West Side Health Care District

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

Board Meeting Agenda

Thursday, November 19, 2026 at 2:00pm

This Meeting will be held via Zoom for some participants.
To participate in the meeting call: 1 (253) 215-8782 Meeting ID: 906 534 8742 Password: 957815

1. **Call to Order Pledge of Allegiance**
   Approval of Agenda

2. **Public Input**

This is the time for public comment. Members of the public may be heard on any item on the agenda. A person addressing the Board will be limited to five minutes unless the Chairperson grants a longer period of time. Comments by members of the public on an item on the agenda will only be allowed during consideration of the item by the Board. When the item is called, please raise your hand or stand if you desire to address the Board.

Members of the public may also, at this time only, address the Board on any non-agenda items, your comments will be limited to five minutes. You should raise your hand or stand at this time. Although Board Members may ask questions for clarification, the Board will not debate issues with the speaker. Non-emergency items may be rescheduled for a discussion at a later date. Please note, the Board may take action on non-agenda items only in emergency circumstances.

After the comments, the public is allowed to remain and listen or may leave at any time.

AMERICANS WITH DISABILITIES ACT (Government Code Section 54943.2) The West Side Health Care District is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the West Side Health Care District may request assistance at 115 Adkisson Way Taft, California, or by calling (661) 765-7234. Reasonable effort will be made to accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

PUBLIC INSPECTION OF AGENDA MATERIALS (Government Code Section 54957.5) Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet are available for public inspection at the District office, 115 Adkisson Way, Taft, CA 93268, during normal business hours and on the District's website at https://www.wshcd.org.

3. **Approval of Minutes**

   Board Meeting Minutes – Thursday, October 22, 2026

4. **Financial Review**

   A. District CPA, Kelly Hohenbrink, will join the meeting via Zoom. Review and Discussion- Receive and File the Unaudited October 2026 Financial Reports.

5. **Draft Strategic Plan**

Discussion and possible action to adopt the District's Strategic Plan, with any revision directed by the Board, as developed following the Board's October 15, 2026 Strategic Planning Workshop. (Draft Strategic Plan included in Board packet.)

6. **Annual Review and Approval of Policy and Procedures**
   A. West Side Family Health Care - Miscellaneous Policies
   B. West Side Health Care District- Miscellaneous Policies
   C. Board Policy No. 4 (District Officers) and Board Policy No. 6 (Board Meetings: Time, Date and Quorum) Discussion and possible action to amend Policy No. 4 and approve Policy No. 6 to resolve conflicting provisions regarding the method and timing of selecting Board officers. (Policies included in Board packet.)

7. **Administrative Staff Reports**
   A. November 2026 General Information- Attached for informational purposes only.

8. **Committee Updates**
   A. **Finance Committee**
      Eric Cooper or Ginny Miller
   B. **Facilities Committee**
      Eric Cooper or Darren Walrath
   C. **Community Outreach**
      Jan Ashley or Darren Walrath
   D. **Personnel Committee**
      Adele Ward or Jan Ashley
   E. **Additional Board Member Input**

This Portion of the meeting is reserved for Board Members to present information, announcements, or other items that have come to their attention. A Board member may request that an item is placed on the agenda for consideration at a future meeting or refer an item to the Executive Director for a formal report. The Board will take no formal action at this time.

9. **Items for Future Agendas**

10. **Tour of Facilities under Construction**

11. **Adjournment**

The next Board Meeting is Scheduled for Thursday, December 17, 2026 at 2:00 pm

ITEM 3

West Side Health Care District

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

BOARD MEETING MINUTES

Thursday, October 22, 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
Adele Ward	Board Member
Ryan Shultz	Executive Director
Robyn Melton	Clerk of the Board

Also present at the meeting: Medical Director, Ron Ostrom; Clinic Director, Summer Wood-Luper; Assistant Clinic Director, Carrie Coleman; District Legal Counsel, Mark Bateman; Architect, Paul Dhanens; and Midway Driller, Doug Keeler.

APPROVAL OF AGENDA

Board Member, Adele Ward made a motion to move item # 3 to appear immediately following current item # 8. Board Vice President, Darren Walrath seconded. Agenda approved as so amended.

2. PUBLIC INPUT- None

3. APPROVAL OF MINUTES

Board Meeting minutes of Thursday, September 24, 2026, were reviewed. After discussion, a motion was made by Board Member, Adele Ward to approve the board minutes. Board Vice President, Darren Walrath seconded. Motion carried by unanimous vote.

Special Board Minutes of Wednesday, September 30, 2026 were reviewed. After discussions, a motion was made by Board Member, Adele Ward to approve the board minutes. Board Vice President, Darren Walrath seconded. Motion carried by unanimous vote.

Special Board Minute- Planning Meeting of Thursday, October 15, 2026 were reviewed. After discussions, a motion was made by Board Member, Adele Ward to approve the board minutes. Board Vice President, Darren Walrath seconded. Motion carried by unanimous vote.

Facilities Committee Meeting of Thursday, October 15, 2026 were reviewed. After discussions, a motion was made by Board Member, Adele Ward to approve the board minutes. Board Vice President, Darren Walrath seconded. Motion carried by unanimous vote.

4. FINANCIAL REVIEW
   A. The unaudited September 2026 Financial Report were presented by the District CPA, Kelly Hohenbrink, via Zoom. After discussion, Board Secretary/Treasurer, Ginny Miller made a motion to receive and file the unaudited September 2026 financials to file for audit. Board Member, Adele Ward seconded. Motion carried by unanimous vote.

5. ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDUREs
   A. After review and discussion, Board Member, Jan Ashley made a motion to approve the West Side Family Health Care policies and procedures. Board Secretary Treasurer, Ginny Miller seconded. Motion approved. The Policies and Procedures that were approved were:
   Eye Medications-Dispensing, Fit Testing, Difficulty Breathing/Asthma, Ear Irrigation, Conflict of Interest, Follow-up Patients, Lapse of Consciousness-DMV Reporting, Handwashing, Influenza Vaccination, 504 Notice of Program Accessibility, Sensitive Services, Storage, Handling and Delivery of Medications, and Reclamo de Seccion 504.

6. ADMINISTRATIVE STAFF REPORT
   A. October 2026, General Information- Attached for informational purposes only, no action.

7. 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.

8. CLOSED SESSION

Board Member Jan Ashley, made a motion to enter into Closed Session. Board Member, Adele Ward seconded. Motion carried by unanimous vote. The Board entered into Closed Session at 2:33pm.

Adjourn to session closed to the public as legally permitted. Any reportable action taken will be announced in Open Session.

A. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
   Initiation of Litigation Pursuant to Paragraph (4) of Subdivision(d) of (Gov. Code section 54956.9
   (One Case)

9. OPEN SESSION
The Board Returned to Open Session at 3:10pm. No reportable action was taken in closed session.

10. DISCUSSION/APPROVAL OF COST PROPOSAL #4, #5, #6, #7, #8, #9, #10 AND #11 TO BLACK/HALL CONSTRUCTION IN REGARDS TO WEST SIDE FAMILY HEALTH CARE DENTAL PROJECT-IB # 1 AT 100 E. NORTH STREET, TAFT CA 93268 IN THE AMOUNT NOT TO EXCEED $166,812.67; POTENTIAL AUTHORIZATION OF EXECUTIVE DIRECTOR TO EXECUTE CHANGE ORDER AND/OR OTHER CONTRACTS DOCUMENTS AS NECESSARY FOR PERFORMANCE OF WORK AS PROPOSED BY CP #4, #5, #6, #7, #8, #9, #10 AND #11.

The Executive Director, Ryan Shultz, presented on this item. Mr. Shultz explained the proposals and pointed out they actually total $167,646.94. After discussion, and on motion made by Director Ward, seconded by Director Walrath and unanimously approved by the Board of Directors, the Board (a) approved cost proposal Nos. 4, 5, 6, 7, 8, 9, 10 and 11 (the "Cost Proposals") in a total amount not to exceed $167,646.94; and (b) authorized the District's Executive Director to execute change orders and/or other contract documents on behalf of the District as necessary for performance of the work proposed in the Cost Proposals.

11. DISTRICT POTENTIAL ISSUANCE OF CONSTRUCTION CHANGE DIRECTIVE TO BLACK/HALL CONSTRUCTION IN REGARDS TO WEST SIDE FAMILY HEALTH CARE DENTAL CLINIC PROJECT AT 100 E. NORTH STREET, TAFT CA 93268.

The District's General Counsel, Mark Bateman, presented on this item. Mr. Bateman distributed to the Board a revised draft of the proposed Construction Change Directive (the "CCD") to Black/Hall Construction, Inc. for the West Side Family Health Care Dental Clinic Project and summarized the changes reflected in the revised draft as compared with the draft CCD included in the Board agenda packet. Mr. Bateman also explained how the blanks remaining in the distributed draft would be completed before issuance, in a manner consistent with the CCD as ultimately signed and issued. After discussion, and on motion made by Director Walrath, seconded by Director Ward, and unanimously approved by the Board of Directors, the Board approved the Construction Change Directive for the Dental Clinic Project substantially in the form distributed to the Board, and authorized the Executive Director to issue it with such modifications as may be made or approved by the District's legal counsel consistent with the Board's direction.

12. ITEMS FOR FUTURE AGENDAS
Nothing at this time.

13. ADJOURNMENT
At 3:12 pm, the Board Meeting of October 22, 2026 was adjourned.

Respectfully Submitted: _____
Ginny Miller, Board Secretary/Treasurer

Next regular Board Meeting is scheduled for November 19, 2026 at 2:00pm

ITEM 4

West Side Family Health Care Patient Census 2026-2027

DAY OF MONTH	July 2026	August 2026	September 2026	October 2026	November 2026	December 2026	January 2027	February 2027	March 2027	April 2027	May 2027	June 2027			
1	96	42	104	92	-	-	-	-	-	-	-	-			
2	86	41	128	94	-	-	-	-	-	-	-	-			
3	74	112	104	52	-	-	-	-	-	-	-	-			
4	26	104	100	47	-	-	-	-	-	-	-	-			
5	35	135	51	126	-	-	-	-	-	-	-	-			
6	124	104	43	146	-	-	-	-	-	-	-	-			
7	109	102	105	132	-	-	-	-	-	-	-	-			
8	81	36	122	117	-	-	-	-	-	-	-	-			
9	97	45	129	95	-	-	-	-	-	-	-	-			
10	83	104	107	50	-	-	-	-	-	-	-	-			
11	47	135	111	43	-	-	-	-	-	-	-	-			
12	27	112	44	110	-	-	-	-	-	-	-	-			
13	93	90	47	119	-	-	-	-	-	-	-	-			
14	86	87	129	118	-	-	-	-	-	-	-	-			
15	107	46	110	114	-	-	-	-	-	-	-	-			
16	85	50	127	99	-	-	-	-	-	-	-	-			
17	79	123	115	50	-	-	-	-	-	-	-	-			
18	32	85	92	45	-	-	-	-	-	-	-	-			
19	35	95	55	134	-	-	-	-	-	-	-	-			
20	101	123	55	141	-	-	-	-	-	-	-	-			
21	109	89	127	116	-	-	-	-	-	-	-	-			
22	119	44	149	117	-	-	-	-	-	-	-	-			
23	101	46	101	65	-	-	-	-	-	-	-	-			
24	87	118	121	37	-	-	-	-	-	-	-	-			
25	33	117	85	45	-	-	-	-	-	-	-	-			
26	49	124	53	128	-	-	-	-	-	-	-	-			
27	107	110	42	99	-	-	-	-	-	-	-	-			
28	97	99	132	145	-	-	-	-	-	-	-	-			
29	112	47	113	110	-	-	-	-	-	-	-	-			
30	87	38	102	79	-	-	-	-	-	-	-	-			
31	74	141	-	45	-	-	-	-	-	-	-	-	YTD	M/AVG	
TOTAL	2,478	2,744	2,903	2,910	-	-	-	-	-	-	-	-	11035	2759	
D/AVG	80	89	97	94	-	-	-	-	-	-	-	-	359	90	
NSOT	31	14	25	26	-	-	-	-	-	-	-	-	96	24	
X-RAYS INTERNAL	272	288	336	319	-	-	-	-	-	-	-	-	1215	304	
X-RAYS EXTERNAL	16	20	17	23	-	-	-	-	-	-	-	-	76	19	
IHA/AHA	264	252	254	255	-	-	-	-	-	-	-	-	1025	256	
CHIRO	78	65	65	66	-	-	-	-	-	-	-	-	274	69	
ACCU	67	34	41	31	-	-	-	-	-	-	-	-	173	43	

HISTORICAL YEAR	July	August	September	October	November	December	January	February	March	April	May	June	YTD	M/AVG	X-RAY
FY 2025-2026	2497	2820	2852	2882	2587	2827	3097	2978	3328	2792	2813	2608	34081	2840	676/5024
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

Register: 1006 GF · GF Community West Bank

From 10/01/2026 through 10/31/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
10/01/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	25.00			22,291.65
10/01/2026	2195	BETA Healthcare Gr...	2021.00 · Accounts Pa...	5808	18,017.43			4,274.22
10/01/2026	2196	Rondomed, Inc, a Pr...	2021.00 · Accounts Pa...	Medical Direct...	6,000.00			-1,725.78
10/01/2026	2197	Sun Oudoor Advertis...	2021.00 · Accounts Pa...	Contract No: 2...	424.00			-2,149.78
10/01/2026	2198	CareFusion Solution...	2021.00 · Accounts Pa...	Medbank Tow...	354.43			-2,504.21
10/01/2026	2199	West Kern Water Di...	2021.00 · Accounts Pa...		1,080.04			-3,584.25
10/01/2026	2200	United Rentals, Inc	2021.00 · Accounts Pa...	5556534	981.00			-4,565.25
10/05/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	20.00			-4,585.25
10/05/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	86.60			-4,671.85
10/05/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	502.87			-5,174.72
10/06/2026	Auto Pay	California Choice Be...	2021.00 · Accounts Pa...	49169	40,324.33			-45,499.05
10/06/2026	2	Columbia Bank Visa	2029.05 · Columbia B...	VOID: Umpqu...	20,736.01			-66,235.06
10/06/2026	1006 G. ...	West Side Health Ca...	2021.00 · Accounts Pa...	Transfer mone...			100,000.00	33,764.94
10/07/2026		Dowden Technical S...	1064.01 · Other Accou...				400.00	34,164.94
10/07/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	75.00			34,089.94
10/12/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	113.98			33,975.96
10/12/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	402.84			33,573.12
10/12/2026	Auto Pay	Precision Psychiatric...	2021.00 · Accounts Pa...	August 2026 D...	18,101.00			15,472.12
10/13/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	86.32			15,385.80
10/13/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	59.53			15,326.27
10/14/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	288.46			15,037.81
10/14/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	20.00			15,017.81
10/15/2026	Auto Pay	AFLAC Premiums	2021.00 · Accounts Pa...	September 2026	441.00			14,576.81
10/15/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	83.81			14,493.00
10/15/2026	Auto Pay	Reliance Standard	2021.00 · Accounts Pa...	October 2026	1,515.87			12,977.13
10/15/2026	2270	ADS Inc.	2021.00 · Accounts Pa...		578.99			12,398.14
10/15/2026	2271	Airgas USA, LLC	2021.00 · Accounts Pa...		602.97			11,795.17
10/15/2026	2272	Allied Universal Sec...	2021.00 · Accounts Pa...	Security Servic...	1,778.54			10,016.63
10/15/2026	2273	AMBCO	2021.00 · Accounts Pa...	Calibration	120.00			9,896.63
10/15/2026	2274	American Business ...	2021.00 · Accounts Pa...		28.69			9,867.94
10/15/2026	2275	American Office Sol...	2021.00 · Accounts Pa...	Coverage Perio...	806.00			9,061.94
10/15/2026	2276	AMN Healthcare	2021.00 · Accounts Pa...	Language Tran...	2,434.70			6,627.24
10/15/2026	2277	Armstrong Locksmith	2021.00 · Accounts Pa...	Locks and han...	117.06			6,510.18
10/15/2026	2278	Black / Hall Constru...	2021.00 · Accounts Pa...	109 Adkisson ...	24,300.26			-17,790.08
10/15/2026	2279	City of Taft	2021.00 · Accounts Pa...		877.04			-18,667.12
10/15/2026	2280	CivicPlus LLC	2021.00 · Accounts Pa...	October 1-202...	504.00			-19,171.12
10/15/2026	2281	Cooper's True Value ...	2021.00 · Accounts Pa...	Supplies at the...	63.86			-19,234.98
10/15/2026	2282	Diamond Drugs, Inc.	2021.00 · Accounts Pa...	Medication CC...	799.50			-20,034.48
10/15/2026	2283	Eric Swarts	2021.00 · Accounts Pa...	Ice and food fo...	61.40			-20,095.88

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From 10/01/2026 through 10/31/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
10/15/2026	2284	Fastenal	2021.00 · Accounts Pa...	CATAF0435	428.89			-20,524.77
10/15/2026	2285	FRONTIER	2021.00 · Accounts Pa...	Account #661-...	655.46			-21,180.23
10/15/2026	2286	GlaxoSmithKline LLC	2021.00 · Accounts Pa...		2,615.98			-23,796.21
10/15/2026	2287	Henry Schein	2021.00 · Accounts Pa...	02558749	6,844.02			-30,640.23
10/15/2026	2288	Kern Technical Solut...	2021.00 · Accounts Pa...	Repair the cam...	2,681.17			-33,321.40
10/15/2026	2289	Kiwanis Club of Taft	2021.00 · Accounts Pa...		211.50			-33,532.90
10/15/2026	2290	M & S Security	2021.00 · Accounts Pa...		485.00			-34,017.90
10/15/2026	2291	Master Medical Equi...	2021.00 · Accounts Pa...	Defibrillator	801.05			-34,818.95
10/15/2026	2292	McKesson Medical-...	2021.00 · Accounts Pa...	72076429	1,672.58			-36,491.53
10/15/2026	2293	Medline Industries, I...	2021.00 · Accounts Pa...		2,307.17			-38,798.70
10/15/2026	2294	MedPro Disposal	2021.00 · Accounts Pa...	Medical waste ...	492.17			-39,290.87
10/15/2026	2295	MedStatix	2021.00 · Accounts Pa...		376.20			-39,667.07
10/15/2026	2296	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	1,108.31			-40,775.38
10/15/2026	2297	Moderna US Inc.	2021.00 · Accounts Pa...	Pharmaceuticals	881.85			-41,657.23
10/15/2026	2298	O'Connor Pest Control	2021.00 · Accounts Pa...	102306	327.00			-41,984.23
10/15/2026	2299	OT Cookhouse & Sa...	2021.00 · Accounts Pa...	Board Retreat ...	369.24			-42,353.47
10/15/2026	2300	P.G.& E.	2021.00 · Accounts Pa...		7,648.89			-50,002.36
10/15/2026	2301	Prestige Worldwide, ...	2021.00 · Accounts Pa...	(10/1/26-10/3...	7,155.00			-57,157.36
10/15/2026	2302	RLH Fire Protection	2021.00 · Accounts Pa...	Fire alarm mon...	195.00			-57,352.36
10/15/2026	2303	Sierra HR Partners	2021.00 · Accounts Pa...	HR assistance ...	150.00			-57,502.36
10/15/2026	2304	Spectrum Enterprise	2021.00 · Accounts Pa...	0970287-01	1,902.70			-59,405.06
10/15/2026	2305	Stockdale Radiology	2021.00 · Accounts Pa...	Payment for in...	3,650.00			-63,055.06
10/15/2026	2306	Taft Plumbing Co., Inc	2021.00 · Accounts Pa...	Repair leak ab...	1,391.45			-64,446.51
10/15/2026	2307	Welch Allyn Inc	2021.00 · Accounts Pa...	Annual Service...	195.00			-64,641.51
10/15/2026	2308	Westside Recreation ...	2021.00 · Accounts Pa...		2,624.79			-67,266.30
10/15/2026	2309	Westside Waste Man...	2021.00 · Accounts Pa...		559.90			-67,826.20
10/15/2026	2310	Young Wooldridge	2021.00 · Accounts Pa...	20554-1 MRB	3,357.51			-71,183.71
10/15/2026	1006 G. ...	West Side Health Ca...	2021.00 · Accounts Pa...	Transfer mone...			750,000.00	678,816.29
10/19/2026	Auto Pay	Nuance Communicat...	2021.00 · Accounts Pa...	Dragon Medica...	81.37			678,734.92
10/19/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	107.92			678,627.00
10/19/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	5.00			678,622.00
10/19/2026	2250	Alyssa Slade	2021.00 · Accounts Pa...	Christmas Savi...	1,953.90			676,668.10
10/19/2026	2251	Aunna Fedewa	2021.00 · Accounts Pa...	Christmas Savi...	781.56			675,886.54
10/19/2026	2252	Caitlin Morrow	2021.00 · Accounts Pa...	Christmas Savi...	1,302.60			674,583.94
10/19/2026	2253	Diana Peevy	2021.00 · Accounts Pa...	Christmas Savi...	1,563.12			673,020.82
10/19/2026	2254	Eric Swarts	2021.00 · Accounts Pa...	Christmas Savi...	651.30			672,369.52
10/19/2026	2255	Kaiana Leota	2021.00 · Accounts Pa...	Christmas Savi...	3,907.80			668,461.72
10/19/2026	2256	Karen Aranda	2021.00 · Accounts Pa...	Christmas Savi...	2,605.20			665,856.52
10/19/2026	2257	Katelyn Bullard	2021.00 · Accounts Pa...	Christmas Savi...	1,302.60			664,553.92

Register: 1006 GF · GF Community West Bank

From 10/01/2026 through 10/31/2026

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
10/19/2026	2258	Kirsten Buford	2021.00 · Accounts Pa...	Christmas Savi...	1,302.60			663,251.32
10/19/2026	2259	Lorena Rosales	2021.00 · Accounts Pa...	Christmas Savi...	2,605.20			660,646.12
10/19/2026	2260	Melton, Robyn	2021.00 · Accounts Pa...	Christmas Savi...	2,605.20			658,040.92
10/19/2026	2261	Monica Lozano	2021.00 · Accounts Pa...	Christmas Savi...	2,605.20			655,435.72
10/19/2026	2262	Natalie Martinez	2021.00 · Accounts Pa...	Christmas Savi...	2,605.20			652,830.52
10/19/2026	2263	Nichole Lankford	2021.00 · Accounts Pa...	Christmas Savi...	250.50			652,580.02
10/19/2026	2264	Paige Wagner	2021.00 · Accounts Pa...	Christmas Savi...	1,432.86			651,147.16
10/19/2026	2265	Stephanie Andrade	2021.00 · Accounts Pa...	Christmas Savi...	2,084.16			649,063.00
10/19/2026	2266	Stephanie Lacy	2021.00 · Accounts Pa...	Christmas Savi...	3,907.80			645,155.20
10/19/2026	2267	Tatiana Alvarez	2021.00 · Accounts Pa...	Christmas Savi...	3,907.80			641,247.40
10/19/2026	2268	Tiana Iniguez	2021.00 · Accounts Pa...	Christmas Savi...	1,302.60			639,944.80
10/19/2026	2269	Wood-Luper, Summer	2021.00 · Accounts Pa...	Christmas Savi...	1,953.90			637,990.90
10/20/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA MAINTE...	125.00			637,865.90
10/21/2026		Laboratory Corp Of ...	1064.01 · Other Accou...				1,667.42	639,533.32
10/21/2026			1008 PR · Payroll Co...	Funds Transfer...	75,000.00			564,533.32
10/21/2026			1008 PR · Payroll Co...	Funds Transfer...	125,000.00			439,533.32
10/22/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	154.44			439,378.88
10/22/2026	2316	Allied Universal Sec...	2021.00 · Accounts Pa...	Security Servic...	1,790.30			437,588.58
10/22/2026	2317	Black / Hall Constru...	2021.00 · Accounts Pa...	Payment App 4...	138,587.70			299,000.88
10/22/2026	2318	Caitlin Morrow	2021.00 · Accounts Pa...	Conference in ...	566.85			298,434.03
10/22/2026	2319	California Special Di...	2021.00 · Accounts Pa...	Regular Memb...	9,455.00			288,979.03
10/22/2026	2320	CuraScript SD	2021.00 · Accounts Pa...	000086282-02	189.84			288,789.19
10/22/2026	2321	Dowden Technical S...	2021.00 · Accounts Pa...	Wall plate at t...	510.00			288,279.19
10/22/2026	2322	Enable Loans	2021.00 · Accounts Pa...	Ref. #101-826...	196.65			288,082.54
10/22/2026	2323	Fastenal	2021.00 · Accounts Pa...	CATAF0435	654.32			287,428.22
10/22/2026	2324	Henry Schein	2021.00 · Accounts Pa...	02558749	9,779.81			277,648.41
10/22/2026	2325	KC Photography and...	2021.00 · Accounts Pa...	Picture for Dr. ...	200.85			277,447.56
10/22/2026	2326	Laboratory Corporati...	2021.00 · Accounts Pa...	Account Numb...	586.07			276,861.49
10/22/2026	2327	Legal Shield	2021.00 · Accounts Pa...	0153768	67.80			276,793.69
10/22/2026	2328	Medline Industries, I...	2021.00 · Accounts Pa...		186.12			276,607.57
10/22/2026	2329	Mission Linen Supply	2021.00 · Accounts Pa...	202785 & 300...	552.22			276,055.35
10/22/2026	2330	P.G.& E.	2021.00 · Accounts Pa...	Radiology, De...	231.25			275,824.10
10/22/2026	2331	Randall, Terry	2021.00 · Accounts Pa...		2,195.88			273,628.22
10/22/2026	2332	Spectrum Enterprise	2021.00 · Accounts Pa...	0970287-01	189.08			273,439.14
10/22/2026	2333	Stericycle, Inc	2021.00 · Accounts Pa...	Waste Disposa...	317.35			273,121.79
10/22/2026	2334	Stinson's	2021.00 · Accounts Pa...	17637	340.92			272,780.87
10/22/2026	2335	Taft Midway Driller	2021.00 · Accounts Pa...	August 2026 A...	609.00			272,171.87
10/22/2026	2336	Technic Business So...	2021.00 · Accounts Pa...	IT Services - A...	446.03			271,725.84
10/22/2026	2337	TECHNIC LEASIN...	2021.00 · Accounts Pa...	11-1-26 to 11-...	215.45			271,510.39

Register: 1006 GF · GF Community West Bank
From 10/01/2026 through 10/31/2026
Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment	C	Deposit	Balance
10/22/2026	2338	Veronica Hunt	2021.00 · Accounts Pa...	Clinic Power O...	39.41			271,470.98
10/22/2026	2339	West Kern Water Di...	2021.00 · Accounts Pa...		869.00			270,601.98
10/26/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	190.00			270,411.98
10/26/2026	Auto Pay	Sterling Administrati...	2021.00 · Accounts Pa...	FSA Settlemen...	44.89			270,367.09

ITEM 5

West Side Health Care District

STRATEGIC PLAN

2027-2029

Prepared following the October 15, 2026 Strategic Planning Workshop

Strategic focus

The District will preserve and strengthen its established Rural Health Clinic services while advancing three immediate priorities: (1) opening and operating dental services, (2) developing 109 Adkisson Way as a separately certified Rural Health Clinic and a location for independently operated specialty practices, and (3) protecting long-term financial sustainability. A coordinated campus parking and access improvement program will support the second-clinic development.

FOUNDATIONAL PHASE	DIRECTION DURING 2027–2029
Phase 1 · RHC certification	Maintain the existing clinic's certification and regulatory readiness.
Phase 2 · RHC Operations – 100 E. North Street	Improve primary care access, clinic operations and staffing capacity.
Phase 3 · Laboratory, dental and RHC services	Launch dental care and responsibly expand District-operated services.
Phase 4 · Medical campus and non-RHC services	Certify 109 Adkisson Way as separate RHC; establish independent specialty leases; coordinate parking and access.
Phase 5 · Senior living	Preserve a longer-term path to evaluate senior living or care partnerships.

WSHCD Mission Statement

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.

West Side Health Care District will meet the goals of this mission by:

- 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.
- Being proactive in identifying the most pressing healthcare needs of the community and outlying areas while not replicating the efforts of others.
- Coordinate the healthcare resources, private and public, to achieve the goal of meeting priority health care needs.

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1. Purpose and strategic direction

West Side Health Care District serves Taft and western Kern County by supporting accessible, reliable health care in a rural community. The District operates a Rural Health Clinic offering primary, walk-in/urgent, radiology, chiropractic, acupuncture and telehealth services. This plan carries forward the five-phase strategy established by previous Boards and identifies actions intended to improve local access, operational performance and financial stability through 2029. Adoption establishes strategic direction. It does not, by itself, approve specific construction contracts, expenditures, staffing changes, real-estate leases, or applications requiring separate Board action.

Board-established priorities

- Complete dental clinic development and establish a sustainable operating program.
- Certify and activate 109 Adkisson Way as a new, separately enrolled RHC; pursue independent specialty-provider leases within the same building.
- Maintain financial stability while managing rising expenses, payer-policy changes and ongoing capital investments.

Parking and circulation improvements linking the two clinic properties are a supporting medical-campus objective. The plan calls for a coordinated vehicle and pedestrian access design.

2. Planning baseline

DISTRICT INDICATOR	MOST RECENT REPORTED BASELINE
Medical encounters	34,082 during FY 2025–2026; FY 2026–2027 medical budget of 34,150 visits.
RHC payer mix	24,483 RHC encounters in FY 2025–2026 (approximately 71.8% of total); management objective is approximately 72%.
100 E. North Street – Operating Model	Healthcare services offered seven days weekly; 12 existing exam rooms, 1 acute care room and three additional general exam rooms planned in conjunction with dental construction.
109 Adkisson Way	District-owned, approximately 9,000 square feet; 19 functional exam rooms, nine currently used by existing tenants, with potential additional rooms through future tenant improvements.
District financial position	FY 2025–2026 unaudited District bottom line of approximately $717,583; ongoing clinic operating subsidy has historically been approximately $500,000–$800,000 per year.

These are historical management-reported planning baselines, not 2027–2029 adopted budgets or guaranteed program forecasts. Project budgets and financial assumptions will be reviewed through the normal annual budget process.

3. Phase 1 — Rural Health Clinic Certification

Strategic goal. Preserve the completed foundational achievement of obtaining RHC certification and ensure sustained compliance, quality and reimbursement integrity at the existing clinic.

- Maintain survey and accreditation readiness, appropriate staffing, clinical quality oversight, credentialing and documentation.
- Monitor changes to RHC payment, billing, eligibility and other federal and California regulatory requirements.

Status: Foundational certification objective completed; compliance and performance monitoring remain ongoing.

4. Phase 2 — RHC Operations

Strategic goal. Maintain convenient seven-day access to medical care while strengthening continuity of primary care, clinical efficiency, and the necessary staffing capacity.

- Evaluate physician and advanced-practice provider scheduling to improve access to a designated primary care provider without reducing needed walk-in/urgent care coverage.
- Improve reception, referral, scheduling, clinical workflow and revenue-cycle processes; selectively implement technology that measurably reduces administrative burden.
- Assess supervisory structure and mid-level management capacity as service areas grow.
- Coordinate existing staff and provider resources across locations only after applicable site-specific certification and operating approvals are in place.

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Status: The RHC continues to provide seven-day primary and urgent care services, with ongoing efforts to improve patient access, provider scheduling, operational efficiency, and management capacity to support future growth. Construction completed on !00 E. North Street Remodel creating additional general exam rooms.

5. Phase 3 — Laboratory, Dental and Additional RHC Services

Strategic goal. Expand services that address community needs while supporting financial sustainability and quality of care.

5.1 Dental clinic development

Complete construction, equipment installation, staff recruitment and training, operational policies, EHR implementation, payer enrollment and operational readiness activities. Begin with Medi-Cal and self-pay services, evaluate commercial dental participation when feasible, and expand clinical days based on patient demand. Management's target contemplated opening in spring 2027 and reaching four to five clinic days per week by the end of 2027; dates remain dependent on construction, utilities, staffing and regulatory readiness.

5.2 Additional District-operated RHC services

Evaluate clinical and financial feasibility of behavioral health, psychiatry, counseling, medication management, dermatology, podiatry, women's health and appropriate case management services. Development of behavioral health and expanded primary care at 109 Adkisson Way will be coordinated with separate RHC certification and enrollment; District-operated RHC services will not be furnished there before required approvals.

5.3 Laboratory and related access

Maintain convenient laboratory services through appropriate tenant and operating relationships, with attention to patient access, shared common areas and parking.

Status: Laboratory relocation to 109 Adkisson Way Complete, Dental Construction underway – Contracted completion date January 27, 2027, Operational Readiness Checklist for Dental Services are underway – Target of hiring support staff January 2027, Service contract discussion with RHC providers ongoing – execution of contracts will be timed with RHC accreditation date.

6. Phase 4 — Medical Campus and Non-RHC Services

Strategic goal. Develop the District's existing and acquired properties into a coordinated medical campus that expands primary care, behavioral health and access to specialty services in a fiscally responsible manner.

Priority objective 6.1 — Establish 109 Adkisson Way as a new RHC

The District will pursue accreditation and certification and enrollment as an independent Rural Health Clinic. Management will develop a regulatory roadmap; evaluate reimbursement and startup cash requirements; determine room, technology and staffing readiness; and phase in District-operated primary care and appropriate behavioral health services upon approval.

Priority objective 6.2 — Establish independent non-RHC specialty leases

The District will actively seek lease relationships with independently operated specialty practices at 109 Adkisson Way. Potential specialties include orthopedics, nephrology, cardiology, specialty imaging, and gastroenterology, with other disciplines considered according to patient need and recruitment opportunities. Tenants will operate under their own clinical, billing, licensing and payer arrangements, rather than being represented as District-operated services. Proposed leases will be reviewed for fair-market terms, applicable public-agency requirements and health care regulatory compliance, including referral-related restrictions when applicable.

Priority objective 6.3 — Integrated parking, access and circulation

The District will pursue an engineered campus parking and access concept connecting the existing clinic property at 100 E. North Street and the 109 Adkisson Way property. Planning will evaluate a coordinated vehicle entrance and exit strategy; pedestrian circulation and accessible paths of travel; ADA parking; patient drop-off; emergency and service access; tenant impacts; utilities, drainage and property constraints; construction phasing; and a preliminary capital cost and funding plan. Any resulting project(s) will be subject to separate design, permitting, budget and Board approvals.

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7. Phase 5 — Senior Living and Long-Term Care

Strategic goal. Preserve opportunities to evaluate senior living and care needs in the District's service area after near-term clinical priorities are stabilized. Potential models include land leases, independent third-party development, operating partnerships, assisted living, independent living and other appropriately licensed services. The District will first assess community demand, site feasibility, regulatory authority, private-operator interest and financial risk. No senior-living construction commitment is made under this plan.

8. District-wide financial sustainability

Financial stability is an organizing priority across all phases. The District will maintain responsible reserves, evaluate all operations separately from property-tax and investment revenues, and exercise disciplined capital planning. Management will regularly review staffing costs, reimbursement, patient mix, revenue-cycle performance, existing and new insurance payer contracts, lease revenue, exposure to Medicaid/Medi-Cal/Medicare/Medicare Advantage changes.

- Completed operating and startup forecast costs for dental services.
- Develop operating and startup forecast costs for 109 Adkisson Way RHC before each significant implementation decision.
- Evaluate future capital project scope, financing and cash requirements.
- Review financial performance monthly and incorporate revised assumptions in the annual budget with the assistance of the Chief Financial Officer.

9. Implementation and accountability

The Executive Director is responsible for coordinating implementation with the Medical Director, Clinic Director, District Manager, Chief Financial Officer, facility and clinical project managers, and professional consultants as appropriate. Each strategic priority will have an assigned management lead, a work plan and measurable results. The Board will review a quarterly strategic status report and conduct at least one comprehensive review annually.

Board-level outcome commitments

PRIORITY	BOARD-LEVEL COMMITMENT	PERFORMANCE REVIEW
Dental expansion	Complete project readiness and begin sustainable clinical operations.	Opening/readiness status; dental clinical days and encounters; staffing; operating result; capital variance.
109 Adkisson RHC	Complete required regulatory steps toward separate RHC certification and launch approved services, review project costs..	Application, survey, enrollment and operational milestones; startup forecast; service readiness.
Independent specialty leases	Establish specialty-provider relationships serving the western Kern County community.	Prospective tenants; signed leases; occupied space; availability of specialty clinics; lease revenue.
Campus parking	Produce an integrated design and approval process, review project costs.	Concept and engineering milestones; approvals; project estimate; accessibility and circulation outcomes.
Financial sustainability	Protect liquidity and improve operating efficiency while funding prioritized growth.	Days cash on-hand; District and clinic operating results; payer mix; capital commitments; budget variance.

Metrics and annual numeric targets will be established by management and reported to the Board.

10. Governance and adoption

The Board establishes policy direction and reviews implementation. Adoption of this plan does not substitute for separate approvals of annual budgets, capital projects, public works procurement, leases, professional services, personnel actions or regulatory applications where required. Management may refine implementation schedules and performance measures within authorized budgets and Board direction, and will bring material changes back for consideration.

Proposed Board action

Approve and adopt the West Side Health Care District Strategic Plan for 2027–2029, retaining the District's five-phase framework, recognizing dental services, separate RHC certification and independent specialty-provider lease development at 109 Adkisson Way, integrated campus parking and access planning, and financial sustainability as priorities; direct the Executive Director to implement the plan within Board-approved authority and budgets and to provide quarterly progress reports.

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ITEM 6

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

POLICY: Crash Cart	REVIEWED: 2/5/16; 2/15/17; 2/27/18; 10/25/18; 9/29/19, 1/7/20; 01/10/22; 06/27/22; 02/02/23; 07/01/24, 10/14/26
SECTION: Clinical	REVISED: 2/27/18; 1/7/20; 1/19/22; 07/11/22; 01/24/23; 06/04/24, 10/16/26
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Maintenance of Adult and Pediatric Crash Carts

Objective: An emergency response cart for adults and an emergency response cart for pediatric patients will be maintained for easy accessibility in the event of a medical emergency.

Acuity Rating: Severe

Policy: The Clinic provides adequate supplies, equipment, and medication required for a medical emergency. Emergency response carts will be maintained for easy accessibility in the event of a medical emergency.

Procedure:

1. The emergency response cart(s) will be inventoried after each use and on a monthly basis by the Clinic Director or designee to assure that all equipment specific to adult and pediatric patients are present and in working order.

2. All medications for adults and medications specific to pediatric patients will be appropriate in quantity and not expired. This inventory will be logged, dated and initialed by the Clinic Director or designee. It is the responsibility of the Clinic Director or designee to immediately replace expired or used medications and supplies.

3. Emergency response cart(s) will contain the medical supplies, medications, and the medical equipment, that is appropriate to support the response of EMS and hospital transfer capabilities.

4. The emergency adult and pediatric crash carts will be stored in Exam Room 9 in Corridor D.

5. The list of response cart(s) contents will be reviewed by the Medical Director annually and/or upon notification that patient safety and local conditions require a revision. The inventory list will be maintained with each response cart and updated as indicated above (see Procedure 1).

6. Emergency medications in the Adult Emergency Response Cart are listed as follows:

    a. 8.4% Sodium Bicarb, 50 mEq (1mEq/ml) Abboject
    b. 10% Dextrose 1000ml or 500ml
    c. 0.9% Normal Saline 1000ml
    d. 0.9% Normal Saline 10ml flush

e. Adenosine Injection (6mg/2ml) SDV
f. Amiodarone 150mg/3ml SDV
g. Aspirin Chewable 81 mg bottle
h. Atropine Sulfate 1mg 0.1mg/ml Abboject
i. Calcium Chloride 10% 1mg (100mg/ml) Abboject
j. Dextrose 50% (0.5gm/m) Abboject or Vial
k. Dextrose 10% 500ml
l. Diphenhydramine HCL/ Benadryl 50mg/ml SDV
m. Epinephrine 1:10,000 1mg/10ml Abboject
n. Epinephrine 1:1,000 1mg/ml Ampule
o. Glucagon Emergency Kit
p. Lidocaine HCl 2% 100mg/5ml Abboject
q. Lidocaine HCl 2% 20mg/ml MDV
r. Magnesium Sulfate 50% 1gm/2ml SDV
s. Naloxone (Narcan) 0.4mg/1ml SDV
t. Nalaxone CHL Nasal Spray 4 MG
u. Nitro Paste (NitroBid Ointment) 2%
v. Nitroglycerin 0.4mg sublingual tablet
. Ventolin HFA 90 mcg Inhalation

7. Emergency medications in the Pediatric Emergency Response Cart are listed as follows:

a. 0.9% Normal Saline 10ml in 12 ML syringe (flush)
b. Adenosine 6mg/2ml SDV
c. Atropine 1mg 0.1mg/ml Abboject
d. Benadryl (Dyphenhydramine) 50mg/ml SDV
e. Dextrose 25% 250mg/ml Abboject
f. Epinephrine 1:10,000 1mg/ml Abboject
g. Epinephrine 1:1000 1mg/ml Ampule
h. Naloxone (Narcan) 2mg/2ml Leur-jet
i. Valium (Diazepam) (Rectal) 5, 7.5, 10mg Metered Dose
j. Ventolin HFA 90 mcg Inhalation

8. Due to temporary or long-term emergency medication supply shortage, concentration or volume substitutions for the following medications may be utilized:

a. Dextrose
b. Magnesium Sulfate
c. Normal Saline Infusion or Flush

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

POLICY: Hazardous Waste	REVIEWED: 2/6/16; 2/16/17; 2/2/18; 11/19/18; 10/29/19, 12/22/22; 01/29/25; 10/14/26
SECTION: Infection Control	REVISED: 11/5/19
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Hazardous Waste

Objective

The Environmental Protection Agency has grouped certain chemicals and chemical groups into categories which have been classified as toxic. This means that in concentrated form or by accumulating and combining with other chemicals (even the air) these chemicals can be hazardous to human health if exposure occurs.

Policy

The Clinic insists that employees not create hazardous wastes that will contaminate the environment. Whenever possible, employees should choose non-hazardous materials. If an employee uses hazardous materials, he must properly dispose of them. No employee shall knowingly dump any hazardous wastes into the environment at any time. Violation of this policy will result in disciplinary action, including termination of employment.

If any employee suspects that the wastes he may encounter as an employee are hazardous (whether or not they are being created by the Clinic), should inform the supervisor immediately. If any employee does not know how to control or dispose of hazardous wastes and what to do if exposed to hazardous wastes, the employee should consult with the provider on duty and refer to the Safety Data Sheets reference located on the shared folder.

Hazardous Waste Reminders:

- **Focus on patient and staff safety.**
- **Be alert to hazardous wastes.**
- **Wear appropriate personal protective equipment.**
- **Know how to properly dispose of hazardous wastes.**
- **Direct any questions to your supervisor.**
- **Report all exposures immediately.**

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

POLICY: Domestic Violence Reporting Suspicious Injury Reporting	REVIEWED: 7/1/16; 6/25/17; 6/4/18; 4/20/19; 7/7/20; 06/27/22; 07/29/24; 10/14/26
SECTION: Clinical	REVISED:
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Domestic Violence Reporting-Suspicious Injury Reporting

Objective: To ensure compliance with California Penal Code regarding the reporting of injuries from a deadly weapon and/or assaultive or abusive behavior. This includes suspected spousal/partner or intimate violence.

Policy: Health Care providers, which include but are not limited to physicians, physician assistants, nurse practitioners, nurses and other health care professionals are required to report Domestic Violence/Suspicious Injuries as directed by Penal Code 11160, 11161.9, 11165, 11162.5, 11162.7, 11163, and 11163.2.

Acuity Rating: Mandatory

Applies to: All Personnel and Practitioners

Procedure:

1. California mandates reporting of suspected criminal acts such as the following:

    a. Any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm, or other deadly weapon.
    b. Any wound or other physical injury inflicted upon the person where the injury is the result of abusive or assaultive behavior.
    c. Assaultive or abusive behavior is defined to include a long list of criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.

2. When the health care provider suspects that domestic violence is involved with a patient, the health care provider or designee is required to telephone the appropriate law enforcement agency, and complete a Suspicious Injury Report in compliance with Penal Code Section 11160.

Elder/Dependent Adult Abuse

California law mandates that any case of suspected elder/dependent abuse shall be reported to the appropriate law enforcement agency and/or Adult Protective Service.

Child Abuse

California Law manages any case of suspected child abuse, neglect or exploitation of children shall be reported to the appropriate law enforcement agency and to the Child Protective Service of Kern County.

Expired Patient

A report must be made even if the person has expired, regardless of whether or not the injury contributed to the death and even if evidence of conduct of the perpetrator was discovered during an autopsy.

APPROPRIATE LAW ENFORCEMENT AGENCIES

Emergency	**911**
Bakersfield Police	**(661) 327-7111**
Taft Police Department	**(661) 763-3101**
Kern County Sheriff's Department (Taft)	**(661) 763-8550**

Patient Referrals

Patients who have suffered domestic violence will be given information and referral to:

Alliance Against Violence and Sexual Assault
1921 19th Street
Bakersfield, California
661-322-0931
HOTLINE 661-327-1091 or 1-800-273-7713

Internal Documentation

A copy of the reporting documentation, incident report and supporting documents, is kept in a secure file in the Clinic Director's office.

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

POLICY: Autoclave Use and Maintenance	REVIEWED: 6/20/16; 6/25/17; 6/4/18; 07/11/22; 02/02/23; 01/29/25; 10/14/26
SECTION: Infection Control	REVISED: 7/3/17; 9/16/19; 06/14/22; 01/25/23, 10/22/26
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR:

Subject: Autoclave Use and Maintenance

Objective: To safely sterilize, by steam, instruments and other utensils, and to ensure integrity of the sterilization procedure. No cold sterilization will be utilized at this facility.

Response Rating: Mandatory

Required Equipment: Autoclave, sterilization pouches (assorted sizes), and biologic proof vial.

Procedure:

1. Instruments are to be transported from the exam area to the processing room in a leakproof, puncture resistance container, with a hinged top, labeled biohazard.
2. Prior to instrument scrubbing, clinical staff members are to don PPE (gown, heavy duty gloves, eye shield).

3. All instruments and equipment should be scrubbed with approved enzymatic cleaner only.

4. Before scrubbing the instruments, they are placed in approved disinfectant for 5 minutes, then scrubbed, thoroughly, rinsed and then placed for 30 seconds in lubricant in the hinged position Do not rinse lubricant off.

5. Allow instruments to be air dried in a hinged (open) position.

5. Instruments will be placed into sterilization pouches in preparation to be sterilized. If the instrument has a hinge it is to be placed in the pouch in an opened hinged position. Sterilization pouches will be labeled with the description of package contents, date of sterilization, staff member initials, and load number. If the manufacturer of the sterilization pouch indicates an expiration date, the expiration date will also be labeled. If no expiration date is indicated by the manufacturer, the packaging will be labeled with a “sterile until package is compromised” stamp or sticker, after autoclaving process.

6. Pouches with available internal steam indicator strips will be inserted inside all self-sealing pouches.

7.Place pouches on shelf in autoclave. DO NOT STACK ITEMS.

8.For every cycle place two EZTest Biological Indicators in a horizontal position with items to be sterilized. One on the top most rack with a pouch and one on the lowest used rack with a pouch.

6. 9.Select and press appropriate preprogrammed button.

10. Press the start button.

11. Standard cycle parameters for pouches are as follows: 270˚ F / 27.1 psi, sterilize for 5 minutes.

12. Record autoclave load on the autoclave log: Load number, date, temperature, pressure (PSI), cycle length, contents, and initials.

.13. Once load is complete and has cooled for at least 10 minutes, retrieve the EZTest biological indicators.

14. Examine the steam chemical indicator for color change on the EZTest biological indicators, activate the media by crushing the ampule and begin incubation for a minimum of 24 hours at 55 – 60 degrees Celsius. Document the incubation start time on the autoclave load log. After the minimum incubation time period, remove the steam indicator stickers from the EZTest biological indicators and place on load log.

15. Refer to policy Autoclave Spore Testing for guidance relative to chemical and biological indicators and required guidance.

AUTOCLAVE MAINTENANCE

Weekly:

1. Clean external surfaces with a soft dry cloth and occasionally with a damp cloth and mild detergent.

2. Wipe internal surfaces with damp cloth.

3. Drain water from reservoir using drain tube on front of unit. Drain into large basin.

4. Using Speed-Clean Autoclave Cleaner and distilled water, wash inside of chamber, trays, door, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.

5. Refill reservoir with clean distilled water.

6. Run unwrapped pouch cycle.

7. Record cleaning on Autoclave Log.

Monthly:

1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.

2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.

3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one unwrapped cycle.

4. Drain reservoir and allow unit to cool.

5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. A small stiff brush will aid procedure. After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.

6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on end of tray plate and slide assembly of the chamber.

7. Locate chamber filters on bottom and back of chamber. Grasp filter and pull outward while twisting slightly. If necessary, a pair of pliers may be used. Filter may be cleaned with mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. If cleansing methods do not effectively clean the filter, replacement may be necessary. Reinstall filters by pressing inward and twisting slightly.

8. DO NOT OPERATE UNIT WITHOUT FILTERS.

9. Wipe off all trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.

10. Angles on end of plate must be toward back of chamber to prevent interference with temperature probe in back of chamber.

11. Fill the reservoir with clean distilled water.

12. Sterilizer is now ready for use.

13. Record cleaning on Monthly Autoclave Quality Control Log.

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

POLICY: Elder Or Dependent Adult Abuse Reporting	REVIEWED: 2/9/16; 2/15/17; 3/27/18; 10/24/18; 9/27/19; 09/25/24; 10/14/26
SECTION: Clinical	REVISED: 10/15/26
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Elder and Dependent Adult Abuse Reporting

Objective: To comply with California Law, any health care provider, providing services at the Clinic who suspects, observes, or is told of the abuse of an elder or dependent adult must report to the appropriate law enforcement agency and/or Adult Protective Services.

Acuity Rating: Mandatory

Procedure:

1. DEFINITIONS:

a. Elder-any person residing in the State of California, 65 years of age or older. In addition, an individual with physical conditions or limitations such as that of the senior adult target group but is younger than 65 years of age will also be designated as "elderly" for abuse intervention purposes.
b. Dependent Adult-any person residing in the State of California, between the ages of 18 and 64, who has physical and/or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to person who has physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
c. Mandated reporters-include care custodians, health practitioners, employees of Adult Protective Services Agencies, and other employees of local law enforcement agencies.

2. REPORTING CONTACTS:

Adult Protective Services
5357 Truxton Ave.
Bakersfield, CA 93302
(800) 277-7866
Fax (661) 2478344
Submit report online at co.kern.ca.us (Adult Protective Services) using the Mandated Reporter link

Kern County Sheriff's Department
601 Garner Field Road
Taft, CA. 93268
(661) 861-3110

Taft Police Department
320 Commerce Way
Taft, Ca. 93268
(661) 763-3101

Ombudsman Program
615 California Avenue
Bakersfield, CA. 93304
(661) 325-5943

3. Reporting Requirements:

a. **Physical or sexual abuse**-mandated reporters are to telephone the appropriate law enforcement agency immediately if physical or sexual abuse is suspected, observed or if they are told of the abuse. A completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate, using the online reporting form.

b. **Non-physical abuse**-All reports of non-physical abuse should be submitted by telephone and a completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate within two (2) working days using the online reporting form.

c. **Information regarding abuse from a third party**-The report of Suspected Dependent Adult/Elder Abuse Form should also be used to record information received from a third party through a telephoned report of abuse. The shaded sections on the form are to be completed when a third-party telephone report of abuse is received.

4. Failure to Report:

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months

5. Types of Reportable Abuse:

Mandated reporters are required to report the following types of physical/sexual abuse as per the California Welfare and Institutions Code Section 15610.63:

a. Assault as defined in Section 240 of the Penal Code.
b. Incest, as defined in Sec 285 of the Penal Code.
c. Battery as defined in Section 242 of the Penal Code.
d. Sodomy, as defined in Section 286 of the Penal Code.
e. Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
f. Oral copulation as defined in Sec 288a of the Penal Code.
g. Unreasonable physical restraint or prolonged or continual deprivation of food or water.
h. Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
i. Sexual assault, which means any of the following:
    i. Sexual battery as defined in Sec 243.4 of Penal Code
    ii. Rape as defined in Sec 261 of the Penal Code.
    iii. Rape in concert, as defined in Sec 264.1 of the Penal Code.
    iv. Use of a physical or chemical restraint or psychotropic medication, without authorization, or for a purpose other than that for which it was ordered, including but not limited to, staff or caretaker convenience, for punishment, or for a period beyond

that for which it was ordered.

6. <u>Abuse that is Permissible to Report:</u>

Mandated reporter may report the following types of abuse:

a. Neglect-Negligent failure of any person having the care or custody of an elder or dependent adult to exercise a "reasonable person" degree of care, including failure to:
   i. Assist in personal hygiene, or in the provision of food, clothing or shelter.
   ii. Provide medical care for physical and mental health needs (except that a person/victim who voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment shall not be deemed neglected or abused).
   iii. Prevent malnutrition.
   iv. Protect from health and safety hazards.

b. Intimidation-Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment, or other forms of intimidating behavior.

c. Fiduciary Abuse-A situation in which any person who has care or custody of, or who stands in a position of trust to an elder or suspected adult, takes, secrets, or appropriates money or property to any use or purpose not in the due and lawful execution of his or her trust.

d. Abandonment-Desertion or willful forsaking of an elder or dependent adult by anyone having care or custody under circumstances in which a reasonable person would continue to provide care and custody.

e. Isolation - Includes intentional acts committed for the purpose of preventing, and that actually serve to prevent, an elder or dependent adult from receiving mail or telephone calls.
   i. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller or meet with the visitor where the statement is false or contrary to the wishes of the elder or dependent adult, and is made for the purpose of limiting contact with family, friends, or concerned persons.
   ii. False imprisonment.
   iii. Physical restraint for the purpose of preventing the elder of dependent adult from meeting with visitors.

7. <u>Internal Documentation:</u>

A copy of all reporting documents is kept on file in the Clinic Director's office. Do not file reports in patient record.

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

POLICY: Management of Clinical Inbox	REVIEWED: 10/12/2022; 11/28/22; 12/18/24; 10/14/26
SECTION: Clinic	REVISED:
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Management of Clinical Inbox

Objective: To ensure effective operations and timely management of administrative and clinical work assigned in the Electronic Medical Record (EMR) Clinical Inbox for Medical Providers, Clinic Staff and District Staff.

Response Rating:

Required Equipment:

Procedure

1. All Full-Time Medical Providers, Clinic Staff and District Staff are responsible for the timely management of their Clinical Inbox.
    a. Clinical Inbox work is expected to be completed during the individuals scheduled shift.
    b. Work outside of the individuals scheduled shift must be pre-approved by the individuals Supervisor.
2. Related actions or requirements of this policy will follow all established District and Clinic Policies and Procedures; including the Employee Handbook.

Medical Staff

1. The Medical Director or their designee is responsible for the oversight of clinical inbox issues for all Medical Providers.
2. To assist with the timely management of Provider Clinic Inboxes and completion of patient related services Provider EMR Clinical Inbox coverage may be required.
3. Providers receiving Provider EMR Clinical Inbox Coverage will be determined in collaboration between the Medical Director, Clinic Director and Executive Director.
    a. The Provider EMR Clinical Inbox Coverage Designee and the Designees duties will be assigned by the Executive Director.
3. Provider EMR Clinical Inbox Coverage will be assigned based on work status including, but not limited to Part-Time, Per-Diem and Contracted Providers.
    a. Clinical Inbox Coverage may also be assigned for providers on extended leave of absence or time-off including, but not limited to Vacation, Paid-Time Off, Medical Leave, Maternity/Paternity Leave or personal circumstance.

i. It is the responsibility of the Provider seeking Clinical Inbox Coverage for absences related to paid time-off or vacation to request coverage by contacting their supervisor at least one day prior to leave.

b. All coverage assignments must receive approval by the Executive Director.

4. Provider EMR Clinical Inbox Coverage duties include, but not limited to oversight and management of Orders, Prescriptions, Laboratory Results, X-Ray and Diagnostic Results, Authorizations, Clinical Documents, Messages, Appointment Requests and Patient Cases.
5. The Clinical Inbox Designee will consult with the ordering provider (if available) or the Medical Director as needed to carry out orders or interventions.
6. The Clinical Inbox Designee will give written orders and direction to the assigned provider staff inbox to be carried out by clinic staff.
    a. Upon review and completion of task, clinic staff will return follow-up or response to the ordering provider's clinical inbox.
    b. Clinic staff will not close the patient result.
7. Labs and Diagnostics will be reviewed and follow-up appointments for patients will be scheduled with the Ordering Provider; Except for:
    a. Appointment or result urgency requires review and consultation earlier than Ordering Providers next available appointment.
    b. If the Ordering Provider's schedule or credentialing does not allow for follow-up appointments or the patient intends to establish with WSFHC for primary care services the patient will be scheduled with a full-time provider.
    c. Results will be closed by the Clinical Inbox Designee or provider completing the follow-up encounter with the patient.
8. Clinical Inbox Designee will consider re-fill medications for a 14-30 day supply with or without a patient encounter based on their clinical judgement.
9. If medication is deemed not appropriate for re-fill, the patient will be recommended to schedule an appointment with the ordering provider or recommended to come in as a walk-in patient.
    a. Any narcotic/scheduled II or controlled medication **will not** be eligible for re-fill by the Clinical Inbox Designee.
10. During their review of the Clinical Inbox, the Clinical Inbox Designee will report any quality of care documentation or other abnormality related to the patient's chart to the Medical Director and Clinic Director.
11. The Executive Director or designee will run reports detailing the Clinical Inbox Designee tasks and report to the QAPI Committee.

Clinic Staff

1. The Clinic Director or their designee, is responsible for the oversight of all Clinic Staff and Provider-Staff clinical inbox issues.

2. Unless otherwise directed, the clinic staff member assigned to work with the ordering provider, will be responsible for completing tasks found in the ordering providers **"(PROVIDER)staff"** inbox.
    a. The Clinic Director may assign other clinic staff members to work on clinical inbox tasks based on need.
3. Staff clinical inbox duties include, but are not limited to:
    a. Daily patient orders
    b. Referral processing
    ~~c. Pharmacy prescription re-fill correspondences~~
    d. Patient outreach for results or Follow-up
    e. Appointment reminders and Patient cases.
    f. Appointment requests
    g. Clinical Documents
    h. Admin / Phone messages
    i. Unknown Documents
    j. Need Follow Up
4. Clinic staff completing tasks directed by a provider other than the ordering provider as identified in this policy (Provider Clinical Inbox Designee) will return the task response or completed order to the ordering providers clinical inbox.
5. Staff will report during their review of the Clinical Inbox, quality of care, documentation or other abnormality related to the patient's chart to the Clinic Director.

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

POLICY: Occupational Health Non – DOT Urine Drug Testing	REVIEWED: 10/14/2026
SECTION: Occupational Health	REVISED:
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Non – DOT Urine Drug Testing

Objective: To provide Non-DOT drug testing to promote workplace safety, maintain a drug-free work environment, and comply with employer requirements. Testing services are provided for the organization's employees and for employees or applicants of contracted employers.

Response Rating:

Required Equipment: LabCorp Urine Drug Screen Collection Kit; Lab Corp Web or Downtime Chain of Custody (COC) forms

Storage: The LabCorp Urine Drug Screen Collection Kit should be storage at 39 degrees to 86 degrees F.

Testing: Non -- DOT Urine Drug Testing may be performed under the following circumstances:

- Pre-employment
- Random
- Reasonable suspicion
- Post-accident
- Return-to-duty
- Follow-up testing
- Pre-placement or fitness-for-duty examinations

Warnings and Precautions: Only to be performed by staff that have been trained in Non – DOT Urine Drug Testing and completed LabCorp Collector Training. Only to be performed after WSFHC Urine Drug Screen Consent has been completed.

Do not perform unless all sections of the Urine Drug Screen Consent have been completed. Do not use if LabCorp Urine Drug Screen Collection Kit is punctured or not sealed. Discard after first use.

Collection Guidelines: All specimens will be collected using established chain-of-custody procedures outlined by Lab Corp. Specimen integrity and confidentiality will be maintained throughout the collection process. Non-Negative (Preliminary Positives) results will require laboratory confirmation with Medical Review Officer (MRO) review.

Procedure:
Register the Donor, Follow Urine Drug Test Collection Procedure, Document the Collection Information, and Print the Chain of Custody Form (Laboratory Copy with Labels, Collector Copy, Donor Copy)

Register Donor

1. Log on to LabCorp Corporate Solutions @ https://www.labcorpsolutions.com/ots/login.jsp

Select the following Tabs:

a. **Confirm Collection Site**
b. **Start Collection**
b. **Donor Arrived w/o Chain of Custody Form**
c. **Create Registration**
Select Reason for Test Donor ID # (MRN), Enter Donor Name, DOB, Phone Number Eve/Daytime, Sex, State of Residence, Test(s) Requested Test ID = 726767
d. **Continue or Finish**
i. Continue if collecting now
ii. Finish if collecting later

Collection Procedure

1. Allow the donor to select a collection kit. Remove foil seal from collection cup by peeling back, using the tab provided. Discard foil seal.
2. Inventory contents: one collection cup with temperature strip attached, specimen vial(s), and one double-pouch, leak resistant plastic bag.
3. Make a security check of each specimen vial to verify that the seal is intact. Small arrow must not be broken.
4. Give the collection cup to the donor with the specific instructions regarding volume and collection protocol.
5. Receive specimen from the donor and indicate the specimen temperature on the urine drug testing chain-of-custody form (CCF). Keep specimen in full view of donor throughout the collection process.
6. Allow donor to watch collector pour 30ml of specimen from collection cup into primary specimen vial. Do not fill above maximum fill line on specimen vial. Press vial lid down firmly using palm of hand to close. Pull lock tab down over specimen vial tab to secure.
7. To split specimen, allow the donor to watch collector pour 15ml of specimen from collection cup into second specimen vial. Do not fill above maximum fill line on specimen vial. Press vial lid down firmly using palm of hand to close. Pull lock tab down over specimen vial tab to secure.

Print Web CoC

1. Log on to LabCorp Corporate Solutions @ https://www.labcorpsolutions.com/ots/login.jsp
    a**. Resume Collection**
    b**. Search Donor by Donor ID**
    e. **Collection Information**
        Document:
            1. Donor Identified by: Photo ID or Employer Representative
            2. Is Temperature between 90° & 100°F: Yes No or N/A
            3. Split Specimen Collection? Yes
            4. **Observed Collection Performed**? No
            5. **Specimen Delivery Service**? LabCorp Courier Service

    f. Place 1 page of Web COC paper with labels in printer
    g. **Print CCF (**Laboratory Copy w/labels, Collector Copy, Donor Copy)
    h. **Complete Collection**

3. Instruct Donor to sign the Laboratory Copy, the Collector Copy, and Donor Copy.

4. Sign the Collector Line on the Laboratory Copy, Collector Copy, and Donor Copy.

5. Instruct the Donor to initial and date the Container Seal on the Laboratory Copy.

6. Peel the Container Seal "A" and Align the + with the center of the top of the Specimen container containing 30ml of urine to seal both sides. For split specimen, Peel the Container Seal "B" and Align the + with the center of the top of the Specimen container containing 15ml to seal both sides.

7. Place the Laboratory Copy of the COC form in the rear pouch of Collection bag

8. Place the sealed Urine Specimen Container(s) in the front pouch of Collection Bag.

9. Remove release liner from flap

10. Fold blue adhesive flap to cover red crosshatch slit opening

11. Place logistic label over indicated area.

12. Place specimen in courier pick-up area.

13. Give the Donor his/her signed copy.

14. Place Collector copy in Occupational Health Urine Drug Screen Binder.

15. Document on appropriate occupational health forms and in EMR prn.

Emergency Chain of Custody (COC) forms: Utilized if unable to print web COC forms

Results

Negative Results: Received via fax or can be retrieved through Labcorp Solutions website via **Specimen Inquiry**

Preliminary positive/non-negative results: Labcorp will send to AMRO, for MRO (Medical Review Officer) review. Final results will be received via fax or on AMRO website portal.

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

POLICY: Narcotics	REVIEWED: 11/30/18; 10/29/19;09/29/22; 11/28/22; 12/18/24; 10/14/26
SECTION: Medication Management	REVISED: 05/05/21; 10/25/22; 10/21/26
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR:

Purpose: Narcotic Policy

Objective: The Clinic is oriented to provide relief of acute medical conditions and acute pain. In that context, it is sometimes appropriate to prescribe narcotics. We recognize that there are patients in the community who require chronic pain management and others who are drug seeking. This policy is intended to allow relief of acute pain without encouraging drug seeking patients and preventing drug diversion, within the limits of state and federal laws.

Policy:

It is the goal of our practice to provide effective pain relief for acute conditions and injuries. We will not practice chronic pain management, except in the context of diagnosed medical conditions. Narcotics may be prescribed in limited quantities for acute conditions with a quantity of no more than 30.

In the rare instances of chronic pain requiring narcotics, a plan of care needs to be outlined in the chart and a Pain Medication Contract signed by the provider and the patient. This plan should include the number of pills per month, a clear diagnosis, documentation of prior non-narcotic treatments, and regular follow-ups with the same provider on a scheduled basis.

The following narcotics are **acceptable** in limited quantities:

- Codeine
- Hydrocodone
- Ultram (Tramadol)
- Oxycodone
- Morphine IM/IV (administered at the Clinic)
- Ativan IM/IV (administered at the Clinic)
- Valium IM/IV (administered at the Clinic)
- Diazepam (Valium) rectal (Administer at the Clinic)
- Versed Atomized IN (administered at the Clinic)
- Hydromorphone HCL

The following narcotic medications are unacceptable at this facility:

- Methadone
- Any other triplicate narcotic

Any exceptions to this policy need to be approved by the Medical Director and one other provider and documented in the chart.

Should the patient fail to comply with their Pain Medication Contract, the patient will be terminated from the practice.

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

POLICY: Retention of Records	REVIEWED: 2/11/16; 2/16/17; 2/27/18; 1/17/19; 6/1/21; 11/28/22, 12/18/24; 10/14/26
SECTION: Medical Records	REVISED: 1/25/19; 12/15/22; 01/16/25
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Retention of medical records

Objective: Inactive paper medical records will be retained in a secure location and inactive electronic medical records will be archived and retrievable in accordance with HIPAA and other relevant standards.

Response Rating:

Required Equipment:

Procedure:

1. Electronic medical records will be archived when the patient has not been seen in the Clinic for three years.

2. A log of medical records that have been archived will be developed, maintained and updated, if said records cannot be stored in the current EMR that the facility is utilizing.

    a. Periodically, when new records are moved from active to archived status.

    b. On a case-by-case basis, when inactive records are returned to active status due to a patient returning to the Clinic after a hiatus of three (3) years or more.

3. Inactive medical records will be retained as follows:

    a. Pediatric to the age of majority (18 years) plus one year or ten years after the last discharge date, whichever is longer

    b. Adults for ten years after the last discharge date.

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

POLICY: On-Call Program	REVIEWED: 7/18/17; 7/6/18; 6/16/19; 6/19/20; 11/28/22; 12/18/24; 10/14/26
SECTION: Admitting	REVISED: 7/6/18; 11/28/22; 01/16/25
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: On Call Program

Objective: To ensure the development and operation of an after-hours on-call program in compliance with contractual obligations and to meet patient need.

Response Rating: Mandatory

Required Equipment: Call My Doc smart phone application (IOS and Android, per user preference)

Procedure:

1. The Medical Director or their designee be responsible for establishing the schedule to staff the On-Call Program.

2. Medical staff members (Physicians and Mid-level providers) will participate in the On-Call Program, with staffing determined by assignments made by the Medical Director or designee to cover any open slots.

3. Maintenance of the application's calendar is the responsibility of the Medical Director or their designee.
   a. The on-call "shift-day" schedule template will be as follows:
      i. Sunday 2100 – Monday 0700
      ii. Monday 2100 – Tuesday 0700
      iii. Tuesday 2100 – Wednesday 0700
      iv. Wednesday 2100 – Thursday 0700
      v. Thursday 2100 – Friday 0700
      vi. Friday 2100 – Saturday 1000

vii. Saturday 2100 – Sunday 1000

viii. Day before WSHCD holidays 2100 – 1000

4. Maintenance of provider enrollment within the Call My Doc application is the responsibility of the Medical Director or their designee who will enter provider name, license and DEA number, preferred phone number and email address:
   a. Immediately upon hire
   b. Immediately upon receipt of updated information from the provider
   c. Periodically, during provider's tenure, to ensure accurate data and to prevent system failures

5. Development and maintenance of the on-call schedule with the practitioners assigned to each day is the responsibility of the Medical Director or their designee.

6. Changes in the entered on-call schedule will be the responsibility of Medical Director or their designee who will receive notice of such changes from the Medical Director and/or providers by email.

7. Content of the message patients will hear when they contact the clinic after hours is the responsibility of Medical Director or their designee, who will interface with the vendor to ensure the message is current and accurately reflects how the practice wants after hours contacts managed.
   a. Message content will include:
      a. Statement that the Clinic is closed
      b. Statement that the message is available in English and Spanish
      c. A Reminder that if the patient is calling to report a medical emergency they must hang up and contact 911 immediately
      d. Statement that Kern Health Systems patients may call the KHS 24-hour Nurses Line for advice
      e. Options to schedule an appointment by phone, leave a message for someone, or contact the practitioner on-call.

8. Practitioners will be expected to be available to cover the on-call schedule a minimum of one shift/day a month. The Medical Director or designee will then assign shifts/days; first, on a volunteer basis; and, then as required in rotation to ensure fairness. Holiday shifts/days will be rotated as necessary.

9. Practitioner compensation for on-call shifts will be accrued per shift assigned and paid.

10. Practitioners on-call will be required to respond to patient outreach within a 30-minute timeframe. Compliance will be confirmed by reviewing response reports available in the Call My Doc application.

11. Practitioners will document their interaction with the patient using the Call My Doc application to ensure the patient's medical record is accurately and thoroughly updated.

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

POLICY: **Waived Testing - Urine Pregnancy Testing**	REVIEWED: 2/22/16; 2/16/17; 3/4/18; 9/20/18; 11/03/22; 12/28/24; 10/14/26
SECTION: **Waived Testing**	REVISED: 2/16/17
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Urine pregnancy testing using OSOM waived testing kit

Objective: Accurate, timely point-of-care testing to determine pregnancy

Response Rating:

Required Equipment: Gloves, test stick, timer, urine specimen, paper towel

Procedure:

1. Test dipsticks must be stored in their original container, tightly capped, in a room whose temperature range is 59-86 degrees F.

2. Before use, ensure test sticks have not passed their expiration date.

3. Don gloves.

4. Obtain collected specimen from the patient. Label specimen with two patient identifiers (e.g. name and date of birth).

5. Remove a test stick from the container and tightly re-cap the container immediately.

6. Dip the absorbent end of the test stick into the urine specimen up to the sample line marked on the stick for as long as the manufacture guidelines specify.

    a. False results may occur if urine level goes above sample line.

7. Remove the test stick from the specimen cup. Place it on a clean, flat, dry disposable surface such as a paper towel. Set the timer for 4 minutes.

8. Read results. Positive results can be read as soon as the red control line appears. Confirm negatives at five (5) minutes. Results read after five (5) minutes are invalid.

9. A blue test line and a red control line is a positive result and the sample contains hCG. Note that the blue line can be any shade of blue, or can be lighter or darker than the example line in the package insert.

10. A red control line but no blue test line is a negative result and the sample contains no detectable hCG.

11. If after five (5) minutes no red control line appears, or background color makes reading the red control line impossible, the result is invalid and the test should be repeated with a new test stick.

12. Urine collected any time may be used for testing purposes. Urine specimens may be refrigerated (36-46 degrees F) and tested within 48 hours.

13. If refrigerated before testing, specimen and control material must be at room temperature (59-86 degrees F) prior to testing.

14. Record test results in the EMR.

RURAL HEALTH CLINIC
POLICY AND PROCEDURES

POLICY: RetinaVue Imager	REVIEWED: 12/18/24; 10/14/26
SECTION: Patient Care	REVISED:
EFFECTIVE: 11/19/2026	MEDICAL DIRECTOR: Dr. Ostrom

Subject: Welch Allyn RetinaVue 700 Imager

Objective: Used to acquire, save, and transmit digital images of the human eye. Anterior and posterior ocular structures such as the surface of the eye, cornea, and fundus including retina, macula and optic disc can be imaged to detect Diabetic Retinopathy.

Response Rating:

Required Equipment: Welch Allyn RetinaVue 700 Imager

Preparing the Patient:

1. **Educate the patient** on the importance of the diabetic retinal exam. Have the patient sit in a dark room for 5 minutes to dilate their pupils.

2. **Allow the patients pupils to dilate.** To ensure that the patient's pupils sufficiently dilate, adjust the room lighting to the lowest possible level.

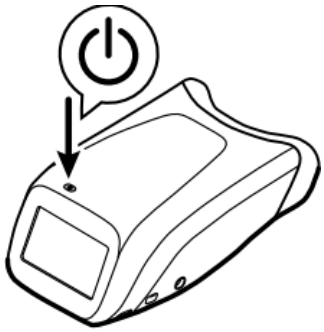
3. **Position the patient.** Ask your patient to remove their glasses, contacts can remain in place. Ask the patient to sit up straight in a chair, then stand directly in front of the patient.

4. **Explain the procedure.** Tell the patient that their right eye will be imaged first and then their left eye will be imaged. Ask the patient to look forward and hold their head still. Ask the patient to keep both eyes open as wide as possible and limit blinking. Ask the patient to follow the green dot inside the camera during the exam.

NOTE: The RetinaVue 700 Imager can be used on patients with eye implants and intraocular lenses. While the RetinaVue 700 Imager can be used on patients with cataracts and other eye opacities, images will likely be blurry or unreadable because of the refractive nature of the opacities.

Perform a retina eye exam:

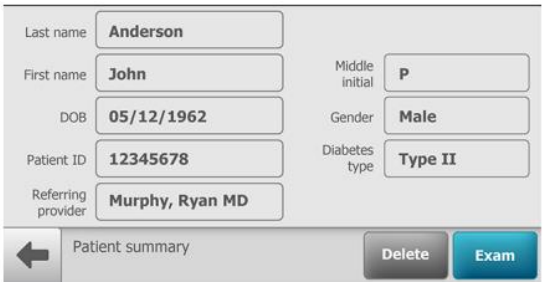
1. **Turn on the RetinaVue 700 Imager.** If in sleep mode touch the LCD screen or press the power button to wake up the RetinaVue 700 Imager.



2. **Touch on the Patient's name or ID (MRN)** from the *Patients* screen. Any scheduled patients appear on the Patients screen. (Wireless workflow images shown)



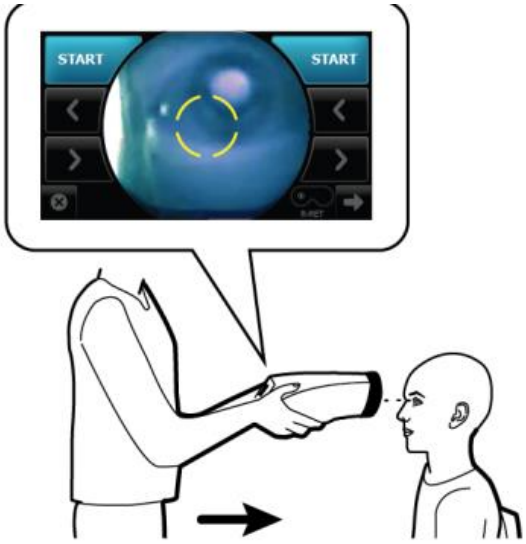
3. **Touch Exam to open a new exam**



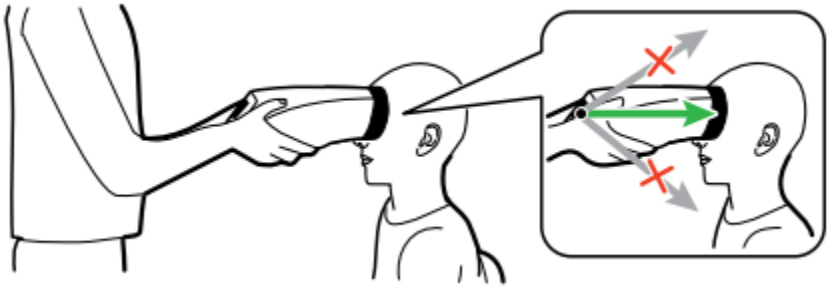
4. **Touch START EXAM**



5. **Approach the Patient.** Position the RetinaVue 700 Imager about 4 inches directly in front of your patient. Keep the RetinaVue 700 Imager **level** and **in line** with your patient's eyes. Brace your arms against your body to help keep the RetinaVue 700 Imager steady. Move the RetinaVue 700 Imager toward the patient and align the yellow circle to the patient's right pupil.

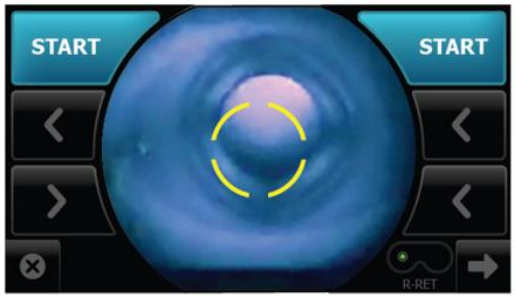


6. **Camera Placement on Face.** Place the face cup firmly on the patient's face. Do not hover near the face with the RetinaVue 700 Imager. Keep the RetinaVue 700 Imager level.

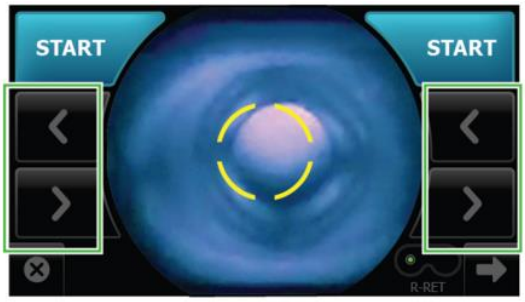


NOTE After placing the face cup firmly on the patient's face, the right pupil should be visible within the screen.

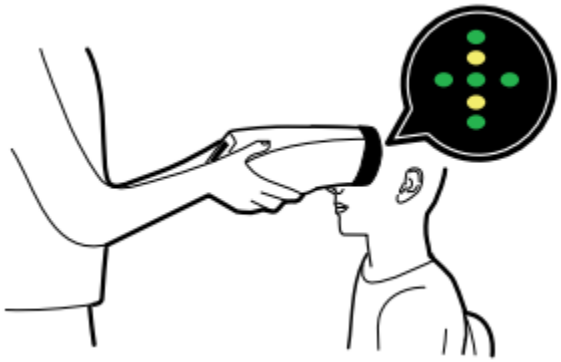
7. **Pupil Alignment.** If the pupil is located above or below the yellow circle, as shown, slide the RetinaVue 700 Imager **slightly** up or down on the patient's face to align the yellow circle to the pupil.



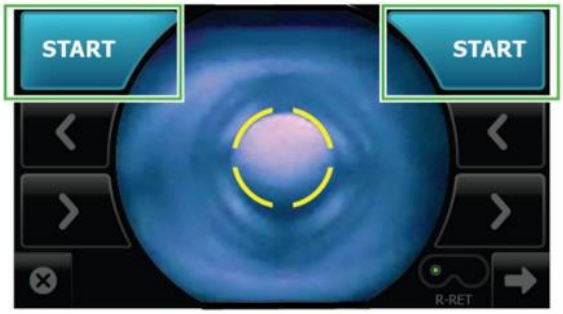
If needed, touch < or > to align the yellow circle to the pupil.



8. **Alignment Confirmation.** Ask the patient "Can you see the **entire** plus sign?" Inform the patient that the plus sign will transition into a green dot. Ask the patient to follow the green dot.



9. **Image Capture** Press the face cup **firmly** against the patient's face and then touch **START**.
second.



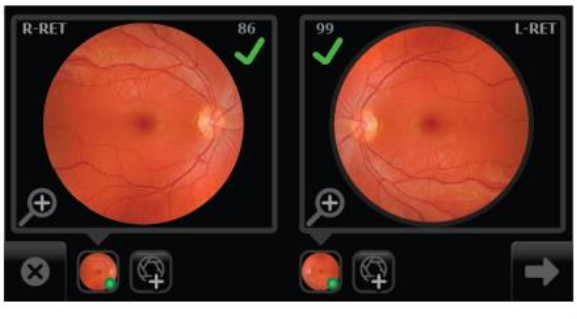
Hold steady until the image is captured.



If the audio volume is set to an audible level, a camera shutter tone alerts you once the right eye image has been captured. A timer appears and counts down. This wait time allows the patient's eyes to recover from the flash. After the timer ends, the RetinaVue 700 Imager automatically moves to the left eye, and the message: "Lens moving to the next eye" appears.

Repeat the steps to align the yellow circle to the pupil and capture an image of the left eye.

10. **Quality Assessment.** Once both images have been captured, view the acquired images on the *Post Acquisition* screen.



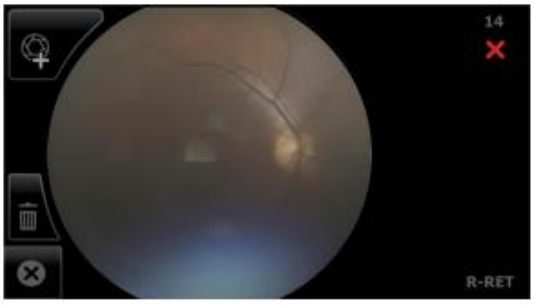
- If the image is of **good quality (scores of 40 +),** it is very likely to be read. ✓
- If the image is of **good enough quality (range of 20 — 39),** it is likely to be read. ✓
- If the image is **lacking in quality (range of 0 — 19),** it is highly unlikely to be read. ✗
- The retina image for the right eye contains the **R-RET** label
- The retina image for the left eye contains the **L-RET** label

✓ **= Good Quality** ✓ **= Good enough quality** ✗ **= Lacking in quality and unlikely to be read**

11. From the *Post Acquisition* screen, **touch** 🔍 to view the displayed image for the right or left eye. The *Inspection mode* screen appears.

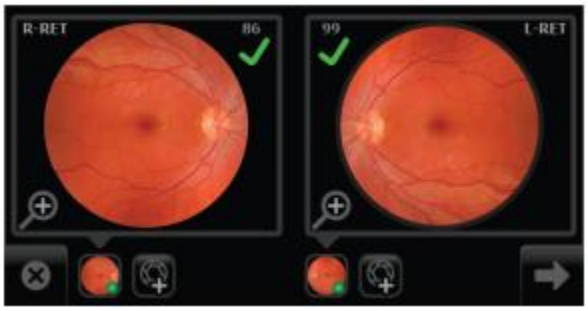


Images with a red X (✗) and low score denote low quality images



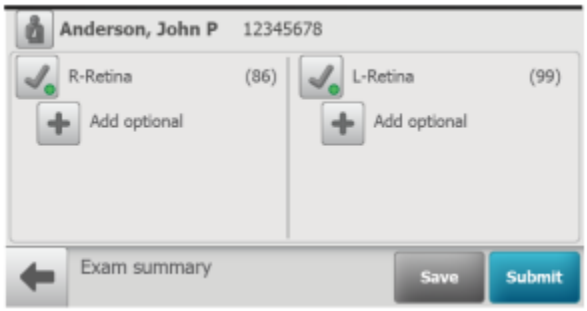
Touch (delete) to dispose of an image and to begin a capture of another image. Touch **OK** at the prompt "*Do you want to discard this image*?". From the *Post Acquisition* screen, touch (Add image) to capture an additional image using the existing protocol.

12. From the *Post Acquisition* screen, **touch** (**Next**) after all images are captured.



NOTE If no images are captured the prompt message appears that: "You must capture at least one image before continuing." See the topic: Capture additional images using the same protocol for information about adding an image. If the image for one eye is captured and then you exit the exam the prompt message appears: "Discard unsaved images and patient data?", either touch **OK** to exit the exam without saving the image and patient data, or touch **Cancel** to resume the exam.

13. From the *Exam summary* screen, if the images contain a green or yellow quality acceptance check mark:
    a. Touch **Save** to save the exam to the device for (further review or editing).
    b. Touch **Submit** to submit the exam to the RetinaVue Network Customer Portal.

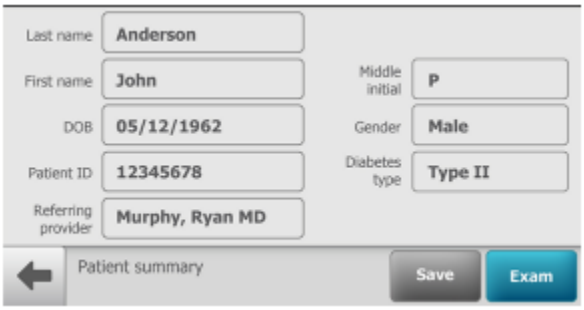


Create a patient on the camera:

1. From the Patients screen, touch , if available, to create a new patient.



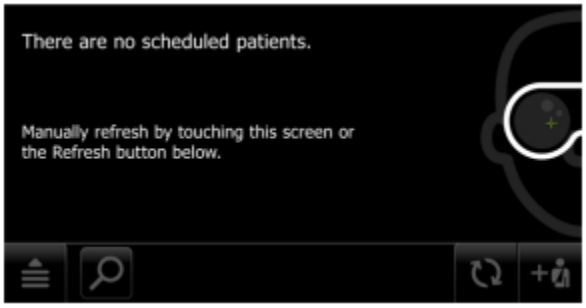
3. Enter the patient's last name and first name and touch **OK**. (Middle initial is optional.)
4. Enter the patient's DOB (Date of Birth) and touch **OK**. (Touch within the DOB field to launch the on-screen keyboard and to enter the patient's Date of Birth.)
5. Enter the patient's gender by using the drop-down menu to select Male, Female, or (in the wireless workflow) Other.
6. Enter the patient's ID and touch **OK**.
7. Touch within the Referring provider field entry box to launch the onscreen keyboard and search for your clinic's Referring provider and touch **OK**. (Only required for the wireless workflow.)
8. Enter the patient's Diabetes type using the drop-down menu to select Type I, Type II, or None. (Only required for the wireless workflow.)
9. Once all the required fields are complete, touch **Exam** to open a new exam.



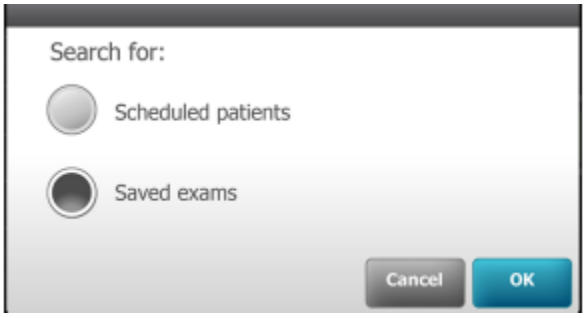
NOTE To edit patient data, touch within the desired field to launch the on-screen keyboard, touch the backspace key to delete information, retype the correction using the on-screen keyboard, and then touch **OK**.

Search for a patient in the Saved exams list

1. From the main Patients screen, touch  to search for a patient.



2. Touch **Saved exams** to search for patients in the Saved exams list of patients already contained on the camera and then touch **OK** to launch the on-screen keyboard.

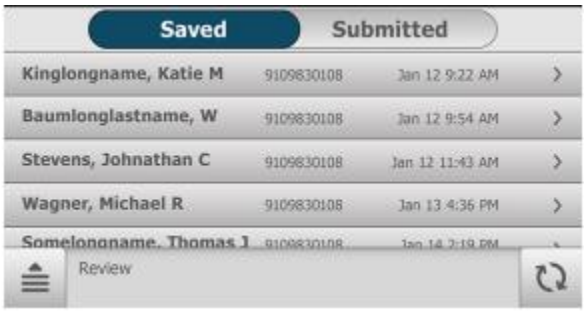


NOTE Patients in the Saved Exams list already have completed or partially completed exams.

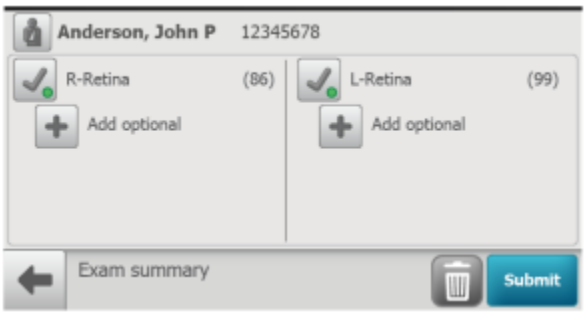
3. Begin typing the patient's last name, first name, or Patient ID (MRN #) into the *Search* entry field and then touch **OK** on the on-screen keyboard.



The *Saved/Submitted* list of patients appears on the Review screen based on search parameters.



4. Touch on a patient's name or ID to select that patient. The *Exam summary* screen appears.



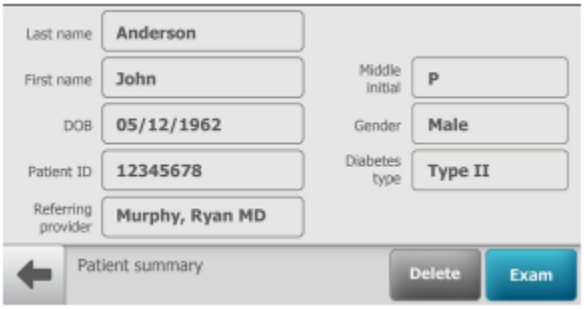
5. From the Exam summary screen, exams can be deleted or submitted.

Delete a patient

1. From the main *Patients screen*, touch on the patient's name or ID number.



2. Touch **Delete**.



Touch **OK** at the prompt: "*Are you sure you want to delete the patient file*?" *This patient will also be deleted on the RetinaVue Network Customer Portal*." (Wi-FI), or "*Are you sure you want to delete the patient file*?" (Patient created on the camera).

> **NOTE** See the Troubleshooting section if the following Wi-Fi error message appears: "*Failure to connect to the portal. Unable to delete patient information*."

Advanced Features & Troubleshooting

1. Refer to device manual.

RetinaVue Portal & Workflow Instructions

1. Refer to the *RetinaVue Portal & Workflow Instructions* in shared drive under *How To & Resources*.

B

WEST SIDE HEALTHCARE DISTRICT
POLICY AND PROCEDURE

CATEGORY: ADMINISTRATION	**POLICY: DISTRICT OFFICERS**
EFFECTIVE DATE: April 16, 2013 **REVIEW DATE: 4/23/26**	**POLICY NUMBER: 4**

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 opportuntunities, 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.

WEST SIDE HEALTHCARE DISTRICT
POLICY AND PROCEDURE

CATEGORY: ADMINISTRATION	POLICY: BOARD MEETINGS: TIME, DATE AND QUORUM
EFFECTIVE DATE: April 16, 2013 REVIEW DATE: 4/22/21, 2/23/23, 2/26/26 Tabled	POLICY NUMBER: 6

6.1 Meetings of the Board of Directors shall be held at the District's office located at: 1195 Adkisson Way, Taft, California 93268 except as otherwise set forth in the Ralph M. Brown Act, California Government Code Section 54954(b) or € and Section 4953(b) (3) or successor provision. If any Director is attending the meeting by teleconference, the teleconference location shall be accessible by the public, which shall be provided the opportunity to address the Board directly. If a meeting includes any Director by teleconference at least a majority of the Directors (as defined in policy 21.3) shall participate in the meeting from locations within the boundaries of the District although it is not required that the majority all be at the same location within the District.

6.2 Section 32106 of the California Health and Safety Code provides that "A majority of the Members of the board shall constitute a quorum for the transaction of business." The the definition in policy 21.3 shall apply to this provision.

6.3 Regular meetings of the Board shall be scheduled for 2:00 p.m. Meetings shall begin at this time or as soon as a quorum is present.

6.4 The regular meetings of the Board shall be held on the 4th Thursday of every month, unless specified on annual schedule.

6.5 The annual organizational meeting of the Board shall be the Board's regular meeting in December of each year. At the meeting, officers will be elected, committee appointments will be made and it will be reflected in the Board Minutes.

6.6 Emergency meetings of the Board may be called by the Board President or by a majority of the Board at a time and for the purpose(s) specified in the call in the case of an emergency situation involving matters upon which prompt action is necessary due to the disruption or threatened disruption of public facilities. An emergency situation is "a work stoppage, crippling activity or other activity or actions that will severely impact public health, safety, or both, as determined by a majority of the members of the legislative body" or a "crippling disaster, mass destruction, terrorist act, or threatened terrorist activity that poses peril so immediate and significant that requiring a legislate body to provide one-hour notice before holding an emergency meeting may endanger the public health, safety, or both determined by a majority of the members of the legislative body." The provision of the Brown Act applicable to emergency meetings shall be followed.

6.8 Regular and special meetings (including adjourned regular and adjourned special meetings) may be adjourned to a future date and time. If, after a meeting has been convened, the number of Directors present drops below the number required for a quorum, no further action may be taken except that less than a quorum of the Board may adjourn the meeting to a future date and time. If no Directors are present, the clerk of the Board may adjourn the meeting to a future date and time and shall give notice of the adjournment in the same manner as for special meetings. The subsequent meeting is known as an "adjourned regular meeting" or "adjourned the special meeting." A notice of the adjournment, including the future date and time of the adjourned meeting, shall be conspicuously posted on or near the door of the place where the meeting was held within twenty-four (24) hours after the time of the adjournment. If the date of the adjourned meeting is within five (5) day of the original meeting, no new agenda need be posted(as long as the adjourned meeting is limited to the original agenda). If the date of the adjourned meeting is more than five (5) days from the original meeting, a new agenda must be prepared and posted.

6.9 District staff shall ensure that appropriate information, including the Board Agenda, is available for the audience at meetings of the Board of Directors and that physical facilities for meetings are functional and appropriate. Meeting agendas will be posted on the District's website, and the District display box at the same time as the packets are sent to the Directors.

ITEM 7

November 12, 2026

TO: Board of Directors

FROM: Ryan Shultz, Executive Director

SUBJECT: October 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 October.

- The building signage for 109 Adkisson was installed by Vital Signs (Bakersfield) on November 9th.
- Upgraded lobby lighting and front entrance exterior lighting is scheduled to begin November 12th. Work is being provided by MQS Construction and is scheduled to be completed by November 14th.
- Management held a site walk with PDA, Inc. on November 6th to develop an engineered project for the entrance of 109 Adkisson Way. The project will address accessibility, drainage and landscape. Design work will be brought back to the Facilities Committee for review. Qualified bids will be brought back to the board for consideration following the Informal Bid process.
- Management executed Change Order 2 with Black / Hall Construction on October 30th for work related to Dental Clinic Project Instructional Bulleting #1. The cost of CO#2 is $114,663.83.
- Management, Black/ Hall Construction and Benco Dental completed a second dental equipment layout and coordination meeting for the WSFHC Dental Clinic Project on November 5th.
- Portable Imaging services at WSFHC continue while full imaging services are temporarily unavailable during the Dental Construction Project. Outside Xray services are available to the general public by appointment on Monday, Wednesday and Saturdays. WSFHC may adjust availability based on patient demand and operation needs.
- WSFHC reported more than 2900 patient encounters and an RHC Payer Mix of more than 68%.
- WSFHC Credentialing continue to add and update insurance carriers for all WSFHC providers.
- WSFHC Dental Project Operational Planning Updates: Policy Update and Review, Site visit Riar Dental Arts, Identification of minor dental equipment, EMR Evaluation/Demo and Draft/Review.
- WSFHC completed 32 mobile mammograms on October 13th.
- WSFHC participated in the West Side Rec & Park District's Trunk or Treat Event on October 26th.
- 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 held a staff meeting on October 22nd.
- 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.