752.70
04/23/2026	20607	O'Connor Pest Control	2021.00 · Accounts Pa...	102306	303.00		460,449.70
04/23/2026	20608	P.G.& E.	2021.00 · Accounts Pa...		6,440.87		454,008.83
04/23/2026	20609	Pacific Petroleum	2021.00 · Accounts Pa...	Restroom Rent...	579.30		453,429.53
04/23/2026	20610	Precision Psychiatric...	2021.00 · Accounts Pa...	March 2026 D...	17,894.00		435,535.53
04/23/2026	20611	Randall, Terry	2021.00 · Accounts Pa...		3,074.91		432,460.62
04/23/2026	20612	Sabol & Walker Chir...	2021.00 · Accounts Pa...	Services for Fe...	3,400.00		429,060.62
04/23/2026	20613	Sierra School Equip...	2021.00 · Accounts Pa...		2,455.69		426,604.93

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From 04/01/2026 through 04/30/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
04/23/2026	20614	Spectrum Enterprise	2021.00 · Accounts Pa...	0970287-01	2,057.35		424,547.58
04/23/2026	20615	Stericycle, Inc	2021.00 · Accounts Pa...	Waste Dispos...	311.21		424,236.37
04/23/2026	20616	Stinson's	2021.00 · Accounts Pa...	17637	194.81		424,041.56
04/23/2026	20617	Stockdale Radiology	2021.00 · Accounts Pa...	Payment for in...	6,190.00		417,851.56
04/23/2026	20618	Superior Technical S...	2021.00 · Accounts Pa...	Repair of Ritte...	516.50		417,335.06
04/23/2026	20619	Taft Chamber of Co...	2021.00 · Accounts Pa...	State of the Cit...	400.00		416,935.06
04/23/2026	20620	Taft College	2021.00 · Accounts Pa...	Cake for Empl...	612.50		416,322.56
04/23/2026	20621	Technic Business So...	2021.00 · Accounts Pa...	IT Services - A...	407.86		415,914.70
04/23/2026	20622	TECHNIC LEASIN...	2021.00 · Accounts Pa...	4-1-26 to 4-30-...	211.45		415,703.25
04/23/2026	20623	Thompson BBQ & C...	2021.00 · Accounts Pa...	BBQ Food for ...	5,600.00		410,103.25
04/23/2026	20624	Westside Recreation ...	2021.00 · Accounts Pa...		2,480.00		407,623.25
04/23/2026	20625	Westside Waste Man...	2021.00 · Accounts Pa...		543.02		407,080.23
04/23/2026	20626	JWT & Associates, ...	2021.00 · Accounts Pa...	Final Billing fo...	1,905.00		405,175.23
04/23/2026	20627	Precision Psychiatric...	2021.00 · Accounts Pa...	February 2026 ...	13,236.00		391,939.23
04/24/2026		City of Taft-TMCCF	1064.01 · Other Accou...			1,015.00	392,954.23
04/27/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	78.79		392,875.44
04/27/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	10.00		392,865.44
04/27/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	158.25		392,707.19
04/27/2026	20628	Sherry Burch	2021.00 · Accounts Pa...	Employee App...	250.00		392,457.19
04/28/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	554.19		391,903.00

Balance Sheets

WESTSIDE HEALTHCARE DISTRICT

Assets

Current assets:

	Unaudited	
	6/30/2025	3/31/2026
Cash and cash equivalents	\$ 1,643,260	\$ 1,633,824
Short term investments	8,594,734	7,768,110
Patient Accounts Receivables, net	911,302	586,897
Grant and other receivables	320,298	245,329
Property Tax Receivables	12,702	336,376
Prepaid expenses and other assets	20,088	30,940
Total current assets	11,502,386	10,601,477

Settlements third party payer	(1,680,047)	(2,275,047)
Land and Land Improvements	554,435	1,024,588
Buildings	12,499,857	14,150,633
Equipment	670,808	718,546
Construction in Progress	215,465	588,416
Accumulated Depreciation	(2,238,324)	(2,647,324)
Capital Assets, net of accumulated depreciation	11,702,241	13,834,859

Total assets	\$ 21,524,580	\$ 22,161,290
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Liabilities and Net Position

Current liabilities:

Accounts payable and accrued expenses	\$ 117,464	\$ 157,360
Accrued payroll and related liabilities	555,878	645,824
Total liabilities	673,342	803,184

Net position:

Unrestricted	20,851,238	21,358,106
Total net position	20,851,238	21,358,106

Total liabilities and net position	\$ 21,524,580	\$ 22,161,290
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Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/25	YTD 3/31/26	Budget YTD 3/31/26	Variance
Revenues and other support				
Patient services revenue, net	\$ 8,557,704	\$ 6,416,006	\$ 6,339,050	\$ (76,956)
Contract revenues	1,461,036	1,181,132	1,019,773	(161,359)
Rents	18,367	23,466	13,725	(9,741)
Other revenues	19,029	13,916	15,000	1,084
Total revenues	10,056,136	7,634,519	7,387,548	(246,971)
Expenses				
Salaries and wages	4,916,167	3,674,626	3,417,797	(256,830)
Employee benefits	1,146,254	893,829	1,105,581	211,752
Professional Medical fees	1,420,757	1,373,270	1,164,158	(209,113)
Professional fees	184,039	143,521	605,250	461,729
Purchased services	964,155	772,638	493,010	(279,629)
Supplies	708,184	547,390	732,000	184,610
Repairs and maintenance	179,105	174,168	135,000	(39,168)
Rents	19,443	16,294	18,000	1,706
Utilities	165,156	114,343	193,500	79,157
Travel, meeting and conferences	30,360	21,524	54,375	32,851
Recruiting	5,030	1,522	75,000	73,478
Insurance	211,402	174,423	180,000	5,577
Other expenses	101,173	106,670	151,875	45,205
Depreciation and amortization	126,000	419,500	150,000	(269,500)
Total expenses	10,177,226	8,433,719	8,475,545	41,826
Excess revenues over expenses and other support	(121,090)	(799,200)	(1,087,997)	(288,797)
District Tax Revenues	1,387,702	1,125,000	1,050,000	(75,000)
Income, Gains and losses from investments	323,870	181,068	225,000	43,932
Total Non operating Revenue	1,711,572	1,306,068	1,275,000	(31,068)
Increase(decrease) in net position	1,590,482	506,868	187,004	(319,865)
Net position at <i>beginning of the year</i>	19,260,756	20,851,238	20,851,238	
Net position at the <i>end of the period</i>	\$ 20,851,238	\$ 21,358,106	\$ 21,038,241	

Statements of Cash Flows

WESTSIDE HEALTHCARE DISTRICT

	YTD 6/30/25	YTD 3/31/26
Increase(decrease) in net position	\$ 1,590,482	\$ 506,868
Add/(deduct) Non Cash items		
Depreciation	126,000	419,500
Changes in operating assets and liabilities		
Patient account receivable	(243,379)	324,406
Grant and other receivables	81,162	74,969
Property Tax Receivables	(12,702)	(323,674)
Settlements third party	872,544	595,000
Prepaid expenses and deposits	(397)	(10,852)
Accounts payable and accrued expenses	3,501	39,895
Accrued payroll and related liabilities	120,420	89,946
Deferred revenue	-	-
Net Cash provided by operating activities	2,537,632	1,716,059
Cash flows from investing activities		
Acquisition of Property Plant and Equipment	(229,310)	(2,552,118)
Changes in short term investments	(2,203,619)	826,624
Net Cash used in investing activities	(2,432,929)	(1,725,495)
Cash flows from financing activities		
Net cash used by financing activities	-	-
Net change in cash and cash equivalents	104,703	(9,436)
Cash at the beginning of the year	1,538,557	1,643,260
Cash at the end of the period	\$ 1,643,260	\$ 1,633,824

Statements of Revenues, Expenses By Service Line

WESTSIDE HEALTHCARE DISTRICT

	YTD 3/31/26	Outpatient Clinic	Service Contracts	Rentals	Administration
Revenues and other support					
Patient services revenue, net	\$ 6,416,006	\$ 6,724,096	\$ -	\$ -	\$ -
Contract revenues	1,181,132	-	1,181,132	-	-
Rents	23,466	-	-	12,645	-
Other revenues	13,916	4,876	-	-	9,040
Total revenues	7,634,519	6,728,972	1,181,132	12,645	9,040
Expenses					
Salaries and wages	3,674,626	2,777,326	584,775	-	312,525
Employee benefits	893,829	687,184	112,540	-	89,978
Professional Medical fees	1,373,270	1,035,662	337,608	-	-
Professional fees	143,521	21,439	-	-	122,082
Purchased services	772,638	768,920	3,718	-	-
Supplies	547,390	504,262	22,244	-	20,884
Repairs and maintenance	174,168	144,584	-	-	29,584
Rents	16,294	6,918	673	-	8,703
Utilities	114,343	94,423	-	-	19,920
Travel, meeting and conferences	21,524	15,772	400	-	5,352
Recruiting	1,522	724	-	-	-
Insurance	174,423	73,776	-	2,142	48,125
Other expenses	106,670	49,532	-	-	60,615
Depreciation and amortization	419,500	419,501	-	-	-
Total expenses	8,433,719	6,600,023	1,061,958	2,142	717,769
Excess revenues over expenses and other support	(799,200)	128,948	119,174	10,503	(708,728)
Admin Allocation		618,112	99,456	201	(717,769)
Excess revenues over expenses and other support	(799,200)	(489,164)	19,718	10,302	9,040
District Tax Revenues	1,125,000	-	-	-	1,125,000
Income, Gains and Losses from Investments	181,068	-	-	-	181,068
Total Non Operating Revenue	1,306,068	-	-	-	1,306,068
Increase(decrease) in net position	\$ 506,868	\$ (489,164)	\$ 19,718	\$ 10,302	\$ 1,315,108
Net position at <i>beginning of the year</i>	20,851,238				
Net position at the <i>end of the period</i>	<u>\$ 21,358,106</u>				

Balance Sheets

WESTSIDE HEALTHCARE DISTRICT

	As of 3/31/2026	As of 2/28/2026	As of 1/31/2026	As of 12/31/2025	As of 11/30/2025	As of 10/31/2025	As of 9/30/2025	As of 8/31/2025	As of 7/31/2025
Assets									
<u>Current assets:</u>									
Cash and cash equivalents	\$ 1,633,824	\$ 2,393,817	\$ 2,127,501	\$ 2,083,367	\$ 2,003,468	\$ 1,882,156	\$ 1,843,255	\$ 1,619,954	\$ 1,940,425
Short term investments	7,768,110	6,768,110	6,768,110	6,681,953	8,781,953	8,781,953	8,687,054	8,687,054	8,687,054
Patient Accounts Receivables, net	586,897	547,538	542,448	563,911	421,739	485,092	505,027	476,764	475,541
Grant and other receivables	245,329	424,510	551,117	379,579	520,839	395,039	279,139	386,862	341,759
Property Tax Receivables	336,376	236,778	128,847	419,729	468,699	343,699	375,000	250,000	125,000
Prepaid expenses and other assets	30,940	37,320	43,700	50,080	56,365	58,820	64,431	25,846	31,790
Total current assets	10,601,477	10,408,073	10,161,724	10,178,620	12,253,063	11,946,759	11,753,907	11,446,480	11,601,569
Settlement Third Party	(2,275,047)	(2,100,047)	(1,975,047)	(1,850,047)	(1,850,047)	(1,775,047)	(1,750,047)	(1,680,047)	(1,680,047)
Land and Land Improvements	1,024,588	1,024,588	1,002,188	1,002,188	604,435	604,435	604,435	604,435	554,435
Buildings	14,150,633	14,151,882	14,151,882	14,151,882	12,501,597	12,501,597	12,501,597	12,501,597	12,500,847
Equipment	718,546	686,858	686,858	686,858	686,858	686,858	686,858	679,558	670,808
Construction in Progress	588,416	586,793	570,987	408,999	311,614	305,845	251,615	251,615	234,790
Accumulated Depreciation	(2,647,324)	(2,596,824)	(2,546,324)	(2,495,824)	(2,445,324)	(2,401,824)	(2,358,324)	(2,314,824)	(2,271,324)
Capital Assets, net of accumulated depreciation	13,834,859	13,853,298	13,865,592	13,754,104	11,659,180	11,696,911	11,686,182	11,722,382	11,689,556
Total assets	\$ 22,161,290	\$ 22,161,324	\$ 22,052,269	\$ 22,082,677	\$ 22,062,196	\$ 21,868,624	\$ 21,690,042	\$ 21,488,815	\$ 21,611,078
Liabilities and Net Position									
<u>Current liabilities:</u>									
Accounts payable and accrued expenses	157,360	244,324	245,603	149,412	177,950	178,245	165,782	156,500	208,599
Accrued payroll and related liabilities	645,824	535,503	502,778	942,906	836,371	751,948	662,433	609,538	825,446
Deferred revenue	-	-	-	-	-	-	-	-	-
Total current liabilities	803,184	779,827	748,380	1,092,318	1,014,321	930,193	828,215	766,038	1,034,044
Total liabilities	803,184	779,827	748,380	1,092,318	1,014,321	930,193	828,215	766,038	1,034,044
Net position:									
Unrestricted	21,358,106	21,381,497	21,303,888	20,990,359	21,047,875	20,938,431	20,861,827	20,722,777	20,577,033
Total net position	21,358,106	21,381,497	21,303,888	20,990,359	21,047,875	20,938,431	20,861,827	20,722,777	20,577,033
Total liabilities and net position	\$ 22,161,290	\$ 22,161,324	\$ 22,052,269	\$ 22,082,677	\$ 22,062,196	\$ 21,868,624	\$ 21,690,042	\$ 21,488,815	\$ 21,611,078

Statements of Revenues, Expenses and Changes in Net Position

WESTSIDE HEALTHCARE DISTRICT

	MTD 3/31/26	MTD 2/28/26	MTD 1/31/26	MTD 12/31/25	MTD 11/30/25	MTD 10/31/25	MTD 9/30/25	MTD 8/31/25	MTD 7/31/25
Revenues and other support									
Patient services revenue, net	\$ 656,050	\$ 701,407	\$ 911,453	\$ 637,525	\$ 799,134	\$ 657,769	\$ 777,376	\$ 857,103	\$ 418,189
Contract revenues	130,239	114,787	171,549	134,161	126,592	115,586	115,292	162,754	110,171
Rents	4,143	4,143	4,143	3,385	1,531	1,531	1,531	1,531	1,531
Other revenues	1,097	901	2,503	785	700	2,124	4,189	902	714
Total revenues	791,529	821,238	1,089,648	775,856	927,957	777,010	898,388	1,022,290	530,605
Expenses									
Salaries and wages	415,801	394,179	420,154	430,156	437,195	408,592	371,113	414,888	382,548
Employee benefits	114,792	94,655	114,396	119,646	93,487	84,062	95,406	82,248	95,137
Professional Medical fees	157,373	131,912	161,337	151,893	165,278	129,962	127,435	160,212	187,868
Professional fees	36,040	13,303	11,850	19,306	9,035	15,245	13,655	10,259	14,828
Purchased services	27,195	74,786	72,481	80,368	90,868	83,847	87,576	72,998	182,519
Supplies	71,515	48,977	68,066	49,129	50,872	90,540	76,449	51,790	40,051
Repairs and maintenance	22,475	16,254	34,930	17,006	13,972	12,365	19,289	20,497	17,381
Rents	2,064	1,575	2,016	1,810	1,937	1,951	1,565	1,574	1,803
Utilities	7,429	11,439	12,318	12,195	11,960	11,626	12,116	16,729	18,531
Travel, meeting and conferences	3,137	2,245	4,151	(330)	575	1,315	1,283	7,486	1,661
Recruiting	325	-	399	798	-	-	-	-	-
Insurance	19,486	19,486	19,486	19,391	20,287	19,217	19,051	19,051	18,969
Other expenses	11,788	9,320	15,191	6,509	4,547	18,084	15,901	9,062	16,268
Depreciation and amortization	50,500	50,500	50,500	50,500	43,500	43,500	43,500	43,500	43,500
Total expenses	939,921	868,630	987,276	958,376	943,513	920,306	884,339	910,294	1,021,065
Excess Expenses over revenues and other support	(148,392)	(47,392)	102,372	(182,520)	(15,556)	(143,296)	14,049	111,996	(490,460)
District Tax Revenues	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000
Income, Gains and Losses from Investments	1	-	86,158	4	1	94,900	1	3	2
Total Non operating Revenue	125,001	125,000	211,158	125,004	125,001	219,900	125,001	125,003	125,002
Increase(decrease) in net position	(23,390)	\$77,609	\$313,531	(57,515)	\$109,446	\$76,605	\$139,051	\$236,999	(365,458)

	6/30/2024	6/30/2025	12/31/2025	1/31/2026	2/28/2026	3/31/2026	Budget
Cash Positions	\$ 7,929,672	\$ 10,237,994	\$ 8,765,320	\$ 8,895,612	\$ 9,161,927	\$ 9,401,934	\$ 5,626,496
Operating Expense	8,429,089	10,250,224	5,630,605	6,625,038	7,493,800	8,433,719	11,300,726
	111,000	126,000	268,000	318,500	369,000	419,500	200,000
	8,318,089	10,124,224	5,362,605	6,306,538	7,124,800	8,014,219	11,100,726
days	366	365	184	215	243	274	365
	22,727	27,738	29,145	29,333	29,320	29,249	30,413
<u>Days Cash on Hand</u>	\$ 349	\$ 369	\$ 301	\$ 303	\$ 312	\$ 321	\$ 185
Current Assets	8,961,563	11,502,386	10,178,620	10,161,724	10,408,073	10,601,477	
Current Liabilities	534,355	746,342	1,085,030	749,971	779,827	803,184	
<u>Current Ratio</u>	16.8	15.4	9.4	13.5	13.3	13.2	> 1.5

West Side Health Care District
Outpatient Clinic AR

	0-30	31-60	61-90	91-120	121-150	151-180	181+	Total	AR Mix
MANAGED MEDI CAL	149,276	26,602	28,311	20,102	15,107	13,619	157,109	410,126	35.8%
MEDI CAL	297,221	3,199	3,361	3,253	1,325	1,744	25,875	335,978	29.3%
MEDICARE	17,854	9,091	12,137	5,302	3,224	2,948	18,476	69,033	6.0%
MEDICARE ADVANTAGE	25,478	24,514	9,006	2,395	2,874	3,508	18,964	86,738	7.6%
MANAGED CARE GLOBAL FEE	1,638	1,182	692	436	187	430	1,660	6,225	0.5%
SELF PAY	2,600	1,887	1,932	350	410	336	4,499	12,014	1.0%
COMMERCIAL	51,322	24,265	15,992	10,907	6,346	6,262	89,291	204,386	17.8%
Employer Direct Billing	3,011	2,367	1,162	179	228	908	6,665	14,521	1.3%
WORKER'S COMPENSATION	1,143	201	924	-	600	-	4,381	7,248	0.6%
	549,544	93,309	73,517	42,925	30,301	29,755	326,919	1,146,269	100.0%

MANAGED MEDI CAL	36.4%	6.5%	6.9%	4.9%	3.7%	3.3%	38.3%	100.0%
MEDI CAL	88.5%	1.0%	1.0%	1.0%	0.4%	0.5%	7.7%	100.0%
MEDICARE	25.9%	13.2%	17.6%	7.7%	4.7%	4.3%	26.8%	100.0%
MEDICARE ADVANTAGE	29.4%	28.3%	10.4%	2.8%	3.3%	4.0%	21.9%	100.0%
MANAGED CARE GLOBAL FEE	26.3%	19.0%	11.1%	7.0%	3.0%	6.9%	26.7%	100.0%
SELF PAY	21.6%	15.7%	16.1%	2.9%	3.4%	2.8%	37.4%	100.0%
COMMERCIAL	25.1%	11.9%	7.8%	5.3%	3.1%	3.1%	43.7%	100.0%
Employer Direct Billing	20.7%	16.3%	8.0%	1.2%	1.6%	6.3%	45.9%	100.0%
WORKER'S COMPENSATION	15.8%	2.8%	12.7%	0.0%	8.3%	0.0%	60.4%	100.0%
	48%	8%	6%	4%	3%	3%	29%	100.0%

MANAGED MEDI CAL	85,088	15,163	16,137	11,458	8,611	7,763	22,388	166,608	
MEDI CAL	264,230	2,844	2,988	2,892	1,178	1,550	11,502	287,183	
MEDICARE	13,926	7,091	9,467	4,136	2,515	2,299	3,603	43,037	
MEDICARE ADVANTAGE	13,096	12,600	4,629	1,231	1,477	-	-	33,033	
MANAGED CARE GLOBAL FEE	1,540	1,111	651	410	176	-	-	3,887	
SELF PAY	1,357	985	1,009	183	-	-	-	3,533	
COMMERCIAL	21,709	10,264	6,765	4,614	-	-	-	43,352	
Employer Direct Billing	1,957	1,539	755	116	148	590	-	5,106	
WORKER'S COMPENSATION	583	103	471	-	-	-	-	1,157	
Est NRV @ FPE 3/31/26	403,485	51,700	42,871	25,040	14,105	12,203	37,492	586,896	51%
Contractual Allowance								559,373	49%

ITEM 8 A



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Laboratory Electrical Safety	REVIEWED: 3/27/16; 3/1/17; 3/28/18; 3/27/19; 01/10/22; 05/04/24; 03/23/26
SECTION: Safety	REVISED:
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Laboratory Electrical Safety

Objective: To present an overview of the Laboratory electrical safety policy.

Response Rating: Mandatory

Required Equipment:

Procedure:

All employees will be educated in and follow these guidelines for electrical safety:

- All electrical equipment will be regularly inspected and serviced per the Clinic's preventive maintenance program.
- All employees will be trained in the proper handling and operation of equipment prior to use.
- All electrical equipment will be inspected prior to use. If any damage is noted to the electrical cords, junction, or casing, do not use.
- Never use electrical equipment on wet surfaces.
- Never yank electrical cords from outlets.
- Never leave electrical cords across walkways or door openings.
- Never use electrical equipment that does not have a grounded plug.
- All laboratory instruments and appliances are adequately grounded and checked for current leakage before initial use, after repair or modification and when a problem is suspected. If a new instrument is installed or initially checked by the manufacturer, the laboratory will have the required check performed at the next preventive maintenance cycle.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Contagious Patient	REVIEWED: 1/28/16; 2/16/17; 10/25/18; 9/27/19, 1/7/20; 6/22/20; 8/12/21; 01/10/22; 05/04/24; 03/23/26
SECTION: Infection Control	REVISED: 1/7/20; 6/22/20; 8/12/21; 04/14/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Contagious Patient

Objective: To contain and limit the spread of contagious illnesses and/or conditions to patient's in the waiting Room, x-ray areas and clinic personnel.

Definitions: Contagious Disease- A communicable disease that can spread rapidly from person to person through direct contact, indirect contact, or droplet contact. A communicable disease is suspected when a patient exhibits symptom(s) as defined by the Centers of Disease Control and Prevention (CDC).

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. Signage will be posted on all entry doors advising patients who are presenting with a communicable disease or exhibiting symptoms of a communicable disease as defined by the CDC to not enter the waiting room. Patients are to send in friends/family members to advise staff of a potential infectious condition before entering or may call the Clinic from their vehicle parked on the premises.
2. The receptionist, nurse, or medical assistant will not make a definitive diagnosis but will document visible signs of contagious disease and present that information to the practitioner.
3. Clinic patients, who are potentially contagious will be instructed to enter through the east or north staff entrance door.
 - a. Patients presenting at the clinic with a communicable disease may be required to wear a facemask or face covering to protect clinic staff and other patients.
 - b. When rooming contagious patients' staff members should utilize judgement when determining the safest route of entry and exit for the patient that best safeguards other clinic patients and staff members. In some instances the front entrance may be utilized after first contacting the licensed staff member or provider.
4. Outside Radiology Patients, who are potentially contagious will be instructed to enter though the south door of Building B.

5. Room 4 and Room 12 will be used for potentially contagious patients.
 - i. .
 - a. Staff members should consult with the licensed staff and provider when determining where a contagious patient should be treated.
6. All registration, discharge, and any billing functions will be performed in the patient room.
7. Personnel assisting the potentially contagious patients will wear personal protective equipment (PPE) as designated by the provider and CDC.
 - a. Contact precautions (measles-like rash, poison oak/ivy): gloves, gown, mask.
 - b. Airborne and Droplet precautions (suspected tuberculosis, H1N1, COVID-19, suspected COVID-19): gloves, gown, N95 mask, eye protection.
8. If applicable the patient will be discharged through the back exit.
9. The provider will advise staff of any preventive measures or treatments required after a potential exposure from a contagious patient.
10. Exposure that may cause any illness, injury or side effects to staff, or other patients will be reported on an incident report and sent to the Clinic Director immediately. The Clinic Director will meet with the Medical Director, Executive Director, and/or Human Resources to take appropriate steps to protect the staff and patients and provide treatment and/or access for any required preventative or required post exposure treatment.
11. Diagnosis of any communicable disease monitored by the County Health Department will be reported following the protocol and guidelines for Communicable Disease Reporting. Appropriate report forms will be completed.
12. Exam room will be cleaned with an approved disinfectant cleaner. All counters, exam tables, pillows and equipment in the room will be wiped with cleaner. If applicable floors will be damp mopped. Where possible, windows will be opened to allow for the exchange of fresh air.
13. Room will be taken out of service for a minimum of 30-60 minutes unless otherwise directed by the Clinic Director or Provider.
 - a.
 - i. Suspected positive patients– Surface clean with approved cleaning product AND wet time per manufacturer guidelines. 30-60 minute rule does not apply for COVID-19 patients.
 - ii. Confirmed positive patient – Terminal clean (ALL Surfaces including floor) with approved cleaning product AND wet time per manufacturer guidelines. 30-60 minute rule does not apply for COVID-19 patients.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Cleaning Duties	REVIEWED: 1/28/16; 3/15/17; 2/28/18; 11/19/18; 10/29/19, 1/7/20; 01/10/22; 05/04/24; 03/23/26
SECTION: Infection Control	REVISED: 3/15/17; 2/28/18; 11/15/19; 1/7/20; 01/19/22, 04/09/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Cleaning Duties

Objectives: To limit the spread of nosocomial infections by maintaining a hygienic, sanitized environment.

Acuity Rating: Mandatory

Required Equipment: Germicidal solutions, general cleaning supplies, gloves.

Applies to: All Personnel

Procedure

1. All surfaces will be cleaned with an approved germicidal solution on a daily basis.
2. Exam tables will be covered with disposable paper covers and cleaned between patients with an approved germicidal solution.
3. All exam tables will be wiped with approved sanitizing wipe or spray at the end of the shift. This includes the underside of the table where applicable.
4. Blood or body fluids spilled will be cleaned up immediately by staff using an approved spill kit.
5. Sinks and door knobs will be cleaned in each examination room, between each patient encounter.
6. Thorough cleaning by a janitorial service will be performed 7 days per week after business hours.

Daily Cleaning

- a. Exam tables, chairs, wheelchairs, and gurneys will be wiped by staff with an approved germicidal wipe after each use.
- b. Spot cleaning of floors and walls is done as needed, using approved products only
- c. Front counters and patient chairs and tables will be wiped as needed using sanitizing wipes and/or sprays. (Frequently during infectious disease outbreaks ie: flu/viral infections.)
- d. Equipment contaminated with body fluids will be cleaned immediately.
- e. Waiting room, and restrooms will be monitored throughout the shift and shall be kept free of debris and remain in clean status.



Non-hazardous spills, non-biohazardous spills, and/or visibly soiled floors

- a. The spill area may be visibly cleaned with a dry or wet mop utilizing an approved product.
- b. In no circumstance is the dry or wet mop to replace the current approved disinfectant product for hazardous or biohazard waste.

Weekly Cleaning

- a. IV stands, vital monitors, cardiac monitors, laboratory equipment, and all medical equipment will be cleaned per manufactures' instructions using approved germicidal and sanitizing products.
- b. Laboratory, exam room, triage, front office, vitals areas, and nursing station counters will be cleaned and free of supplies, papers, notes, etc. and will be dusted behind and around computer equipment.
- c. Medication dispensing machine will be wiped down.
- d. Door handles will be wiped.
- e. Trash can surface's will be wiped down.

Janitorial Cleaning Schedule

- a. Janitorial daily, weekly, and monthly cleaning tasks will be posted in the janitorial closet and on the shared folder.

Communication with Janitorial Service

A communication log for the janitorial service will be kept in Clinic Directors office. Any concerns or non-urgent task that needs to be addressed will be written in the Housekeeping Communication Log. Any issues with the janitorial service will be addressed with the Clinic Director.

Hazardous Conditions/ Broken Equipment/building damage

- a. Conditions that have a potential to cause harm/injury to patients and/or staff are to be reported to the Clinic Director or Executive Director immediately. A maintenance form will be completed and faxed following telephonic notification of the hazard.
- b. Areas affected by hazardous conditions will be taken out of service and marked as restricted from use.
- c. Equipment which is broken or functioning outside of approved parameters will be removed from service and marked DO NOT USE, SERVICE/REPLACEMENT PENDING.
- d. Where hazardous conditions, broken equipment, and/or building damage put patients and/or personnel at risk, the Clinic Director, Executive Director and/or the District Board of Trustees may make the decision to close the clinic to use until the hazardous conditions, damage, etc. are resolved.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: BLUE SHIELD ELIGIBILITY VERIFICATION	REVIEWED: 2/10/16; 2/15/17; 2/28/18; 11/19/18; 4/2/20; 03/02/2022; 04/04/24: 04/23/26
SECTION: ADMITTING	REVISED: 4/20/20; 04/15/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Blue Shield Eligibility Verification

Objective: To ensure insurance eligibility for patients covered by Blue Shield.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Blue Shield members must be verified at <https://www.blueshieldca.com/provider/account-tools/login/home.sp> or Availity.
2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.
3. If using the Blue Shield verification process:
 - a. Log in on the Blue Shield website: <https://www.blueshieldca.com/provider/account-tools/login/home.sp>
 - b. Enter subscriber ID
 - c. Enter date of birth
 - d. Select Submit
 - e. Save eligibility information to patient chart
4. If a patient arrives at the Clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of the patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Billing Personnel - Organization	REVIEWED: 2/10/16; 12/16/16; 10/30/17; 7/30/18; 6/16/19; 6/19/20; 5/5/22; 04/04/24; 03/23/26
SECTION: Administrative	REVISED: 12/19/16; 7/30/18; 6/19/20; 04/08/24; 04/13/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Billing personnel - organization

Objective: The Clinic Director, Business Manager, and Executive Director will be the liaisons between the EMR vendor and the medical staff. Billing procedures are delivered according to policies and procedures that have been authorized by the Governing Body.

1. To clarify administrative and supervisory responsibilities for the billing personnel.
2. To delineate areas of responsibility.
3. To clarify determination of billing staff hours.
4. To determine the evaluation of patient billing.
5. To identify the methods used for patient billing.

Response Rating:

Required Equipment:

Procedure:

1. Billing hours are 8:00am – 5:00pm, Monday through Friday.
2. Evaluation of billing procedures will be performed. The following methods may be used to determine quality and appropriateness of billing procedures:
 - a. Quality Assurance Program
 - b. Patient need and satisfaction (verbal and/or written)
 - c. Monthly receivable report and monthly accounts payable report
 - d. Collection by Insurances report
 - e. Census reports
3. The Executive Director, Clinic Director ,Business Manager will meet to discuss billing related issues.



4. The Business Manager or their designee is responsible for submitting claims from the EMR using the missing slips, claims on hold, and manager hold “buckets”.
5. The Business Manager or their designee will work closely with the Medical Director. This is to ensure providers complete medical record documentation timely and completely with the goal of providing an accurate, detailed record of care and proposed follow-up course of care. Including diagnosis and procedure codes as appropriate.
6. The Business Manager or their designee, will ensure timely follow-up of billing related correspondence. This will also include balance due correspondence to self-pay patients with an open balance. Actions taken, must be documented within the appropriate data capture fields in the EMR’s billing functionality.
7. The Business Manager or their designee, will work closely with the District Accounting Department, to identify and audit credit balance accounts. They will also bring those accounts to the attention of the Executive Director for review and follow-up, including the issuance of a refund check via the District Accounting Office or a requested “take back” requested of the insurance payor.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: PATIENT WITH URGENT COMPLAINT OR DISTRESS	REVIEWED: 2/10/16; 2/16/17; 2/27/18; 12/20/18; 6/19/20; 03/31/22; 04/04/24; 03/23/26
SECTION: ADMITTING	REVISED: 04/15/24; 04/14/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Patient with Urgent Complaint or Distress

Objective: To assure patients with urgent medical conditions are directed to care as required based on their medical condition.

Response Rating:

Required Equipment:

Procedure:

When a patient presents to the Clinic with an urgent complaint or in distress, defined as:

- a. Acute chest pain
- b. Acute abdominal pain
- c. Active labor
- d. Disabling headache
- e. Fever
 - i. Temp >100.5 for all patients.
- f. Uncontrollable vomiting
- g. Uncontrollable bleeding
- h. Possible fracture
- i. Head trauma
- j. Shortness of breath
- k. Altered mental status
- i.l Syncope (Fainting or Passing out)
- m Allergic Reaction



n. Blood pressure

i. Blood pressure $\geq 180/120$.

ii. Blood pressure $\leq 90/60$.

1. Registration personnel will immediately request the lead licensed or medical screening designee and direct them to the patient in question. If needed, personnel will activate the Rapid Response Team.
2. If no nurse (RN/LVN) or medical screening designee is on duty, registration personnel will inform the practitioner about the patient in question. If needed personnel will activate the Rapid Response Team.
3. The nurse/practitioner will follow the current Initial Patient Contact and Medical Emergency policy.
4. If the patient is accompanied by a friend or family member, ask that individual for patient demographic information so as to complete a registration and open the EMR for use.
5. If the patient is unaccompanied or their companion is unable to provide the requested information, obtain the information from the patient after the practitioner has seen them and they are deemed able to respond to queries.
6. If the patient is unable to complete a sign in sheet, personnel may interview the patient and obtain the information verbally and enter that information into the EMR.
7. If the patient is in extremis, provide lifesaving treatment and call 911. Input of demographic information into the EMR becomes a low priority task.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Registration Of Established Patient	REVIEWED: 5/5/16; 4/28/17; 3/1/19; 6/19/20; 03/31/22; 04/04/24; 03/23/26
SECTION: Admitting	REVISED: 5/5/16; 3/15/18; 3/20/19; 04/17/24; 04/13/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Registration of established patient

Objective: To register the patient quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner. If other patients are ahead of them, ask the patient to sign in on the sign-in sheet. If there are no other patients waiting, ask the patient for their name and date of birth, locating them in the EMR for registration purposes, while locating the patient in the EMR ask them to begin filling out their sign in sheet.
2. Ask the patient for their insurance card(s) and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily, if they have completed the sign in sheet. If the patient brings an incomplete sign in sheet, proceed to ask if they would like help completing the form. (The sign in sheet should be completed at every visit).
4. Using the information provided on the sign in sheet or as a result of information received directly from the patient, search patient's date of birth and name
5. Select the correct patient.
6. If a walk-in patient, add to the schedule for the time of arrival by clicking time slot on walk-in schedule and adding name. Indicate in their reason for visit the time of arrival as well as that they are a walk in.
7. Verify patient's insurance eligibility.
8. Verify correct information is entered in the patient's demographics in EMR.
9. Verify the patient's emergency contact name and phone number.



- a. Request an alternative emergency contact phone number other than the patient's primary phone number.
 - b. If the patient denies an emergency contact, select "other" as the relationship of their emergency contact" and enter "000-000-0000" for the emergency contact number.
10. Scan the patient's insurance cards and photo identification into the EMR.
 11. Ask the patient to sign any required forms after confirming the patient's PCP and entering the information in the EMR.
 12. Scan the signed forms into the EMR.
 13. Collect any required co-payments. Provide the patient with a receipt for their payment.
 14. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient's insurance or arrival time.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Splints/Ace Wraps	REVIEWED: 2/4/16; 2/16/17; 3/28/18; 3/27/19; 6/1/21; 02/01/24
SECTION: Clinical	REVISED: 2/16/17; 06/24/21, 03/19/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Ace Wraps & Splints

Objective: To protect, secure and immobilize an injured extremity.

Acuity Rating: Mild to moderate

Required equipment: Ring cutter, cold pack, Ace wrap, splinting material, sling, gauze, and/or cotton as per physician's written order.

1. In case of a finger, wrist, hand or upper extremity injury, always remove any jewelry (rings, watch, bracelet) from extremity.
 - a. The ring cutter may be used by the practitioner if the item cannot be successfully removed with the aid of cold soaks or lubrication.
 - b. Should the patient refuse to allow the use of a ring cutter, or removal of a ring, the patient will be required to sign a statement of refusal which should include language stating that the patient understands non-removal of the item may impair circulation and cause further damage. This statement should include language that releases the clinic from any liability in the event that further injury/damage occurs. A copy of this statement will be attached to the patient chart, and a copy given to the patient.
2. Elevate the extremity and apply a cold pack.
3. Applying a dressing to an extremity:
 - a. When applying an ace wrap, taking care not to wrap the ace too tightly. Too tight a wrap may impair circulation.
 - b. Medical Assistants may not independently apply ace wraps unless they have received specific certification.
4. The following are guidelines for wrapping specific areas:
 - a. Toes: "buddy -tape" the toe and the next toe with 1/2" adhesive tape. Place a cotton or gauze between the toes to absorb moisture. Advise patient to wear firm-soled shoes, not tennis shoes. The practitioner may place the patient in a surgical shoe for this purpose.
 - b. Fingers: use the finger splints provided, and either tape or wrap the splint in place with 2" tape or



— coban per the provider's order. =. Ace wraps may not be applied by a Medical Assistant.

- c. Ankles: if using a splint. A sock (stockinette) should be placed between the splinting material and the skin to prevent skin breakdown.. A laced- up ankle brace may be used.
 1. If applying a posterior splint to the ankle, place the ankle in 90 degrees and apply the splint. The splint should extend from the metatarsal heads to two fingerbreadths below the fibular head. Moisten the splint material with room temperature water, as hot water may cause a burn to the patient when the splint hardens and heats itself. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
 2. If applying an ace-wrap to an ankle, always enclose the heel..
- d. Wrists: One may use a Velcro wrist splint provided.
 1. If a plaster splint is needed, it should extend from the distal palmar crease to two fingerbreadths below the radial head. Depending on the site of the injury, an ulnar gutter, radial gutter with thumb spica, sugar tong, or volar splint is appropriate
 2. If a sling is used it should be worn so the hand/wrist is higher than the heart at a 45-degree angle. Wrist should not droop over the end of the sling.
 3. Medical Assistants may not independently apply splint material unless they have received specific certification in splinting and casting.
5. Advise the patient to check for signs that the wrap is too snug, i.e.; digits look like “little sausages”, become blue, cold, tingle, or feel numb, in which case the wrap should be loosened. Practitioners ordering the application of wraps and/or splints must check the patient's neuro-vascular status including swelling, circulation above and below the injury, sensation, and ensure proper placement of the wrap/splint/cast.
6. Advise the patient of the following instructions:
 - a. Keep the extremity elevated.
 - b. Apply ice to the area, 20-30 minutes per hour when awake several times a day, for the first 48 hours. Make sure there is a protective barrier between the skin and the ice bag.
7. Document the procedure accurately in the patient's medical record.
8. Discharge patient with appropriate paperwork and instructions for continuity of care.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Registering Patient Grievance	REVIEWED: 1/28/16; 9/22/16; 9/8/17; 7/22/18; 6/16/19; 6/19/20; 5/5/22; 04/04/24; 03/23/26
SECTION: Administration	REVISED: 9/22/16; 6/16/19, 05/18/2022; 04/08/24; 04/14/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Patient Grievance

Objective: To give consideration to all grievances and concerns, as well as correct processes that are problematic, all patient grievances and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment:

Procedure:

1. Patient grievance regarding billing:
 - a. The Receptionist will explain the charges and insurance billing procedure.
 - b. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Billing Specialist for further breakdown of charges.
 - c. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Business Manager for problem resolution.
 - d. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the District Office for further discussion.
 - e. The Business Manager is responsible for responding to all patient billing grievances and completing the necessary documentation to track the grievance.
 - f. Patient grievances will be analyzed and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.

2. Patient grievance regarding services rendered (quality of care and/or customer service):



- a. The patient will be referred to the Front Office Lead or the Lead Nurse (Registered Nurse or Licensed Vocational Nurse) who will review and explain services rendered and attempt to resolve the patient's complaint.
 1. If the Lead Nurse is not available the patient will be referred to a Lead Medical Assistant.
- b. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Assistant Clinic Director who will review and explain services rendered and attempt to resolve the patient's complaint.
- c. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Clinic Director who will review and explain services rendered and attempt to resolve the patient's complaint.
- d. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Executive Director for further discussion.
- f. The Clinic Director will discuss all patient complaints concerning members of the medical staff, quality of care, patient safety and staff safety with the Medical Director and the attending provider if appropriate.
- g. Patient grievances will be analyzed and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.

Incident Reports

1. A record of the issue will be kept using an Incident Report.
2. The initial responding staff member is responsible for completing the Incident Report. The RN, LVN, Front Office Lead and Lead Medical Assistant will ensure the report is completed within 24 hours of the incident occurring and delivering it to the Clinic Director or the Assistant Clinic Director.
3. The Clinic Director will review all Incident Reports and submit the report to the Executive Director with a recommendation for further action if necessary.



4. The Incident Report will include a description of the event/complaint, involved persons, any necessary actions and resolution.
5. The Executive Director will review all incident reports, discuss the recommended action with the Clinic Director and determine if further actions are necessary.
6. The Clinic Director will submit all billing related Incident Reports to the Business Manager for follow-up.
7. All Incident Reports will be reported on in the QAPI meeting by the Clinic Director or designee.
8. Any Incident Reports with personnel actions associated with them will be discussed during closed session in the QAPI meeting.
9. Incident Reports will be filed at the District Office
10. Incident Reports are not a part of the Medical Record and should not be included in patient chart.

Patient Grievances – Section 504 Issues

1. Patient complaint regarding Section 504 issues will be completed according to the Section 504 Grievance Policy.

Outside Entity Grievance Process

1. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.
2. Patients may contact The Compliance Team, the Clinic's accreditation agency should they have a complaint or grievance. The Compliance Team can be reach by telephone at 888-291-5353 or via the internet at www.thecomplianceteam.org.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Registration Of New Patient	REVIEWED: 2/17/16; 10/30/17; 3/1/19; 5/5/22; 04/04/24; 03/23/26
SECTION: Admitting	REVISED: 12/5/16; 3/11/18; 3/20/19; 04/15/24; 04/15/26
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Subject: Registration of a new patient

Objective: To register patients quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner, asking them to fill out a sign-in sheet.
2. Ask the patient for their insurance card(s) and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily.
4. Using the information provided on the sign in sheet, search patient's date of birth in the Electronic Medical Record (EMR) using the search function, then check for a patient with the same name and date of birth.
5. If patient is not found in the EMR, this indicates the patient is new to the Clinic.
6. Add the patient 's demographic information.
7. Add the patient's emergency contact name and phone number.
 - a. Request an alternative emergency contact phone number other than the patient's primary phone number.
 - b. If the patient denies an emergency contact, select "other" as the relationship of their emergency contact" and enter "000-000-0000" for the emergency contact number.
7. Verify patient's insurance eligibility or enter employer information if this is an Employer Paid Service



Vist.

- a. Patients who present for Employer paid or Workers Compensation services must present an employer's authorization for treatment.
 - b. Employers may send written documentation with the patient, may fax the documentation to the clinic, or may call the Clinic with permission.
 - c. Urine drug screens, physical examinations, and first aid care are billed to the employer. Work injuries not categorized by the provider as first aid will be billed to the employer's current Workers' Compensation Insurance carrier.
8. Scan the patient's insurance cards and photo identification into the EMR.
 9. Ask the patient to sign the required consent forms, after confirming the patient's PCP and entering same in the EMR under Care Team. Enter the patient's preferred pharmacy and laboratory.
 10. Scan the signed forms into the EMR.
 11. Collect any required co-payments. Provide the patient with a receipt for their payment.
 12. Provide the patient with Privacy Practice Brochure, CAIR Disclosure and Patient Rights and Responsibilities handout in the patient's preferred language. Update the CAIR and Privacy Practices radio buttons on the registration page and update the patients preferred form(s) of communication from the consent.
 12. If the patient arrives with a serious illness or injury that requires immediate medical attention as identified in the "Patient with urgent complaint of distress" policy, treatment will begin immediately regardless of the patient's insurance or arrival time.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Website Patient Portal Information	REVIEWED: 09/29/2016; 9/8/17; 7/22/18; 6/16/19; 6/19/20; 5/5/22; 05/04/24; 03/23/26
SECTION: Administration	REVISED:
EFFECTIVE: 04/23/2026	MEDICAL DIRECTOR:

Policy: Patients, parents and/or guardians are entitled and encouraged to have access to their health information to enable them to understand and participate in their care and treatment with our Clinic providers. Such information will be made available by granting secure access through a patient portal in the West Side Health Care District website www.wshcd.org.

Objective: Each patient, parent or guardian will be informed on how to access the online patient portal. An information flyer or brochure will be developed that indicates the website is available for general information regarding the District and West Side Family Health Care. An individual portal on the website will enable the patient to have private and secure access to make/keep appointments; view their medical record, view selected laboratory/radiology results and update their demographic information.

Required Equipment: None

Procedure:

1. During the patient check-in process, the clinic will provide the patient with an instructional flyer on how to register on the online patient portal. The flyer will include the following instructions:
 - a. Go to West Side Family Health Care website, <http://www.wshcd.org/>
 - b. Click on 'Patient Portal Login' link
 - c. Click on 'Sign up today' link
 - d. Enter required information and click 'continue'
 - e. Choose an option to receive a temporary passcode
 - f. Retrieve temporary passcode and enter passcode
 - g. Choose a primary care provider and click 'continue'
 - h. Set a new password, click 'I have read and accepted Terms...' and click 'continue'
 - i. Navigate through Patient Portal Dashboard for desired health information



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Administering Antipyretics in Febrile Patients	REVIEWED: 1/28/25
SECTION: Clinical	REVISED: 03/31/26
EFFECTIVE: 02/27/2025	MEDICAL DIRECTOR:

Subject: Standardized procedure for Administering Antipyretics (Fever Reducing Medication) in Febrile Patients greater or equal to 100.5 degrees Fahrenheit

Objective: To define and clarify antipyretic medication that may be administered by a qualified clinical nursing/medical assistant for patients presenting with fever greater or equal to 100.5 degrees Fahrenheit

Response Rating:

Required Equipment: Thermometer (Oral, Tympanic, Rectal, Axillary), scale in kilograms (Adult, Infant), patient medical record, fever reducing medications: acetaminophen or ibuprofen

Procedure:

After completion of training and documentation of demonstrated competency of obtaining accurate patient temperatures and after obtaining a pertinent past medical history, current medications and allergies, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to administer the proper dose of the appropriate fever reducing medication (acetaminophen or ibuprofen) based on clinical protocol.

Pediatric Patient Dosing

1. Acetaminophen (Tylenol) Administer 15mg/kg by mouth to max dose of 600mg
 - a. Contraindications
 1. Allergic
 2. Liver Disease
 - b. If neonate/infant less than 30 days consult a provider



2. Ibuprofen (Motrin) Administer 10mg/kg by mouth to a max dose of 400mg
 - a. Contraindications
 1. Allergic
 2. Less than 6 months of age
 3. Consult provider before administering if 1 hour or less since Tylenol or Motrin dose at home
 4. If > than 2 hours since home dose of Tylenol or Motrin may administer a dose of different antipyretic.
 - a. i.e. Tylenol given at home, administer Motrin.

Adult Patient Dosing

1. Acetaminophen (Tylenol) 500mg-1000mg by mouth to max dose of 1000mg
 - a. Contraindications
 1. Allergic
 2. Cirrhosis
 3. Liver Cancer
2. Ibuprofen (Motrin) 200mg-400mg by mouth to a max dose of 600mg
 - a. Contraindications
 1. Allergic
 2. Pregnancy
 3. Stomach Ulcer
 4. Severe Heart Failure
 5. Chronic Kidney Disease
 6. Kidney Failure



Administration and Documentation

1. Nursing/Medical Assistants will obtain an accurate temperature, collect a past medical history with current medications and allergies, and identify contraindications to fever reducing medications.
 - a. Contraindications will be noted on patient intake and reported to the provider
2. Nursing/Medical Assistants will obtain an accurate weight in kilograms (kg).
3. Prior to administration, Nursing/Medical Assistants will utilize the approved Standardized Procedure for Fever Reducing Agents order set in the electronic medical record (EMR) to select the appropriate fever reducing medication (Tylenol or Motrin) elixir/suspension or tablet.
 - a. Elixir/suspension orders for Tylenol or Motrin will calculate dosing based on weight for Pediatric Patient Dosing (≤ 40 kilograms)
 - i. Nursing/Medical Assistant staff will enter the correct patient weight (in kilograms) into the weight calculator to determine the dose based on weight.
 - ii. If a pediatric patient is > 40 kilograms, consider Adult Patient Dosing
 - b. Tablet orders for Tylenol or Motrin will be utilized for Adult Patient Dosing or Pediatric Patients > 40 kilograms.
4. Nursing/Medical Assistants will present accurate patient information, including medication and dosage to available provider for verification prior to administration of medication .
5. Nursing/Medical Assistants will document all required medication administration details in the EMR.
6. Nursing/Medical Assistants will reevaluate effects of fever reducing medication by obtain an additional temperature 30-60 minutes after administration. Temperature will be documented in the EMR.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Infection Control - Overview	REVIEWED: 1/28/16; 2/16/17; 2/2/18; 11/15/18; 10/29/19, 1/7/20; 01/27/22; 05/04/24
SECTION: Infection Control	REVISED: 2/16/17; 11/15/18; 1/7/20; 1/19/22
EFFECTIVE: 05/23/2024	MEDICAL DIRECTOR:

Subject: Infection Control

Objective: Staff will follow infection control policies in order to protect themselves and others from contaminated materials.

Response Rating: Severe

Required Equipment:

Procedure

1. Hands
 - a. Each examination room will have soap and/or alcohol-based gel hand sanitizer which will to be used before and after the care of each patient.
2. Instruments
 - a. Instruments are to be sent to the sterilization process area for sterilization.
 - b. Single use implements are to be properly disposed of after single use. Single use implements will never be sterilized and re-used.
3. Thermometers
 - a. The oral digital thermometer will be marked ORAL and used with disposable plastic covers, orally, only.
 - b. The rectal digital thermometer will be marked RECTAL and used with disposable plastic covers, rectally, only
 - c. The temporal scan thermometer will be sanitized between uses, per manufacturer's recommendation.
4. Room cleaning
 - a. Routine cleaning is the responsibility of the janitorial staff.



- b. The Clinic staff is responsible for the cleaning of examination tables, chairs, and door handles with a germicidal solution after each patient visit and after any spills or contamination. Refer to the policy: Exam Table and Exam Room Cleaning and Disinfecting.

5. Contaminated Materials and Garbage Collection

- a. Contaminated materials (hazardous waste) shall be bagged, tied with overhand knot, and transported to the infectious material pick-up area. Janitorial staff trained annually in biohazard handling may transport hazardous waste from red biohazard waste bins to biohazard waste closet nightly.
- b. Non-contaminated materials (garbage) are to be placed in plastic bags to be picked up by Housekeeping Service each day.

6. Biologicals

- a. Biologicals will be stored in the refrigerator located in the medication room.
- b. Dated materials are to be checked once a month and discarded according to the Sterile Shelf Life policy.

7. Syringes and Needles

- a. Syringes and needles shall be of disposable material and discarded in appropriate sharps containers located in each examination room.

8. Contaminated Wounds

- a. All cases are to be treated as having been possibly contaminated.
- b. Disposable materials will be wrapped and placed in a red infectious waste bag.
- c. The infectious waste bag shall be disposed of according to the procedure for Contaminated Materials.

9. Airborne Pathogens

- a. Patients who are coughing and/or sneezing will be offered a disposable mask and asked to wear same, in order to reduce exposure of other patients, guests and staff members.



- b. After patient care has been completed and the patient has vacated the examination room, assigned staff will don gloves and clean the room surfaces (door knobs, examination table, guest chairs, counter top). Refer to the policy: Exam Table and Exam Room Cleaning and Disinfecting.
- c. Staff will utilize the cleaning products approved by the Infection Control Committee and issued by the Housekeeping Service. After cleaning is completed, the room will be taken out of service (for a minimum of 15 minutes, maximum of 60 minutes), allowing the damp surfaces to air dry.

10. Personal Protective Equipment (PPE)

- a. Staff will utilize PPE when scrubbing soiled implements pending sterilization.
- b. Staff will utilize PPE when working with contagious patients.
- c. Staff will utilize N95 masks when working with patients who are suspected to have or have been diagnosed with aerosol transmissible disease (ATD) which is transmitted by either inhaling particles/droplets or through direct contact between particles/droplets and mucous membranes in the respiratory tract or eyes.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Kern Health Systems Linguistic Services	REVIEWED: 5/26/16; 6/1/17; 6/4/18; 4/20/19; 7/7/20; 06/07/22, 05/21/24
SECTION: Administration	REVISED: 06/07/22
EFFECTIVE: 06/27/2024	MEDICAL DIRECTOR:

Subject: Linguistic services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in Clinic agreement(s) with Kern Health Systems as well as Title VI of the Civil Rights Act of 1964.

Objective: To provide guidelines for the provision of linguistic services including access to interpretive services for Kern Health Systems members.

Response Rating: Mandatory

Required Equipment:

Definitions:

Limited English Proficient (LEP): A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.

Limited English Proficient Members: Any KHS member who is considered limited English proficient, including those who speak a language other than one of the threshold languages identified by the Department of Health Services for Kern County.

Threshold Languages: Languages spoken by LEP population groups that meet a numeric threshold of 3,000 eligible beneficiaries residing in a county and/or languages spoken by a population of eligible LEP beneficiaries residing in a county, who meet the concentration standard of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.

Procedure:

1. Access
 - A. Interpreters must be made available as needed by face to face or telephone encounters with physicians, physician extenders, registered nurses, or other personnel who provide medical or health care advise to members.



- B. Interpreter services are available for KHS members 24 hours a day.
- C. Clinic personnel may not require or suggest to patients that they must provide their own interpreters.
- D. Family members and/or friends are discouraged from performing interpretive services for patients. The use of family or friends may jeopardize the quality and/or accuracy of information that is relayed to patients and may also present a hardship if the family member or friend must deliver confidential information.
 - i. If the patient refuses interpreter services from someone other than family or friend, staff will ask the patient to complete and sign the Interpreter Choice by Patient form.
 - ii. Completed form will be placed in the patient's medical record.
- E. Providers and/or Clinic staff that are designated as qualified interpreters should assist patients with their language needs.
- F. In the event that the patient's language needs are not met by on-site Clinic personnel Kern Health Systems will provide interpreter services.
 - i. KHS has a contract with AT&T Language Line to provide assistance in 200 different languages, 24 hours a day, seven days a week.
- G. Telephone service
 - i. During regular business hours (Monday through Friday 0800-1700) the Clinic may contact KHS Member Services Department to reach a staff interpreter or may request access to services through AT&T Language Line.
 - ii. After regular business hours (Monday through Friday 1701 – 0759, Saturday and Sunday, Holidays) the Clinic may contact the KHS 24 hour Telephone Triage Line and request to be connected to the AT&T Language Line. Use of the Language Line is documented and forwarded to KHS.
- H. One-on-One Services
 - i. KHS members or Clinic personnel may request one-on-one interpreting services. During regular business hours the Clinic may contact KHS Member Services to arrange for one-on-one interpreting services.
- I. Documentation
 - i. All providers are required to document the KHS member's language in the medical record. Requests or refusals for interpreter services by KHS members must also be indicated in the member's medical record.



Reference: Kern Health Systems Policies and Procedures Cultural and Linguistic Services (Index Number 3.71) effective November 18, 2015.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Health Professional Recruitment & Retention Plan	REVIEWED: 12/01/21, 06/20/24
SECTION: Safety	REVISED:
EFFECTIVE: 12/16/21	MEDICAL DIRECTOR: Ronald Ostrom DO

Subject: Physician Recruitment & Retention Plan

Objective: To recruit and retain qualified health professionals (MD, DO, NP, PA etc.) to provide quality patient health services to underserved populations in a Health Provider Shortage Area and a Rural Designated Area.

Definitions:

- I. Health Professional Resiliency & Burnout- Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals “bounce back” after challenges while also growing stronger. Resilience is a key to enhancing quality of care, quality of caring, and sustainability of the health care workforce. Health Professional burnout is defined as a long-term stress reaction characterized by depersonalization. This can include: Cynical or negative attitudes toward patients. Emotional exhaustion. A feeling of decreased personal achievement.

Procedure:

Recruitment

1. Qualified Health Professionals (MD, DO, NP, PA etc.) will be recruited on an ongoing basis by the District Office.
2. It is the responsibility of the Executive Director with support from the Medical Director to develop ongoing Health Professional Recruitment strategies.
3. The Executive Director and Medical Director will review patient volumes, patient referral trends, patient visit types, and other measures to identify Health Professional needs of the Clinic.
4. It is the responsibility of the Executive Director to draft, review, and execute and Health Professional Service Agreements.
 - i. All agreements specify expectations of the Health Professional and Goals of the Recruit and Practice.
 - ii. Health Professionals may be hired as employees (NP, PA) or contractors (MD,

- DO, PA, NP).
- iii. Depending on the Health Professionals classification (employee or contractor) they will be made aware of benefits of employment including PTO, CMEs, Flexible Scheduling, Training, Health & Retirement Benefits, access to NHSC loan forgiveness program, and others listed in the employee handbook or specified in an offer letter.
5. Health Professional Recruitment will be carried out in a manner that supports adequate staffing of Health Professionals so that clinician burn-out is reduced and that qualified professionals are hired to support the services of the clinic and needs of the patient.

Retention

1. It is the responsibility of the Executive Director with support from the Medical Director to develop ongoing Health Professional recruitment strategies.
2. Retention strategies may include, but not limited to: Compensation, bonus structure, flexible scheduling, CMEs, and training etc.
3. It is the goal of the District to retain both full-time, part-time, and per-diem providers. The hours of the clinic require the use of multiple provider types to ensure providers have the necessary support and skill sets to treat both primary care and urgent care patients.
4. All providers will receive on going feedback and review from the Medical Director to promote clinician resiliency in the form of chart review, annual performance review, and training.
5. The District is an equal opportunity employer that has an open door policy for all employees including its Health Professionals.
 - i. Health Professionals are encouraged to discuss workplace concerns with the Executive Director, Medical Director, and District Manager free of retaliation.
 - ii. It is the goal of the District to promote a workplace environment that supports its employees and contractors and fosters a team approach to delivering quality health care services.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Appointment Scheduling	REVIEWED: 1/28/16; 2/15/17; 2/23/18; 8/18/18; 8/2/19; 11/03/22
SECTION: Administration	REVISED: 2/15/17; 2/23/18; 10/12/22
EFFECTIVE: 11/17/22	MEDICAL DIRECTOR:

Subject: Appointment Scheduling

Objective: Patient appointments will be scheduled in an effort to manage/decrease patient waiting time, increase patient satisfaction, and manage clinic workflow.

Response Rating:

Required Equipment: EHR

Procedure:

1. Patients will be encouraged to schedule appointments in order to decrease wait time and improve workflow in the Clinic.
2. Patients will be scheduled in 15-minute intervals, unless otherwise indicated by the Provider, the visit type, or the patient's acuity.
3. When scheduling an appointment, staff will confirm the patient's address and telephone number as it is recorded in the Electronic Medical Record (EMR) and remind the patient that any co-payment required will be due.
4. If the patient has not been seen in the Clinic previously, staff will capture all patient demographic information, if time permits.
5. If the patient has not been seen in the Clinic previously, and their scheduled appointment is seven (7) or more days in the future, the Clinic will mail the new patient packet to the patient's mailing address with a note asking the patient to complete the enclosures and bring them to their scheduled appointment.
6. New patients will be asked to arrive at the Clinic before their scheduled appointment time, so that their demographic record and signed new patient documents may be entered into the EMR.
 - a. Patients who will bring completed paperwork with them should be asked to arrive 15 minutes before their scheduled appointment time.
 - b. Patients who will not bring completed paperwork with them should be asked to arrive 30 minutes before their scheduled appointment time.



7. All other scheduled patients not requiring paperwork will be asked to arrive 15 minutes before their scheduled appointment time.
7. Patients will be pre-registered the day before their appointment.
8. Patients that arrive late for their appointment will be rescheduled or may be seen as a walk-in patient addressing one chief complaint that as patient volume allows
 - a. Patients will be offered an alternative appointment date and time after communicating the patient's late arrival to the rendering provider.
 - b. Registration staff will notify the rendering provider of each late arriving patient prior to rescheduling the patient.
 - c. The rendering provider will decide if the late arriving patient will be accommodated or rescheduled.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Autoclave Spore Testing	REVIEWED: 1/28/16; 3/1/17; 2/28/18; 10/25/18; 9/27/19, 06/07/22; 05/21/24
SECTION: Infection Control	REVISED: 6/8/16; 3/1/17
EFFECTIVE: 06/27/2024	MEDICAL DIRECTOR:

Objective: To prevent the spread of nosocomial infections, and assure sterility of all sterile products autoclaved, spore testing will be performed daily.

Response Rating: Mandatory

Required Equipment: Autoclave, EZTest biological indicators

Procedure:

1. EZTest biological indicators will be utilized to monitor every sterilizer load.
2. Utilize two EZTest units in each sterilizer load.
 - A. In a horizontal position with the items being sterilized.
 - B. In least lethal locations in the load
3. Document the load on the autoclave log.
4. Select the required cycle and process the load.
5. Remove the load and EZTest biological indicators from the sterilizer and allow to cool for at least 10 minutes.
6. Retrieve the cooled EZTest biological indicators for incubation.
 - A. Activate the media by placing the indicator in an upright position in a plastic crusher.
 - B. Gently squeeze the crusher to break the glass ampoule.
 - C. Place the activated sterilized indicator in the incubator rack and incubate immediately for a minimum of 24 hours at 55-60 degrees Celsius.
7. Review the EZTest chemical and biological indicators.



- A. Confirm the chemical indicator on the label has changed from blue to black.
 - i. Indicator should turn from blue to black when exposed to steam.
 - ii. Black color of the label does not indicate acceptable sterilization.
 - B. Examine the biological media indicator at periodic intervals for color change.
 - i. The incubation time is 24 hours minimum per US FDA/RIT protocol.
 - j. The appearance of a yellow color indicates bacterial growth. No color change indicates adequate sterilization.
 - k. Record incubation results at minimum 24 hours after incubation time on the autoclave load log.
8. Act on a positive test (a color change of yellow) as soon as the color change is noted. Notify Clinic Director and do not release the load.
- A. Retest the sterilizer with several EZTest biological indicators if a positive test is noted.
 - B. Dispose of positive media indicators in biohazard, to be incinerated.
9. Abnormal results are to be reported to the Clinic Director immediately. The unit will be tagged and removed from service until device is determined to be functioning correctly and/or needs servicing by a Licensed Service Technician.
10. If service is required, complete a maintenance request form and present it to the Clinic Director.
11. Clinic Director will schedule servicing for the equipment or will delegate that responsibility to a staff member.
12. Daily Media Controls.
- A. Place an activated, un-sterilized EZTest biological indicator in the incubator daily as a positive growth control.
 - B. Examine the biological media indicator at regular periods for color change.
 - C. The incubation time is minimum 24 hours per US FDA/RIT protocol.
 - D. The yellow color is evidence of bacterial growth.
 - E. Record incubation results at minimum 24 hours after incubation time on the autoclave spore



- G. testing daily log.
 - H. Remove all positive indicators as the yellow color is noticed, and dispose of in biohazard waste.
 - I. If the positive control does not grow, stop use of units from open box and notify Clinic Director.
 - J. Clinic Director or designee will contact MesaLabs to confirm that remaining EZTest biological indicator of current box should be discarding or retained for use.
 - I. EZTest products are stored at room temperature.
 - J. Do not store indicators near sterilants or other chemicals.
 - K. EZTest products have a shelf-life designated on each box.
 - L. After sterilization, the contents of the EZTest biological indicator are hot and under pressure. Always allow to cool for at least 10 minutes. Failure to cool at least 10 minutes may cause the glass ampule to burst and may result in injury from hot liquid.
13. Should the user observe yellow media in the biological indicator upon removal from the product box, this unit should be discarded in the biohazard waste container.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Laundry and Linen	REVIEWED: 1/28/16; 2/16/17; 2/2/18; 12/20/18; 1/7/20; 01/10/22, 05/21/24
SECTION: Operations	REVISED: 1/7/20
EFFECTIVE: 06/27/2024	MEDICAL DIRECTOR:

Subject: Laundry and Linen

Objective: To ensure use of sanitary gowns, drapes, and other laundry/linen, wherever possible disposable patient gowns, drapes, and sheets will be utilized.

Response Rating:

Required Equipment:

Procedure

1. Disposable patient gowns will be available in a variety of sizes, consistent with the patients served in the Clinic.
2. Disposable drapes will be available in a variety of sizes, consistent with the procedures performed in the Clinic.
3. Disposable table paper will be utilized to cover examination tables/chairs and will be replaced between patients.
4. Cloth sheets will be utilized to cover the gurney located in Room 9 and will be replaced between patients.
5. Soiled sheets will be placed in the covered soiled laundry bin located in the locked Soils Closet in Corridors C and D or Housekeeping in Corridor A. Staff will utilize the nearest soiled laundry bin.
6. Should a patient require a blanket during their visit to the Clinic, a blanket will be provided.
7. When the patient no longer requires the blanket, the used blanket will be placed in the covered soiled laundry bin located in the locked housekeeping closet.
8. Linen/laundry service vendor will replace any used blankets, sheets, and towels as scheduled.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Medical Staff Reference Resources	REVIEWED: 1/21/20; 01/10/22, 05/21/24
SECTION: Medical Staff	REVISED:
EFFECTIVE: 06/27/2024	MEDICAL DIRECTOR:

Subject: Medical Staff Reference Resources List

Objective: The Medical Staff, under direction of the Medical Director, will maintain a list of approved medical reference resources. This list will be included in both the Policy and Procedure Manual and as a part of the Standardized Procedure Mid-Level Practitioners and will be reviewed and updated according to the Policy Development and Review policy.

Response Rating: Required

Required Equipment:

Procedure:

1. In-house protocols

- a. List of scheduled drugs (as a part of the formulary)
- b. Schedule II Patient Specific Protocol for Acute Conditions; Chronic, Acute, Recurring, and Persistent Limited Conditions; Severe Pain, Attention Deficit Hyperactivity Disorder

2. Examples of References

- a. Applicable West Side Health Care District protocols
- b. AACE/ACE Comprehensive Diabetes Management Algorithm available at <http://www.aace.com/publications/algorithm>
- c. American Academy of Family Physicians (aafp.org/online)
- d. Current Medical Diagnosis and Treatment, Lange Series, 2013
- e. Epocrates (epocrates.com)
- f. Ferri's Clinical Advisor, Ferri, F. 2015 or latest. Elsevier
- g. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. Fitzpatrick, MD, et al, 7th ed. 2013 or latest ed. McGraw Hill
- h. Medscape and emedicine. Medscape.com and emedicine.medscape.com
- i. National Heart, Lung and Blood Institute Guidelines_ nhlbi.nih.gov/guidelines
- j. Nurse Practitioner Prescribing Reference (NPPR) empr.com
- k. Procedures for Primary Care. Pheminger, J., & Fowler, G. 2011 or latest. Elsevier
- l. Uptodate.com all resources, articles and algorithms available to subscribers at UpToDate.com
- m. 2014 Evidence-Based Guidelines for the Management of High Blood Pressure in Adults: Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). James P.,



- n. Oparil, S., Carter, B., et al JASMA February 5, 2014; 311 (5) 507-520.
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**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: Product and Device Recall	REVIEWED: 4/26/16; 4/18/17; 3/28/18; 1/18/19, 1/7/20; 01/10/22; 05/21/24
SECTION: Clinical	REVISED: 1/7/20
EFFECTIVE: 06/27/2024	MEDICAL DIRECTOR:

Subject: Product and Device Recall

Objective: Effective management of product and device recalls

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize vendors who have a customer notification system in place that addresses recalls of supplies, medications, vaccines, oxygen canisters, and devices/equipment.

2. Upon receipt of notification from the vendor, Clinic leadership will review all inventories to determine if the item in question is present and, if so, will remove the item from use.
 - a. Exam Rooms
 - b. Supply Room
 - c. Medication Room
 - d. Vitals Areas
 - e. Nurses' Stations
 - f. Laboratory
 - g. Sterile Processing
 - h. Clean Utility
 - i. Soils Closets
 - j. X-ray suite

3. Vendor instructions will be followed, ensuring the item is returned or destroyed, appropriate credit applied, and replacement(s) ordered."



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: INCIDENT REPORTS	REVIEWED: 2/10/16; 2/17/17; 2/2/18; 9/21/18; 4/2/20, 03/02/22; 02/01/24
SECTION: ADMINISTRATION	REVISED: 9/21/18; 4/20/20; 03/02/22
EFFECTIVE: 02/22/2024	MEDICAL DIRECTOR:

Subject: Incident Reports

Objective: All unusual events shall be documented on an incident report form to provide proper documentation and follow-up and to support risk identification and trends.

Response Rating:

Required Equipment:

Procedure:

1. An incident report shall be completed promptly when any of the following events occur:
 - a. Medication error
 - b. Adverse drug reaction
 - c. Non-reconcilable narcotic medication inventory error
 - d. Patient accident
 - e. Employee accident
 - f. Visitor accident
 - g. Cardiac or respiratory arrest
 - h. Newborn delivery
 - i. Death
 - j. Hostile or threatening person
 - k. Theft of Clinic, patient, or employee possessions
 - l. Vandalism
2. The completed Incident Report will be forwarded to the Clinic Director— as soon as possible after the event occurs, but no later than 24 hours after the event. The completed Incident Report will then be forwarded to the Executive Director.
3. The problem description will be precise, concise, and accurate. It is not necessary to include details regarding any patient care treatment rendered. The description should include the result of action(s) taken and disposition(s).



4. All Incident Reports will be reviewed by the Medical Director, Clinic Director, and Executive Director. Follow-up action(s) shall be recorded in the Quality Assurance Performance Improvement meeting minutes.
5. The Incident Report is a confidential document and will be handled as such. Incident Reports are not part of the patient's medical record and will not be filed therein.
6. Incidents resulting in hospitalization or death require notification to The Compliance Team within 48 hours at QA@thecomplianceteam.org.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES**

POLICY: Exposure Control Plan	REVIEWED: 3/27/16; 3/01/17; 4/18/18; 3/27/19; 1/8/20; 01/10/22
SECTION: Infection Control	REVISED: 06/04/24
EFFECTIVE: 01/27/2022	MEDICAL DIRECTOR:

Subject: Exposure control plan

Objective: To ensure compliance with OSHA and FOSHA blood borne pathogen and universal precaution standards.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Exposure determination
 - a. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The job classifications in this category are nurse practitioners, physician assistants, registered nurses, licensed vocational nurses, medical assistants, radiology technicians.
2. Tasks and procedures that may expose employees to blood borne pathogens
 - a. The scope of occupational tasks and procedures that may expose Clinic employees to blood borne pathogens is rapidly changing. This is intended to be a general guideline against which all tasks can be measured.
 - b. Any tasks and procedures that could be reasonably anticipated to provide contact with the employee's skin, eye, mucous membrane, or blood with potential infectious materials are included. Potentially infectious material means:

The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial (joint) fluid, pleural (chest cavity) fluid, peritoneal (abdominal cavity) fluids, amniotic fluid,



saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV or HCV-containing culture medium.

3. Compliance methods

a. Universal precautions

- Universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials. See universal precautions policy.
- All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

b. Engineering and work practice controls

- Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees.
- Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized.
- The following engineering controls shall be utilized:
 - Disposable sharps waste containers
- The above controls shall be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:
 - Sharps containers shall be checked with each use and changed when three-quarters (3/4) full

c. Hand washing facilities

- See hand washing and glove use policies.



- ii. Hand washing facilities or hand sanitizers are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure and are located in each patient care area.
- d. Eyewash station
- i. The eyewash station will be easily accessible and unobstructed for ease of use to employees who are performing those tasks that may result in splashes of hazardous chemicals to the eye.
 - ii. The employee will be able to access the eyewash station within 10 seconds of exposure. The eyewash station will operate with a one-hand movement to initiate water flow. Hot water will not be available to the station. Once water flow has been initiated, the station will operate hands free with water flowing from both sides to the face and with sufficient force for the water to meet in the middle.
 - iii. The employee will flush eyes for 15 minutes holding both eyelids open.
 - iv. The eyewash station will be inspected weekly for ease of access, one hand movement water flow initiation, and hands-free operation. The inspection will last no less than 3 minutes.
- e. Needles
- i. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared, or purposely broken. They shall be immediately discarded into a labeled sharps container easily accessible to personnel and close to the area of their use. The containers shall comply with OSHA regulations.
 - ii. OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.



- f. Containers for reusable sharps
 - i. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate, hard-sided containers for the purpose of moving the item(s) from the patient care area to the designated sterilization area.
 - ii. Those containers should be sealable, puncture resistant, labeled with a biohazard label, and leak proof. The containers shall comply with OSHA regulations.

- g. Work area restrictions
 - i. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
 - ii. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
 - iii. All procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

- h. Specimens
 - i. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
 - ii. The container used for this purpose shall be labeled or color-coded in accordance with the requirements of the OSHA universal precautions.
 - iii. Primary containers that contain specimens which could puncture the container or are contaminated shall be placed within a secondary container which is puncture resistant and prevents leakage during the handling, processing, storage, transport, or shipping.
 - iv. Refrigerators or other storage areas where specimens are kept shall not contain food or drink. They shall be labeled in compliance with the OSHA universal precautions.



- i. Contaminated equipment
 - i. Equipment that has been contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping.
 - ii. Decontamination shall be performed as necessary unless the decontamination of the equipment is not feasible.

- j. Personal protective equipment
 - i. All personal protective equipment used at this facility shall be provided without cost to employees.
 - ii. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of time, which the protective equipment shall be used.
 - iii. Protective clothing shall be provided to employees and within the work area where exposure is reasonably expected to potentially infectious materials.
 - iv. All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to employees. The employer at no cost to employees shall make all repairs and replacements.
 - v. All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area.
 - vi. Gloves shall be worn where it is reasonably anticipated that employees shall have contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves shall be available in every patient care area. Specialized gloves, powderless or hypoallergenic gloves shall be made available to any employee requesting them. They shall be kept in an area central to the employee's workspace.
 - vii. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.



- viii. Rubber utility gloves, used during cleaning, may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if
 - ix. they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
 - x. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye/nose, or mouth contamination can reasonably be anticipated. This shall include work procedures that require pouring of potentially infectious liquids.
 - xi. Appropriate protective clothing, such as gowns, aprons, or similar outer garments that are impervious to liquids are to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and skin or clothing contamination can be reasonably anticipated.
- k. Contaminated work surfaces, containers, and glass
- i. All contaminated work surfaces shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as at the end of the day if the surface may have become contaminated since the last cleaning.
 - ii. All bins, pails, can, and similar receptacles shall be inspected and decontaminated monthly and as needed when there is evidence of leakage of waste onto the surface of the container. The Clinic staff shall assume responsibility and documentation of this shall be maintained.
 - iii. Any broken glassware, which may be contaminated, shall not be picked up directly with then hands. Broken glass clean up shall be accomplished using a broom and dustpan.
- l. Regulated waste disposal
- i. All contaminated sharps shall be discarded as soon as feasible in a sharps container. Sharps containers are located in each area in which sharps are used with potentially infectious materials.



- m. Waste handling
 - i. Waste that contains blood or other potentially infectious materials shall be placed in bags that confirm to the OSHA universal precautions in construction and color coding or labeling. They shall not be compressed and shall be collected and disposed in a manner consistent with the hazardous waste regulations of the state and federal government.
- n. Hepatitis B vaccine
 - i. All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.
 - ii. The vaccine shall be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- o. Employee tuberculosis protocol
 - i. Employee training
 - a. Upon employment all employees will be trained about TB transmission, symptoms, medical surveillance, and therapy.
 - ii. Employee surveillance
 - a. Upon employment, the Clinic offers the Mantoux skin test at no charge to employees.
 - The Mantoux test is also immediately offered to any employee who is exposed to known or suspected TB patients.
 - The Mantoux test is administered to any employee that presents with TB symptoms.
 - Mantoux tests are administered once as an initial baseline screen, every six months for workers with known exposure, and an annual TB Risk Assessment will be completed of all employees providing direct patient care
 - The physician/nurse practitioner for local health department will promptly evaluate any employee who has a positive PPD test.
 - Any employee that has active TB will be placed under the care of a physician, local health department or physician of employee's choice (as circumstances



- dictate). The medical director will remain informed of the employee's TB status through frequent updates provided by the selected healthcare provider.
 - Document exposures on the OSHA form 300, 300A, and 301.
 - b. Unless under the care of a providing physician, all TB test results should be CONFIDENTIALLY returned to the Human Resources Director.
- 4. Post-exposure evaluation and follow-up
 - A. Post-exposure evaluation
 - 1. When the employee incurs an exposure incident, it shall be reported to the physician who shall ensure that a personal accident/incident form and OSHA forms 300, 301A, and 301 are completed and that the physician or nurse practitioner sees the employee immediately. The following information must be included on the OSHA forms:
 - Name and SSN of employee
 - Date and description of incident
 - Type of PPE worn (or not worn)
 - 2. All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standards.
 - 3. Testing should occur as soon as possible. The employee will be tested for HBV, HCV, HIV/AIDS. If the employee declines to be tested they must sign a statement indicating their refusal to be tested and their serum should be saved for 90 days.
 - B. Interaction with health care professionals
 - 1. The physician shall provide a written opinion for the following post-exposure instances:
 - When the employee is sent to obtain the Hepatitis B vaccine.
 - Whenever the employee is sent to a health care professional following an exposure incident.
 - 2. The written opinion shall be limited to:
 - a. Documentation of the incident;
 - b. Identification and documentation of the source, unless prohibited by law;



- c. Determination of need for the employee to receive the Hepatitis B vaccine and if the employee has received the vaccine;
 - d. That the employee has been informed of the results of the evaluation; and
 - e. Instruction that should be given to the employee regarding any medical conditions that could result from exposure to blood and/or other potentially infectious materials.
3. The employee shall be provided a copy of this written opinion within 15 days of the completion of the evaluation.

C. Training

1. Training for all employee shall be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.
2. Training shall include the following explanation of:
 - The OSHA universal precautions for blood borne pathogens
 - Epidemiology and symptomology of blood borne diseases
 - Modes of transmission of blood borne pathogens
 - This exposure control plan
 - Procedures that might cause exposure to blood or other potentially infectious materials at the Clinic
 - Personal protective equipment available at the Clinic
 - Who should be contacted, and follow-up procedures concerning an exposure incident; post-exposure evaluation
 - Signs and labels used at the facility
 - Hepatitis B vaccine program at the Clinic
3. The training shall provide an opportunity for interactive questions and answers by a person knowledgeable in the subject matter.

D. Record keeping

1. Medical records
 - a. Shall contain requirements for documentation of incidents.
 - b. Records cannot be disclosed without consent.
 - c. Records must be maintained throughout employment plus thirty (10) years.



2. Training

- a. Dates, attendance, and SSN of attendees shall be documented.
- b. Records shall be maintained for a minimum of three (3) years.

5. Needlestick safety and prevention act

- A. Annually, the Clinic will review the Exposure Control Plan to ensure that it reflects changes in technology that will help eliminate or reduce exposure to blood borne pathogens.
- B. The Clinic will maintain a sharps injury log that ensures employee privacy and contain, at a minimum, the type and brand of device involved in the incident, if known; the location of the incident; and a description of the incident.



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: New Employee Onboarding and Annual Training	REVIEWED: 12/1/2016; 01/10/2022; 05/01/23; 02/27/24
SECTION: Administration	REVISED: 01/23/2020; 05/01/23, 03/12/24
EFFECTIVE: 03/28/2024	MEDICAL DIRECTOR:

Policy: This policy applies to all employees who were recently successful in receiving an offer of employment from the company and have accepted it according to the specified protocol. As each new employee is hired to work for West Side Health Care District, the following items must be completed before the new employee can be put on the schedule. Documentation and training that will be required annual are listed below.

Objective: To ensure that the onboard process is a positive experience for both the new employee and the organization. This policy governs the onboarding process and sets roles and responsibilities to ensure all new employees feel welcome. This policy applies to all employees, Full Time, Part Time or Per Diem.

To ensure that compliance measures are met, this policy governs the process and roles of the District as well as the employee on an annual basis. This policy applies to all employees, Full time, Part time or Per Diem.

Procedure:

A. After the new employee has been offered a job the following items need to be completed and returned to the District Office for processing.

- 1) Completed Application
- 2) Resume
- 3) W -4
- 4) I -9
- 5) A signed Job Description
- 6) Confidentiality statement
- 7) Signed Employee Handbook
- 8) Holiday Choice
- 9) Insurance Packets, full-time employees only



- 10) 403 (B) packet
- 11) Standard of Conduct
- 12) Background Check
- 13) Physical and Pre Employment Drug Screen
- 14) TB Test Results or Waiver
- 15) Hepatitis B Test Results or Waiver
- 16) OIG (Office of Inspector General) Screening
- 17) Technology User Agreement
- 18) Meal Waiver
- 19) Photocopies of all Professional Licenses and CPR cards (please see list below), Certificates of Completion
 - a) Nursing Staff: ACLS, BLS, PALS
 - New hires must complete both ACLS & PALS within 3 months of start date
 - b) Medical Assistants: BLS
 - c) New hires must have BLS prior to clinic start date. Medical Receptionist: BLS
 - New hires must have BLS prior to clinic start date.
 - d) Radiologic Technologist: ARRT, CRT, BLS.

All clinic staff are responsible for maintaining their required certifications. If clinic staff let their certifications expire they are subject to shift removal until certification renewal is obtained. The District may reimburse for class certification expense but will not pay staff to attend class unless the class is held on site during a regularly scheduled shift.

After all of the above documents have been returned, and the new employee has been entering into the database, online training will be issued. The modular training is as follows:

- 1) Customer Service
- 2) Social Media in the Workplace
- 3) Health Insurance Portability & Accountability Act
- 4) Preventing Bullying & Violence in the Workplace
- 5) Bloodborne Pathogens
- 6) Fire Safety
- 7) GHS Hazcom*
- 8) Hand Hygiene*



- 9) HIPPA, HITECH & Omnibus*
- 10) Sharps Safety*
- 11) Vaccines for Children Requirements*
- 12) Storing Vaccines*
- 13) Refrigerator and Freezer Temperature Logs*
- 14) Monitoring Storage Unit Temperatures*
- 15) Conducting a Vaccine Inventory*
- 16) Preparing Vaccines*
- 17) Administering Vaccines*
- 18) Immunization PowerPoint & Test*
- 19) Privacy and Data Protection
- 20) Code of Conduct/Ethics
- 21) Supervisors are required to take Sexual Harassment training bi-annually.
- 22) Demonstrative Competencies

Required Annual Training will include:

1. Customer Service
2. Sexual Harassment (Supervisors and Managers bi-annually)
3. Demonstrative Competencies
4. Social Media in the Workplace
5. Health Insurance Portability & Accountability Act
6. Preventing Bullying & Violence in the Workplace
7. Privacy and Data Protection
8. Code of Conduct/Ethics
9. Bloodborne Pathogens
10. Fire Safety
11. GHS Hazcom*
12. Hand Hygiene*
13. HIPPA, HITECH & Omnibus*
14. Sharps Safety*
15. Vaccines for Children Requirements*



16. Storing Vaccines*
17. Refrigerator and Freezer Temperature Logs*
18. Monitoring Storage Unit Temperatures*
19. Conducting a Vaccine Inventory*
20. Preparing Vaccines*
21. Administering Vaccines*
22. Immunization PowerPoint & Test*
23. Privacy and Data Protection

Annual Requirements:

- 1) TB Test Results or Waiver
- 2) Hepatitis B Test Results or Waiver
- 3) OIG (Office of Inspector General) Screening
- 4) Photocopies of all Professional Licenses and CPR cards, Certificates of Completion

**West Side Family Health Care location only*

ITEM 8 B



**WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES**

POLICY: MISSION STATEMENT	REVIEWED: 1/1/04; 2/22/16; 2/16/17; 12/20/18, 1/22/19, 11/19/20, 3/24/22 4/23/26
SECTION: ADMINISTRATION	REVISED:
EFFECTIVE 4/23/2026	MEDICAL DIRECTOR:

Subject: West Side Health Care District Mission Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

- 1.1 As a rural health care district dedicated to the healing arts, we are committed to meeting the challenges of the future by preserving quality health care services for the need of the West Side Community we serve.
- 1.2 West Side Health Care District will meet the goals of this mission by:
 - a. Providing Health Care Services to the residents of the West Side Community and by enhancing and providing services and by supporting, developing, and encouraging programs and activities of the West Side Community, its agencies and community service groups to achieve health care for its residents.
 - b. Being proactive in identifying the most pressing healthcare needs of the community and outlying areas while not replicating the efforts of others.
 - c. Coordinate the healthcare resources, private and public, to achieve the goal of meeting priority health care needs.



WEST SIDE HEALTHCARE DISTRICT
POLICY AND PROCEDURE

CATEGORY: ADMINISTRATION

**POLICY : STATEMENT OF DIRECTORS
DUTIES AND RESPONSIBILITIES**

EFFECTIVE DATE: April 23, 2026
REVIEW DATE: 4/16/2013; 7/24/16;
1/24/19; 5/27/21; 2/23/23; 4/23/26

POLICY NUMBER: 2

The Board of Directors of the West Side Health Care District (WSHCD) is committed to maintaining a governance culture founded on fiduciary duty and public responsibility. In support of this governance culture, the elected and appointed Directors of the WSHCD (the “District”) recognize and affirm their fiduciary duty to the district and their public responsibility to perform their duties as Directors in the best interest of the district. The Director’s set forth their collective understanding and agreement regarding their duties and responsibilities in this 2020 Statement of Director Duties and responsibilities.

- a. The fiduciary duty of Directors to the West Side Health Care District includes the duty of loyalty and duty of due care.
- b. A Directors duty of loyalty to the district requires each Director to make a good faith effort to:
 - a. Place the best interest of the District above the Director’s own personal interest or personal point of view.
 - b. Recognize that disrespectful, disruptive or unprofessional behavior of Directors in public meetings is never in the best interest of the district.
 - c. Perform the functions of the Director in a manner that demonstrates respect for the structure and governance of the Board and respect for fellow Directors.
 - d. Provide the Board and other Directors with true and accurate information regarding District matters.
 - e. Respect the confidentiality of privileged information provided to the Directors.
- c. A Directors fiduciary duty of due care to the district requires each Director to make a good faith effort to:
 - a. Remain informed about the district’s mission, strategic plan and operational performance.

- b. Ensure that the district has the necessary financial and human resources, including the necessary quality of leadership required for the district to achieve its mission.
 - c. Fully participate in the meetings, deliberations and decision of the Board.
 - d. Timely review Board meeting materials and other District communications.
- d. The responsibilities of Directors to perform their public duties in the best interest of the district requires each Director to make a good faith effort to:
- a. Acquire and maintain the knowledge necessary to competently perform the duties of a director.
 - b. Stay informed on public issues affecting the mission of the district.
 - c. Comply with applicable provisions of the Ralph M. Brown Act in all proceedings of the District Board and its committees.
 - d. Provide the appropriate transparency and candor in all public matters.



WEST SIDE HEALTHCARE DISTRICT
POLICY AND PROCEDURE

CATEGORY: ADMINISTRATION	POLICY: ROLE OF DIRECTORS and SCOPE OF AUTHORITY
EFFECTIVE DATE: April 23, 2026 REVIEW DATE: 4/16/13; 1/8/16; 11/28/16; 10/24/19; 1/24/20, 5/27/21	POLICY NUMBER: 2.2

The responsibility of Directors to perform their public duties in the best interest of the district requires each Director to demonstrate the highest standards of personal integrity and honesty, thus maintaining the public’s trust and confidence in the functioning of the district.

BASIS OF AUTHORITY:

- 2.1 The Board of Directors is the governing body of the West Side Health Care District. apart from his/her normal function as part of the governing body; a Director has no individual authority. Directors do not have authority to commit the district to any policy, act, or expenditure, unless the Board of Directors takes specific action to grant such authority as to a given matter.
- 2.2 Directors do not represent any fractional segment of the community, but are rather, a part of the body that represents and acts for the community as a whole.

ROLE OF DIRECTORS:

- 2.3 The primary responsibility of the West Side Health Care District Board of Directors (WSHCD) is the development and evaluation of policies. Directors are responsible for the development of goals and objectives and the monitoring of the district’s progress in attaining set goals and objectives while pursuing the mission of the WSHCD. Routine matters concerning the operational aspects of the district are delegated to the WSHCD Executive Director through the Board President.
- 2.4 Individual Directors shall not instruct District staff, legal counsel, consultants, advisors, vendors, contractors or other community organizations, but will work through the WSHCD Executive Director or the Board President if the Executive Director is not available. However, the chairperson of any WSHCD Board

Committee shall be authorized to work with the district staff to receive information and support with respect to matters within the committee's jurisdiction.

- 2.5 Directors have a fiduciary duty to act in good faith of and for the benefit of the district. In exercising that fiduciary duty in the context of requesting information and/or reports from staff or making public record request Directors are encouraged to identify their specific issues of concern rather than making broad request that require significant amounts of staff time and hinder staff's ability to devote the necessary time to the business of running the District and District projects.
- 2.6 Any request by an individual Director for substantial information, research or projects to be performed by District staff, advisors or contractors, that will require the use of material, District staff hours or resources, shall be submitted in writing (this includes email) through the Executive Director or the Board President.
- 2.7 If an individual Director's request is questioned by the Executive Director and subsequently denied by the WSHCD Board President, the request shall, if requested by the individual Director, be placed on the agenda of the next WSHCD Board of Director's Meeting. (For which the agenda has not yet been posted, if meeting has been posted it will be placed on the following months agenda). If a majority of the Directors (as defined in policy 21.2) approve the request for information/research or new project, the President will respond to the individual Director's request and work with Board staff in attaining requested information and or projects.



WEST SIDE HEALTHCARE DISTRICT
POLICY AND PROCEDURE

CATEGORY: ADMINISTRATION

POLICY : TERM OF OFFICE

EFFECTIVE DATE: April 23, 2026
REVIEW DATE: 4/16/13; 1/8/2016, 1/24/19,
5/27/21; 3/23/23

POLICY NUMBER: 3
Reference: California Elections Code
Section 10554

TERM OF OFFICE:

- 3.1 Elective officers, elected or appointed pursuant to this part, take office at 2:00 pm on the first Board Meeting in December, following the general district election. Prior to taking office, each elective officer shall take the official oath and execute any bond required by the principal act.
- 3.2 The term of office of an appointed Director begins effective upon appointment and upon taking the oath of office. The Director shall be sworn in by an official authorized to administer the oath of office.
- 3.3 Officials authorized by law to administer the oath of office include every county officer and the officer's deputies (Government Code 24057), every executive and judicial officer and every member of the legislature (Government Code 1225), and the elections official (Elections Code 10265). Executive officers include persons who fill offices created by or under the authority of the Local Healthcare District Law (Government Code 1001).
- 3.4 The term of office for each District officer shall be four (4) years; provided, however that if an officer leaves office mid-term for any reason, his/her replacement shall serve the balance of the original four (4) year term.



WEST SIDE HEALTHCARE DISTRICT
POLICY AND PROCEDURE

CATEGORY: ADMINISTRATION

POLICY: DISTRICT OFFICERS

EFFECTIVE DATE: April 16, 2013

POLICY NUMBER: 4

REVIEW DATE:

DISTRICT OFFICERS:

- 4.1 The WSHCD officers shall be President, Vice President, and Secretary/Treasurer.
- 4.2 Each year at the regular January Board meeting, the Board of Directors will rotate board officer positions. This rotation ensures equitable leadership opportunities, supports planning, and encourages board participation. All Board members in good standing shall be eligible to serve as an officer.
- 4.3 Members must have completed at least one full year of WSHCD board service prior to holding an officer position, unless waived by a majority vote of the Board.
- 4.4 Officers shall rotate in a progressive sequence, when possible, to support continuity (Vice President advances to President and so forth). No Board member shall be required to serve in a position if they decline.
- 4.5 The President shall preside over the Board meetings and lead the Board in fulfilling the WSHCD mission. The President shall appoint Board committees, both standing and ad hoc, and will appoint individual board members. The Executive Director will assign staff as necessary to meet assigned goals.
- 4.6 The Vice President shall conduct the meetings of the Board in the absence of the President and shall assist the President in leading the Board and District.
- 4.7 The Secretary/Treasurer will work with the Executive Director to execute documents required by the law of the office in respect to the minutes and other documents of the District.

ITEM 9



May 25, 2026

TO: Board of Directors
FROM: Ryan Shultz, Executive Director
SUBJECT: April General Information

The enclosed information highlights notable activities and projects of West Side Health Care District (WSHCD), West Side Family Health Care (WSFHC) and West Side Correctional Health (WSCH) for the month of April.

- The Facilities Committee met April 7th and reviewed work proposals for Exterior Stucco & Paint, Parking Lot Asphalt and Roofing for 109 Adkisson Way. Management was directed to update proposals, seek additional information from contractors and bring back recommendations to the full board to consider at its next meeting.
- A Special Board Meeting is scheduled for May 13th for the Board to review public works proposals for 109 Adkisson Way related to Stucco/Paint, Asphalt and Roofing. Once approved, work will be coordinated across the three projects to allow patient access to the Bldg during construction.
- Interior tenant improvements are complete at 109 Adkisson Way.
- The Finance Committee will review the Draft Fiscal Year 2026-2027 WSHCD Budget on June 1, 2026 at 10am. The Board will consider the Recommended FY 26-27 Budget at it May 28th Regular Meeting.
- WSHCD hosted its Annual Employee Appreciation Party on April 25th.
- LabCorp opened at its temporary location in Bldg A on May 4th and resumed normal operations.
- BHC Construction is prepared to begin the WSFHC Dental Clinic Project on May 28th.
- PDA, Inc., is preparing an owner directed change order for the WSFHC Dental Clinic Project concerning the areas of the project that will be vacated by LabCorp. Once complete the change will be presented to the board for its review.
- Bid Proposals for WSFHC Dental Clinic – Equipment bids were due May 20 2026 at 10:00 am. The District received three (3) bid packages from Patterson Dental, Henry Schein, Inc. and Benco Dental. A bid summary is included with the staff report. Bids are in review by management. Bids will be brought back to the board for its consideration within sixty (60) days of the bid due date.
- Portable Radiology services will begin on May 18th in Bldg A. Fixed Radiology equipment will be removed from Bldg B on May 18th and May 19th and stored in the District Garage during the construction project.
- Chiropractic and Acupuncture services were moved to Bldg A on May 19th. Services will be provided in two (2) exam rooms during scheduled clinic hours.

- Beginning May 23rd, Acupuncture clinic hours on Saturdays will be extended to 3pm (10am-3pm) to accommodate additional patient demand. Acupuncture services will continue to be available Wednesday evenings between 5pm-9pm.
- The clinic reported more than 2700 patient encounters and an RHC Payer Mix of more than 70% in the month of April.
- WSFHC has two (2) Medical Receptionist in training.
- WSFHC Credentialing continue to add insurance carriers for PA Castro, NP Gonzalez, MD Avila, MD Sandhu and LAc Bench.
- WSCH held a staff meeting on April 14th with WSHCD management to discuss Medical Unit operations and receive feedback from staff members.
- WSCH is currently providing medical services to more than 200 detainees.
- WSCH is currently seeking Per Diem LVNs and Per Diem RNs positions for hire.
- WSCH Behavioral Health Contractor Precision Psychiatric Services recently sold to Psychiatric Plus, Inc. Management have met with the new ownership group. At this time no changes to services are anticipated. Contracts will be updated to reflect the new ownership group.
- Medical, Behavioral Health and Dental services are provided to detainees on a weekly basis. Medical (Physician) – Mondays and Thursdays; Behavioral Health (Psychiatrist) – Mondays and Thursdays; Dental – As Needed.

**WSFHC Dental Clinic – Equipment
BID SUMMARY***

BIDDER NAME:	Patterson Dental	Henry Schein, Inc.	Benco Dental
Total Bid Price	\$266,301.58	\$305,518.20	\$289,773.54

*The West Side Health Care District (“District”) has not yet completed its review of the bid packages submitted. As indicated in the Invitation to Bid, the Contract will be awarded to the lowest responsible bidder submitting a responsive bid; provided however, the District reserves the right to reject any or all bids and waive any irregularities, The Invitation to Bid further provides, among other things, that each bid submitted shall remain open for potential acceptance by District for a period of sixty (60) calendar days following the bid due date.