

LAKE FORK HEALTH SERVICE DISTRICT
BOARD OF DIRECTORS MONTHLY MEETING AGENDA

MISSION STATEMENT

The mission of the Lake Fork Health Service District is to enhance the quality of life in our community by compassionately promoting wellness and providing quality health services.

Tuesday, December 13, 2022 – Moseley Health Care Complex, Zeller Wellness Center

I. CALL TO ORDER- Approximately 8:30AM

II. ROLL CALL

III. WORKSHOP

A. Executive Director Report

1. Financial (Lynn, Medical Director, Executive Director, Treasurer)-

a. Review of 2023 Budget Packet

b. Discuss raise for Executive Director

c. Discuss compensation for Medical Director

d. Discuss paying employees for the two Sunday holidays

2. Business Development (Katie)

3. Community Relations (Jerry)

4. Personnel (Bob, Executive Director, Lynn, Jerry)

5. Total Program Evaluation

6. Emergency Operations Plan Review

B. Board Members Report

C. Medical Director Report

D. Dental Director Report

E. Strategic Planning:

a. One day workshop scheduled for February 20th

F. Any other items

a. Appointment of Designated Election Official

b. January meeting date, time and location

IV. MEETING AGENDA ITEMS

A. Consider any updates to the meeting agenda.

B. Consider approval of operation budget resolution 2022-04 and resolution 2022-05 Mill Levy for 2023 Budget Year.

C. Consider approval of raise for Executive Director.

D. Consider approval of compensation for Medical Director.

E. Consider approval of holiday pay for staff

F. Consider approval of DEO appointment

G. Consider approval of minutes from prior BOD meeting- 11/29/2022

V. CITIZEN COMMENTS FROM THE FLOOR

VI. ADJOURN

Times stated are approximate and the agenda may be modified as necessary at the discretion of the Board.

Lake Fork Health Service District

December 13, 2022

DIVISION OF LOCAL GOVERNMENT
1313 Sherman Street, Room 521
Denver, CO 80203

Re: LETTER OF 2023 BUDGET TRANSMITTAL

Attached is the 2023 Budget for the Lake Fork Health Service District in Hinsdale County, Colorado. The Budget was adopted at an open meeting held December 13, 2022. The motion to adopt the budget has also been attached for your records. If there are any questions on the 2023 Budget, please contact Katie Elkins at P.O. Box 999 Lake City, CO 81235.

As Treasurer for the Lake Fork Health Service District, I do hereby certify that the attached are true and accurate copy for the 2023 Budget and Motion to approve the 2023 Budget.

Sincerely,

Katie Elkins, Treasurer

1	LAKE FORK HEALTH SERVICES DISTRICT				
2	BUDGET				
3	2023				
4					
5		<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
6	Dental Pt Count	609	608	723	600
7	Medical Pt Count	3081	3570	3100	3300
8		2020	2021	2022	2023
9		<u>Actual</u>	<u>Actual</u>	<u>Budget</u>	<u>Budget</u>
10					
11	<u>Income</u>				
12					
13					
14	Dental Income				
15	Adjustments	(21,890)	(36,377)	(36,920)	(35,490)
16	Patient Income	120,588	137,685	142,000	137,408
17	Dental Incentive				
18	Total Dental Income	98,699	101,308	105,080	101,918
19					
20	Patient Income				
21	Adjustments TL400.9	(167,329)	(147,388)	(175,200)	(136,874)
22	Insurance Incentive	12,073	4,488	7,500	8,020
23	Patient Service Income: 400	411,166	493,617	486,700	456,248
24	Total Clinic Income	255,909	350,717	319,000	327,394
25					
26	Other Income 400.8 + 430	1,734	1,532		
27	Services	-	-	-	
28	Overpayment	-	-	-	
29	Medical Records Copy Fees: 408	123	22	52	
30	400.2 Medicare Incentive	29	10,073	2,000	
31	TL850 Rental Income	8,560	2,725	5,829	3,000
32	Medicare Cost Report: 420	60,000	58,099	40,000	40,000
33	Total Other	70,446	72,451	47,881	43,000
34					
35	Total Income	425,054	524,475	471,961	472,312
36					

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10					
37	Expenses				
38					
39	Dental Expenses				
40	Billing				
41	649Advertising	424	75	250	75
42	649Accounting	2,750	3,850	3,600	3,600
43	649Dental Payroll Taxes			4,218	4,218
45	649Repairs and Maint	662	1,842	-	1,500
46	649Dental Wages (Dentist & Assistan	47,193	45,975	49,620	50,940
48	649Dental Office Supplies	22	48	100	100
50	649Dental Lab	5,902	4,489	5,812	5,000
51	649Dental Insurance			801	1,600
53	649Dental Travel	3,147	6,130	6,564	6,200
54	649Dental Professional Pay(Hygiene)	12,805	13,330	13,685	15,000
55	649Dental Supplies	8,701	11,422	8,500	10,000
56	649Dental Dues and Subscriptions	1,027	1,591	1,050	1,000
58	649Dental License Fees	462	-	750	500
59	649Dental Tuition and Fees	454	59	450	1,500
60	649Dental Memberships			2,000	600
61	649Service Agreements	99	720	500	500
62	Dental other	5,094	1,444	1,200	1,500
64	Total Dental Expense	88,743	90,976	99,100	103,833
65					
66	605 Accounting				
67	605.2LCAMC	7,518	8,403	4,306	6,600
68	LFHSD	-		2,807	100
69	605.4Billing Fees	27,730	33,238	40,153	40,000
70	610 Advertising		15	2,577	
71	610.01LFHSD	420	180		100
72	610.02LCAMC	7,485	5,393		250
73	612 Audit- LFHSD	4,800	5,000	4,800	5,500
74	630 Bank Charges	-	72	2,400	40
75	620+625 Bank Card Fees	218	214		200
76	Books and Magazines	-	-	-	
77	Cash Over Short	(0)	-	-	
78	639 Computer				

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10							
79	639.5Maintenance Contracts	3,289	7,540	7,500	7,800		
80	639.1Software	-	6,436	1,200	8,700		
81	639.2Services	13,210	15,651	16,225	68,000		
82	639.3Hardware	467	485	290	8,400		
83	639.4Internet	990	1,610	2,150	2,900		
84	640 Contract Labor	-	180		2,000		
85	641 Courier	3,570	3,497	3,700	3,700		
86	TL 655 Dues and Subscriptions	17,926	13,095	7,800	12,000		
87	Staff Appreciation (see line 166)	101	-	725			
88	TL 660Staff Training	6,049	7,659	7,500	8,000		
89	670 Insurance						
90	670.Employee Health	50,773	36,212	48,240	42,000		
91	670.5Malpractice	11,032	6,556	12,000	9,000		
92	670.1+670.3Property and Liability	8,210	10,335	7,500	11,000		
93	Lab	-		500	-		
94	681 Radiologist Interpretation	-		2,000	-		
95	Legal						
96	690 Licenses and fees	11,980	5,692	7,500	12,000		
97	715 Personnel Expense						
98	715.3Payroll Tax	45,647	42,124	41,223	46,209		
99	715.4Wages	525,223	501,075	484,981	536,478		
100	715.5Workman's Comp	4,227	6,069	8,700	6,400		
101	715.6H S A	7,536	5,500	7,200	5,400		
102	715Other (Contract, Call)	98	112	13,000	13,568		
103	TL722 Pharmacy Consultant	2,757	2,506	3,000	3,000		
104	725 Postage	2,364	2,533	2,100	2,700		
105	734 Recruiting	649	27	-	500		
106	735 Repair and Maintenance						
107	735.1Building	19,256	9,528	15,000	10,000		
108	735.2 Cleaning	3,707	3,375	5,988	7,158		
109	735.3Equipment	3,412	3,687	3,655	3,800		
110	735.4X-ray	3,453	-	2,500	2,500		
111	735other	1,696	1,276	1,650	1,700		
112	750 Supplies						
113	723 Pharmacy	43,932	29,561	39,000	37,000		
114	750.1Lab	20,463	13,985	10,000	14,000		

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10					
115	750.2Medical:other	(4,375)	26,636	7,500	15,000
116	750.3Office	9,372	7,554	7,800	8,000
117	General	-			100
118	Other		(2,194)		
119	765 Telephone	5,510	5,675	5,800	4,900
121	775 Utilities				
123	775.2 Electric	11,851	12,304	12,800	12,300
124	775.4Propane	13,148	15,614	16,500	17,000
125	775.5Water Sewer	1,069	1,329	1,200	1,200
126	775.3EMS Reimbursement	(16,853)	(13,833)	(15,600)	(15,071)
127	777 Waste Management		-	-	
128	777.1Bio Waste	9,944	11,379	13,200	15,000
129	777.2Trash Disposal	3,490	3,044	2,800	3,200
130	Other: 626+650+770+775+999	4,227	97,606	-	2,500
131	Gifts	-	-	-	
132	Donations		-	-	300
133	Interest Expense				
134					
135	Total Clinic Expense	897,570	953,931	871,870	1,003,132
136					
137	Net Operating Income	(561,258)	(520,432)	(499,010)	(634,653)
138					
139					
140	<u>Other Income and Expense</u>				
141					
142		85			
143	890 Donation Income	11,675	27,173	12,000	35,000
144	895 Grant Income	292,733	127,098	40,000	50,000
145	TL896 Interest Income	1,479	186	4,600	200
146	900 Health District Income				
147	901-1% Motor Vehicle	1,392	1,445	325	1,200
148	902 Sales Tax	245,823	290,174	200,000	295,000
149	904 Property Tax	291,615	297,744	290,500	300,000
150	905 Specific Ownership Tax	24,329	26,987	23,000	23,000
151			-	-	
152	Total Other Income	869,131	770,807	570,425	704,400

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10					
153					
154	950 District Expense				
155	Dues and Memberships				
156	951-5% Treasurer's Fee	14,493	14,887	15,000	15,000
157	952 BOD Expense's	71	-	-	50
158	BOD Training	-	-	-	
159	BOD Minutes				
160	956 Legal Fees	-	5,510	1,000	1,500
161	960 Public Officials Liability Ins	1,099	3,081	1,200	1,500
162	Fund Raising Exp				
163	BOD Election Fees	-			10,500
164	Advertising				1,000
165	BOD Seminars	-	-	-	
166	Other (staff appreciation on P&L)	1,678	1,934	2,500	2,500
167	Total Other Expense	17,342	25,412	19,700	20,000
168					
170	Net Income	290,531	224,963	51,716	49,747
171					
175					
176	FUND BALANCE TOTAL	564,711	852,622		
177					
178	Total Net Revenue	1,294,186	1,295,282	1,042,386	1,176,712
181	Total Expenses	1,084,344	1,258,468	1,152,049	1,126,965
182	Net Income (Loss)	209,841	36,814	(109,663)	49,747
183	Total Expenses	1,084,344	1,258,468	1,152,049	1,126,965
185	Total Expenditures	1,084,344	1,258,468	1,152,049	1,126,965
186	Capital Expenditures	8,000	8,000	8,000	8,000
187	Contingency Expenditures	15,000	15,000	15,000	15,000
188	Total Appropriated Expenditures	1,107,344	1,281,468	1,175,049	1,149,965

LAKE FORK HEALTH SERVICES DISTRICT
Resolution: 2022-04 Operation Budget

A RESOLUTION SUMMARIZING EXPENDITURES AND REVENUES FOR EACH FUND AND ADOPTING A 2023 OPERATING BUDGET FOR THE LAKE FORK HEALTH SERVICE DISTRICT, LAKE CITY, COLORADO FOR THE CALENDAR YEAR BEGINNING ON THE FIRST DAY OF JANUARY, 2023, AND ENDING ON THE LAST DAY OF DECEMBER, 2023.

Whereas, the Board of Directors of the Lake Fork Health Service District has Appointed Katie Elkins, Treasurer, to prepare and submit an Operating budget for the calendar year 2023 for its consideration, and;

Whereas, Treasurer, Katie Elkins, has submitted an Operating Budget to the governing body on **December 13, 2022**, for its consideration, and; Whereas, upon due proper notice published in accordance with the law, said Budget was open for inspection by the public at a designated place, a public Hearing was held on **December 13, 2022**, and interested taxpayers were given an Opportunity to file or register any objections to said 2023 Operating Budget, as Required by law.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE LAKE FORK HEALTH SERVICE DISTRICT, LAKE CITY, COLORADO:

That the 2023 Operating Budget as submitted and herein and summarized by Fund is approved and adopted as the Budget of the Lake Fork Health Service District for the year or 2023. Budget as attached:

That the Budget hereby approved and adopted shall be signed by the President of the Board and made part of the public records of the Lake Fork Health Service District.

ADOPTED, this 13th day of December, 2022.

Lynn Mcnitt, President, Lake Fork Health Service District

ATTEST:

Katie Elkins, Treasurer, Lake Fork Health Service District

**Lake Fork Health Service District
Resolution 2022-05 for 2021 Mill Levy**

A RESOLUTION LEVYING GENERAL PROPERTY TAX FOR THE YEAR 2022, TO HELP OFFSET OPERATING COST FOR THE LAKE FORK HEALTH SERVICE DISTRICT, HINSDALE COUNTY, COLORADO FOR THE 2023 BUDGET YEAR.

WHEREAS, THE BOARD OF THE LAKE FORK HEALTH SERVICE DISTRICT HAS ADOPTED THE ANNUAL BUDGET IN ACCORDANCE WITH THE LOCAL GOVERNMENT BUDGET LAW, ON **DECEMBER 13, 2022** AND;

WHEREAS, THE MONEY RAISED WILL BE USED FOR THE 2023 OPERATING EXPENSES OF THE DISTRICT AND;

WHEREAS: THE VALUATION OF THE ASSESSMENT FOR THE LAKE FORK HEALTH SERVICE DISTRICT AS CERTIFIED BY THE COUNTY ASSESSOR IS \$50,110,170.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE LAKE FORK HEALTH SERVICE DISTRICT, HINSDALE COUNTY, COLORADO:

SECTION 1

THAT FOR THE PURPOSES OF MEETING OPERATING EXPENSES OF THE LAKE FORK HEALTH SERVICE DISTRICT DURING THE 2023 BUDGET YEAR, THERE IS HEREBY LEVIED A TAX OF 5.92 MILLS UPON EACH DOLLAR OF THE TOTAL VALUATION FOR THE ASSESSMENT OF ALL TAXABLE PROPERTY WITHIN THE LAKE FORK HEALTH SERVICE DISTRICT FOR THE YEAR 2022.

SECTION 2

THAT THE TREASURER IS HEREBY AUTHORIZED AND DIRECTED TO IMMEDIATELY CERTIFY TO THE COUNTY COMMISSIONERS OF HINSDALE COUNTY, COLORADO, THE MILL LEVIES FOR THE LAKE FORK HEALTH SERVICE DISTRICT AS HEREIN ABOVE DETERMINED AND SET.

ADOPTED THIS 13TH DAY OF DECEMBER, 2022

_____, PRESIDENT

_____, SECRETARY

_____, TREASURER

CERTIFICATION OF TAX LEVIES for NON-SCHOOL Governments

TO: County Commissioners¹ of _____, Colorado.

On behalf of the _____,
(taxing entity)^A
 the _____,
(governing body)^B
 of the _____,
(local government)^C

Hereby officially certifies the following mills to be levied against the taxing entity's GROSS \$ _____ assessed valuation of: (GROSS^D assessed valuation, Line 2 of the Certification of Valuation Form DLG 57^E)

Note: If the assessor certified a NET assessed valuation (AV) different than the GROSS AV due to a Tax Increment Financing (TIF) Area^F the tax levies must be calculated using the NET AV. The taxing entity's total property tax revenue will be derived from the mill levy multiplied against the NET assessed valuation of: \$ _____ (NET^G assessed valuation, Line 4 of the Certification of Valuation Form DLG 57)
USE VALUE FROM FINAL CERTIFICATION OF VALUATION PROVIDED BY ASSESSOR NO LATER THAN DECEMBER 10

Submitted: _____ for budget/fiscal year _____.
(no later than Dec. 15) (mm/dd/yyyy) (yyyy)

PURPOSE <small>(see end notes for definitions and examples)</small>	LEVY ²	REVENUE ²
1. General Operating Expenses ^H	_____ mills	\$ _____
2. <Minus> Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction ^I	< _____ > mills	\$ < _____ >
SUBTOTAL FOR GENERAL OPERATING:	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> mills	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$
3. General Obligation Bonds and Interest ^J	_____ mills	\$ _____
4. Contractual Obligations ^K	_____ mills	\$ _____
5. Capital Expenditures ^L	_____ mills	\$ _____
6. Refunds/Abatements ^M	_____ mills	\$ _____
7. Other ^N (specify): _____	_____ mills	\$ _____
	_____ mills	\$ _____
TOTAL: <small>[Sum of General Operating Subtotal and Lines 3 to 7]</small>	<div style="border: 2px solid black; width: 100px; height: 20px; display: inline-block;"></div> mills	<div style="border: 2px solid black; width: 100px; height: 20px; display: inline-block;"></div> \$

Contact person: _____ Daytime phone: () _____
 (print)

Signed: _____ Title: _____

Include one copy of this tax entity's completed form when filing the local government's budget by January 31st, per 29-1-113 C.R.S., with the Division of Local Government (DLG), Room 521, 1313 Sherman Street, Denver, CO 80203. Questions? Call DLG at (303) 864-7720.

¹ If the *taxing entity's* boundaries include more than one county, you must certify the levies to each county. Use a separate form for each county and certify the same levies uniformly to each county per Article X, Section 3 of the Colorado Constitution.
² Levies must be rounded to three decimal places and revenue must be calculated from the total NET assessed valuation (Line 4 of Form DLG57 on the County Assessor's **FINAL** certification of valuation).

CERTIFICATION OF TAX LEVIES, continued

THIS SECTION APPLIES TO TITLE 32, ARTICLE 1 SPECIAL DISTRICTS THAT LEVY TAXES FOR PAYMENT OF GENERAL OBLIGATION DEBT (32-1-1603 C.R.S.). Taxing entities that are

Special Districts or Subdistricts of Special Districts must certify separate mill levies and revenues to the Board of County Commissioners, one each for the funding requirements of each debt (32-1-1603, C.R.S.) Use additional pages as necessary. The Special District's or Subdistrict's total levies for general obligation bonds and total levies for contractual obligations should be recorded on Page 1, Lines 3 and 4 respectively.

CERTIFY A SEPARATE MILL LEVY FOR EACH BOND OR CONTRACT:

BONDS^J:

- 1. Purpose of Issue: _____
Series: _____
Date of Issue: _____
Coupon Rate: _____
Maturity Date: _____
Levy: _____
Revenue: _____

- 2. Purpose of Issue: _____
Series: _____
Date of Issue: _____
Coupon Rate: _____
Maturity Date: _____
Levy: _____
Revenue: _____

CONTRACTS^K:

- 3. Purpose of Contract: _____
Title: _____
Date: _____
Principal Amount: _____
Maturity Date: _____
Levy: _____
Revenue: _____

- 4. Purpose of Contract: _____
Title: _____
Date: _____
Principal Amount: _____
Maturity Date: _____
Levy: _____
Revenue: _____

Use multiple copies of this page as necessary to separately report all bond and contractual obligations per 32-1-1603, C.R.S.

Notes:

^A **Taxing Entity**—A jurisdiction authorized by law to impose ad valorem property taxes on taxable property located within its territorial limits (please see notes B, C, and H below). For purposes of the DLG 70 only, a *taxing entity* is also a geographic area formerly located within a *taxing entity*'s boundaries for which the county assessor certifies a valuation for assessment and which is responsible for payment of its share until retirement of financial obligations incurred by the *taxing entity* when the area was part of the *taxing entity*. For example: an area of excluded property formerly within a special district with outstanding general obligation debt at the time of the exclusion or the area located within the former boundaries of a dissolved district whose outstanding general obligation debt service is administered by another local government^C.

^B **Governing Body**—The board of county commissioners, the city council, the board of trustees, the board of directors, or the board of any other entity that is responsible for the certification of the *taxing entity*'s mill levy. For example: the board of county commissioners is the governing board ex officio of a county public improvement district (PID); the board of a water and sanitation district constitutes ex officio the board of directors of the water subdistrict.

^C **Local Government** - For purposes of this line on Page 1 of the DLG 70, the *local government* is the political subdivision under whose authority and within whose boundaries the *taxing entity* was created. The *local government* is authorized to levy property taxes on behalf of the *taxing entity*. For example, for the purposes of this form:

1. a municipality is both the *local government* and the *taxing entity* when levying its own levy for its entire jurisdiction;
2. a city is the *local government* when levying a tax on behalf of a business improvement district (BID) *taxing entity* which it created and whose city council is the BID board;
3. a fire district is the *local government* if it created a subdistrict, the *taxing entity*, on whose behalf the fire district levies property taxes.
4. a town is the *local government* when it provides the service for a dissolved water district and the town board serves as the board of a dissolved water district, the *taxing entity*, for the purpose of certifying a levy for the annual debt service on outstanding obligations.

^D **GROSS Assessed Value** - There will be a difference between gross assessed valuation and net assessed valuation reported by the county assessor only if there is a “tax increment financing” entity (see below), such as a downtown development authority or an urban renewal authority, within the boundaries of the *taxing entity*. The board of county commissioners certifies each *taxing entity*'s total mills upon the *taxing entity*'s *Gross Assessed Value* found on Line 2 of Form DLG 57.

^E **Certification of Valuation by County Assessor, Form DLG 57** - The county assessor(s) uses this form (or one similar) to provide valuation for assessment information to a *taxing entity*. The county assessor must provide this certification no later than August 25th each year and may amend it, one time, prior to December 10th. Each entity must use the **FINAL** valuation provided by assessor when certifying a tax levy.

^F **TIF Area**—A downtown development authority (DDA) or urban renewal authority (URA), may form plan areas that use “tax increment financing” to derive revenue from increases in assessed valuation (gross minus net, Form DLG 57 Line 3) attributed to the activities/improvements within the plan area. The DDA or URA receives the differential revenue of each overlapping *taxing entity*'s mill levy applied against the *taxing entity*'s gross assessed value after subtracting the *taxing entity*'s revenues derived from its mill levy applied against the net assessed value.

^G **NET Assessed Value**—The total taxable assessed valuation from which the *taxing entity* will derive revenues for its uses. It is found on Line 4 of Form DLG 57. **Please Note:** A downtown development authority (DDA) may be both a *taxing entity* and have also created its own *TIF area* and/or have a URA *TIF Area* within the DDA's boundaries. As a result DDAs may both receive operating revenue from their levy applied to their certified *NET assessed value* and also receive TIF revenue generated by any *tax entity* levies overlapping the DDA's *TIF Area*, including the DDA's own operating levy.

^H General Operating Expenses (DLG 70 Page 1 Line 1)—The levy and accompanying revenue reported on Line 1 is for general operations and includes, in aggregate, all levies for and revenues raised by a *taxing entity* for purposes not lawfully exempted and detailed in Lines 3 through 7 on Page 1 of the DLG 70. For example: a fire pension levy is included in general operating expenses, unless the pension is voter-approved, if voter-approved, use Line 7 (Other).

^I Temporary Tax Credit for Operations (DLG 70 Page 1 Line 2)—The Temporary General Property Tax Credit/ Temporary Mill Levy Rate Reduction of 39-1-111.5, C.R.S. may be applied to the *taxing entity*'s levy for general operations to effect refunds. Temporary Tax Credits (TTCs) are not applicable to other types of levies (non-general operations) certified on this form because these levies are adjusted from year to year as specified by the provisions of any contract or schedule of payments established for the payment of any obligation incurred by the *taxing entity* per 29-1-301(1.7), C.R.S., or they are certified as authorized at election per 29-1-302(2)(b), C.R.S.

^J General Obligation Bonds and Interest (DLG 70 Page 1 Line 3)—Enter on this line the total levy required to pay the annual debt service of all general obligation bonds. Per 29-1-301(1.7) C.R.S., the amount of revenue levied for this purpose cannot be greater than the amount of revenue required for such purpose as specified by the provisions of any contract or schedule of payments. Title 32, Article 1 Special districts and subdistricts must complete Page 2 of the DLG 70.

^K Contractual Obligation (DLG 70 Page 1 Line 4)—If repayment of a contractual obligation with property tax has been approved at election and it is not a general obligation bond (shown on Line 3), the mill levy is entered on this line. Per 29-1-301(1.7) C.R.S., the amount of revenue levied for this purpose cannot be greater than the amount of revenue required for such purpose as specified by the provisions of any contract or schedule of payments.

^L Capital Expenditures (DLG 70 Page 1 Line 5)—These revenues are not subject to the statutory property tax revenue limit if they are approved by counties and municipalities through public hearings pursuant to 29-1-301(1.2) C.R.S. and for special districts through approval from the Division of Local Government pursuant to 29-1-302(1.5) C.R.S. or for any *taxing entity* if approved at election. Only levies approved by these methods should be entered on Line 5.

^M Refunds/Abatements (DLG 70 Page 1 Line 6)—The county assessor reports on the *Certification of Valuation* (DLG 57 Line 11) the amount of revenue from property tax that the local government did not receive in the prior year because taxpayers were given refunds for taxes they had paid or they were given abatements for taxes originally charged to them due to errors made in their property valuation. The local government was due the tax revenue and would have collected it through an adjusted mill levy if the valuation errors had not occurred. Since the government was due the revenue, it may levy, in the subsequent year, a mill to collect the refund/abatement revenue. An abatement/refund mill levy may generate revenues up to, but not exceeding, the refund/abatement amount from Form DLG 57 Line 11.

1. Please Note: Pursuant to Article X, Section 3 of the Colorado Constitution, if the *taxing entity* is in more than one county, as with all levies, the abatement levy must be uniform throughout the entity's boundaries and certified the same to each county. To calculate the abatement/refund levy for a *taxing entity* that is located in more than one county, first total the abatement/refund amounts reported by each county assessor, then divide by the *taxing entity*'s total net assessed value, then multiply by 1,000 and round down to the nearest three decimals to prevent levying for more revenue than was abated/refunded. This results in an abatement/refund mill levy that will be uniformly certified to all of the counties in which the *taxing entity* is located even though the abatement/refund did not occur in all the counties.

^N Other (DLG 70 Page 1 Line 7)—Report other levies and revenue not subject to 29-1-301 C.R.S. that were not reported above. For example: a levy for the purposes of television relay or translator facilities as specified in sections 29-7-101, 29-7-102, and 29-7-105 and 32-1-1005 (1) (a), C.R.S.; a voter-approved fire pension levy; a levy for special purposes such as developmental disabilities, open space, etc.

Budget Information: 2023

LAKE FORK HEALTH SERVICE DISTRICT FINANCIAL POLICIES

The purpose of this section is to present the policies that Lake Fork Health Service District follow in managing its financial and budgetary affairs. The list below represent long-standing principles which have guided the district in the past and will for future use that have and will allow the district to maintain our financial stability.

OPERATION BUDGET POLICIES

1. Our Clinical services will receive priority for funding our clinic.
2. Our District will avoid budgetary procedures that balance our current expenditures at the expense of meeting future year's expenses.
3. Our District will maintain a budgetary control system to ensure adherence to the budget and will prepare Monthly reports comparing actual revenue and expenditures to budgetary amounts

CAPITAL IMPROVEMENT BUDGET POLICIES

1. Our Budget will provide for adequate maintenance and provide reasonable cost replacement. The budget will also have reasonable replacement cost for the Capital Plant and Equipment from current revenues. If the needs arise our District will use funds from our capital reserve accounts.

Capital projects will conform to the follow criteria.

- A. All Capital Expenditures will be approved by the District Board.
- B. Will be part of our maintenance / replacement schedule.

REVENUE POLICIES

1. Our District will try to maintain a stable revenue system to shelter it from short-run fluctuations in any one revenue source.
2. Our District will follow an aggressive policy of collecting revenues.
3. Our District will establish all service charges and fees at the level to the full cost (operating, direct, indirect and capital) of providing the services. Our District will review fees/charges annually.

INVESTMENT POLICIES

1. Disbursement, collection, and deposit of all funds will be managed to insure maximum cash availability.
2. Our District will obtain the best possible return on cash investments within the limits of local government law and prudent investment practices
3. Our District has establish a contingency investment reserve to provide for an unanticipated expenditures of a nonrecurring nature.

ACCOUNTING, AUDITING, AND FINANCIAL REPORTING POLICIES

1. An independent audit will be performed annually.
2. Our District will produce monthly financial reports in accordance with generally accepted accounting practices.

Lake Fork Health Service District

Lake City Area Medical Center
Lake City Dental Clinic
PO Box 999
Lake City, CO 81235

Total Program Evaluation 2022

BOARD

Lake Fork Health Service District replaced 2 members this year due to 1 board member moving out of the district and a previously appointed director did not run for election. The current 5 board members are working well together and we have a strong group of individuals who have been investing more than average time to the reviewing of the clinic. The board also hired a new dental director, Dr. John Quigley as well as a new Family Nurse Practitioner, Sherry Huismann.

MEDICAL CENTER

For the majority of 2022, 2 providers continued to provide the majority of patient visits and on-call care. In October 2022, Sherry Huismann started and this has helped alleviate the pressure of only having 2 providers. The board is keeping a close eye on the budget with the help of our executive director and our board Treasurer, Katie Elkins. Our staff works wonderfully together and with Dr. Gattis as well as Bob and Sherry.

2022 has also become the year of catching up on our security and technical upgrades. We continue to work on facility security and computer upgrades.

DENTAL CLINIC

Dr. Quigley started in 2022 and requested some dental office upgrades which LFHSD has acquired to help make the dental clinic run smoothly and efficiently. Staff continues to call patients and give friendly reminders.

Sincerely,

Lynn McNitt
Lake Fork Health Services District
President 2022

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO Box 999
Lake City, CO 81235**

2022 Compliance Program Evaluation:

An annual program review for Moseley Health Care Complex compliance has been completed for 2022.

Employee licenses and certifications are stored in the Policy and Procedures book as well as in each employee's personnel file. These are reviewed for expiration dates and renewed as required. Employees are trained and educated as needed/required.

Melody C. performs quarterly chart audits as required. Nursing staff record daily temperature logs for pharmacy.

Jennifer B. and Dr. Gattis are responsible for routine checks and documentation of all laboratory equipment functions.

Policy and procedures have been reviewed by the Board of Directors.

Our plan is to continue to work together as a team to improve compliance processes and address any issues that may arise consistently and timely.

Rachel Moore
Executive Director

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO BOX 999
Lake City, CO 81235**

2022 Dental Total Program Evaluation

As the new dental director for LCAMC, starting in May of this year, I am pleased to report that the dental clinic is back to full operation after the decline in patient visits resulting from the Covid pandemic.

Staffing:

Our Lead Assistant Jennifer has requested a reduction in her clinical hours to spend more time in the medical clinic as she approaches graduation from her nursing program. She has been instrumental in hiring and training her likely replacement, Savannah, who we hope will be a great contribution to the dental team.

Our two part-time dental hygienists (Lori Ann and Bonnie) continue to be of great value to our community and their schedules are consistently full, to the degree that we are also considering hiring a PRN hygienist to meet the increasing demand for dental hygiene care in Lake City.

New Equipment and Services:

A sincere thank you to those who were involved in funding for the purchase of a new electric hand piece system, replacing the outdated (and very loud) hand pieces. This improved system allows dentists to perform dentistry more efficiently, with better visibility and illumination, and a significant reduction in the sound of the hand piece (or "drill" as most would identify). We have also added implant restoration to our service menu, something we have had to refer out previously. Implant related services are highly valuable to patients and will bring in additional revenue to the clinic. We also have added bone-grafting procedures to our offered services, in an effort to preserve bone for future implants following tooth removal.

The cost for dental supplies saw an initial uptick as certain supplies used by Dr. Quigley were necessary. We have been purchasing many supplies through Amazon, Ebay, and other 3rd party sites, saving as much as 50% compared to the major dental supply vendors. This should result in significant savings over the long run.

For 2023, we will be looking into converting our paper charting system to a computer-based one. There are a few dental-specific software options that I will be researching and by the end of 2023, we should be fully digital (which I have been in my clinical practice for over 20 years).

It has been a pleasure to be part of the clinical team at LCAMC and I'm excited for the continued growth in quality dental services offered in our clinic. My goal has always been to improve the health of our patients and with the continued support of the Board, I am confident in that outcome.

John Quigley, DDS
Dental Director

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO Box 999
Lake City, CO 81235**

2022 Facilities/Physical Plant Program Evaluation

An annual program review for Moseley Health Care Complex physical plant has been completed for 2022. Building, associated equipment, and maintenance programs are in fair to poor condition overall.

The building is still showing signs of aging as reported in the 2018 TPE. As systems are inspected, replacements are being suggested and implemented as needed. At this time the most costly replacements/repairs are involving HVAC and plumbing systems, generator, the phone system, security upgrades and install, and end of life software.

Annual inspections for fire, security, emergency, and other systems have been completed, documented, and no additional action is indicated from any inspection. There are no outstanding urgent maintenance issues related to fire, security, or safety systems.

The parking lot cracks were sealed though they do not look very good and some were either overlooked or are already failing.

Rachel Moore
Executive Director

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO BOX 999
Lake City, CO 81235**

2022 Financial Program Evaluation

- LCAMC ended 2022 under budget and we did not have to dip into the savings account.
- Being down one provider for 9 months and one RN for the year, cut the wages budget.
- We hired another provider. Her pay is higher than the previous provider filling that position due to her credentials and experience.
- We have given raises to fix an imbalance in pay and to retain staff.
- We are streamlining our QuickBooks accounts to better reflect our expenditures.
- We are changing the way we present the working budget at our monthly meetings to better understand how we are spending money.
- We have utilized the NFF, Nonprofit Finance Fund. Having several meetings to set projections for the future and gain a bigger picture understanding of the financial health of the clinic. They have also put together trainings for the board.
- Tax support continues to bridge the gap between insurance reimbursement and the cost to provide 24/7 care in a rural, low-patient-volume location.
- We are continuing the search for grant money. Recently we received a \$20,000 grant for staff mental wellness. We are communicating with the staff to ensure that money is spent in a way that is helpful for them.
- The Endowment Board assisted with several grants. In October they gave the employee of the quarter gift to employees. Both Jen and Mel received education grants. And they are also matching our end of year bonuses to all staff.
- Our patient counts were down for 2022. We believe that is due to being down a provider and having to reduce the hours to accommodate the two providers we had. We do expect that to change with having a third provider and being able to offer women's health care.

Katie Elkins
Board Treasurer
Lake Fork Health Service District

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO Box 999
Lake City, CO 81235**

2022 Medical Clinic Total Program Evaluation

OVERALL: Good

- Strengths:
 - Staff
 - Facility
- Weaknesses:
 - Equipment need updates
 - Incomplete Staffing
 - Unable to compete with other organizations hiring at higher rates & sign on bonuses

CERTIFICATION: Good

RHC: In good standing

CLIA: In good standing

CDPHE: In good standing

HPSA: In good standing for Dental; not applicable for Medical anymore

FINANCIAL: Good

- We received an overall good report from the auditor.
- Staffing changes leading to one nurse on some days (always one nurse on Saturdays) or two nurses for a half day.
- Loss of one full-time nurse position and a PRN with limited scope x-ray.
- Due to staffing shortages (loss of a provider and one nurse short) we closed early on Wednesdays and Saturdays and did not open on Sundays during the summer to help reduce staff burnout.
- Anticipating grant efforts, awaiting decision on phase costs, to help offset costs of network infrastructure upgrades, phone system upgrade, increased and upgraded security efforts, and end of life software upgrades.
- There have been many unforeseen expenditures including expensive building repairs/maintenance, hiring a locum tene and a temporary employee to help with the Provider shortage and contract employee expenses for denied claims and Executive Director support
- Tax support continues to bridge the gap between insurance reimbursement and the cost to provide 24/7 care in a rural, low-patient-volume location.
- Patient counts are surprisingly similar to 2021 despite being closed for 12 hours a week for 22 weeks.
- Rachel is still learning how to read the metrics in Athena and they are only reflecting the second quarter of 2022 at this time, but it seems like there has been a slight increase from last year in collections though it is taking a bit longer to get paid.

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO Box 999
Lake City, CO 81235**

STAFF: Very Good

- Malinda has taken on doing all batch reports (deposits) and is training to take on denied claims.
- Able to cover absences of Nursing/MA. Sometimes Rachel is able to help with nursing.
- Susan earned her limited scope X-Ray and Melody is currently taking the courses; Marcia filled PRN position and came in several times to do x-rays over the summer.
- Able to cover absences of Provider; Dr. Gattis and Bob filled the gap of a third provider for 9 months with the help from the two additional PRN providers.
- After the return of Sherry, Rachel and the three providers are meeting twice month for the Clinic Advisory Committee.
- Lab functioning well now that the Horiba machine has finally been fixed; thanks to Jennifer B. staying on the techs and control providers since June.
- Pharmacy functioning well despite backorders and out of stock items.
- Billing functioning well

SKILLS: Very Good

- NURSING- staff is competent and working on training; Jennifer B. is currently taking RN courses and Melody is in limited scope x-ray course. We currently employ 1 RN, 1 MA, and 1 CAN/EMT. We have one volunteer EMT that comes in one time per week. The nursing department works together cohesively to meet patient and provider needs.
- PHARMACY- Susan is managing the pharmacy and is doing a fabulous job with cost control. Jennifer B. is the designated pharmacy back-up.
- LAB- Lab Supervisor- Overseen by Dr. Gattis and Jennifer B.
- PROVIDERS- For nine months Bob D. and Dr. Gattis worked a majority of the hours until October 1, when Sherry H. returned to the clinic. Bob and Sherry now split weekly clinic care with Dr. Gattis providing 2 patient days per week.
- STAFF MEETINGS- staff attend monthly meetings and In-service & skills development. Both have helped to keep lines of communication open and increase knowledge and productivity of all staff.
- BILLING- Malinda M. is the primary biller and is training with Jessica W. to work denied claims; there is currently no back-up for Malinda.

**Lake Fork Health Service District
Lake City Area Medical Center
Lake City Dental Clinic
PO Box 999
Lake City, CO 81235**

2022 EQUIPMENT Program Evaluation: Satisfactory

Some equipment is aging and will need to be updated and or replaced. Out Network Specialist has been researching options and pricing to report to the BOD to help make the changes in a prioritized fashion.

- Consider replacement of phone system
- Consider adding more advanced security around the reception area
- Consider updating the security cameras

IT: Fair to Poor

- We will be switching over to Star Link and Visionary
- Consider updating the network infrastructure
- Consider updating the end of life software throughout the building

CLINIC ACCESS: Good

- Open Daily 1 FT providers (six days a week), 1 Physician provider (two days per week overlap coverage), and Support Staff
- After Hours 1 FT provider and Support Staff make coverage possible
- Holidays 1 FT provider and Support Staff make coverage possible
- Physician available for after hours and Holiday on call as needed

Our 2023 goals are to continue staff training in the needed areas, increase staff, continue to provide and promote quality healthcare, retain quality health care professionals/employees, and to work to maintain financial stability of LFHSD for years to come.

Lake Fork Health Service District
Rural Health Clinic
EMERGENCY OPERATIONS PLAN

EMERGENCY PREPAREDNESS PLANNING

STEPS TO FOLLOW TO COMPLETE THE EMERGENCY OPERATION PLAN:

1. This is an Emergency Operation Plan for Lake Fork Health Service District. It includes the sections required by the Centers for Medicare and Medicaid Services (CMS) Condition for Coverage Emergency Preparedness rules effective November 15, 2016.

All areas of the country are at risk of some type of severe storms and all facilities can be subject to fires or criminal acts.

It is important that staff know who is in charge when an emergency occurs. Leadership during an emergency shall be clearly stated.

In the event of an emergency, the ways that you normally communicate during the normal workday may change. If those systems failed, we can use the county radio system to communicate with law enforcement, emergency medical technicians, and the fire department as needed.

Annual training for employees is recommended so that they can act in an emergency. Hold exercises to rehearse emergency procedures as required and document these drills. Where appropriate, make sure clients are informed of the provisions of this plan.

Coordinate your plan with the local (County or municipal Office of Emergency Preparedness (OEP) and State or Regional Health Emergency Coordinators – most states should have state-wide or regional coordinators.

This plan will be reviewed at least once a year **and** after each actual emergency. You may request the local Fire Department, Sherriff's office, and/or county representatives to assist you in creating or practicing exit drills, facility lock downs or sheltering in place. Coordination, planning and practice will help make everyone involved informed and prepared should an emergency arise.

Thoughtful planning and careful consideration has been used to develop a sound plan to cover our facility/organization needs.

Table of Review and Approval

Date Reviewed	Date Approved
6/27/19	06/27/2019
03/04/2020	03/04/2020

The Emergency Plan (EP) was originally written and approved on 06/01/2018.
As of November 15, 2017, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

TABLE OF CONTENTS

ORGANIZATION INFORMATION

- I. INTRODUCTION TO PLAN**
 - PURPOSE
 - DEMOGRAPHICS

- II. EMERGENCY PLAN**
 - RISK ASSESSMENT
 - COMMAND AND CONTROL
 - COORDINATION

- III. POLICIES AND PROCEDURES**
 - CLIENT, STAFF AND VISITOR TRACKING SYSTEM
 - FACILITY LOCKDOWN
 - STAYING IN PLACE (SIP) PLAN
 - EVACUATION PLAN
 - SUSPENSION OF SERVICES
 - DOCUMENTATION

VOLUNTEERS

IV. COMMUNICATIONS

INTERNAL

EXTERNAL

COMMUNICATIONS WITH CLIENTS AND VISITORS

COMMUNICATIONS WITH OTHER HEALTHCARE PROVIDERS

SURGE CAPACITY AND SHARED RESOURCES

REQUESTING ASSISTANCE

V. TRAINING

VI. TESTING

TABS

1. FACILITY LOCATION MAP

2. FACILITY FLOORPLAN

3. HAZARD VULNERABILITY ASSESSMENT WORKSHEET

4. ORGANIZATIONAL CHART

5. ORDERS OF SUCCESSION

6. RECEIVING FACILITIES

7. STATE AND LOCAL GOVERNMENTAL CONTACTS

8. VENDOR CONTACTS

9. COMMUNICATION SYSTEMS/EQUIPMENT

10. AFTER ACTION REVIEW AND IMPROVEMENT PLAN

SITUATIONAL RISKS ANNEXES

A. FIRE

B. BOMB THREAT

C. ACTIVE SHOOTER

D. LOSS OF WATER/SEWAGE

E. ELECTRICAL POWER OUTAGES

F. EXTREME TEMPERATURES

G. TORNADO WATCH/SEVERE WEATHER

J. WINTER STORMS

K. EXTERNAL HAZMAT INCIDENT

L. RADIOLOGICAL ACCIDENT

M. BIOTERRORISM THREATS

FACILITY/ORGANIZATION INFORMATION

Facility: Lake City Area Medical and Dental Clinic
Address: 700 N. Henson St. Lake City, CO 81235
Mailing Address: PO Box 999, Lake City, CO 81235

Phone Number: (970) 944-2331

Owner: Lake Fork Health Service District

Medical Director: William Gattis, MD
Executive Director: Rachel Moore

I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually and after incidents or planned exercises.

This Emergency Operation Plan (EOP) is developed to be consistent with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the clients, staff and visitors of this facility are kept safe from harm. The safety and wellbeing of the clients and staff take first priority over all other considerations.

Demographics

- A. This facility is located at 700 N. Henson St. Lake City, CO 81235. A map showing the location is attached as Tab 1.
- B. There is one building on the premises with two distinct parts. One part houses the medical center/dental clinic and there is one floor. There is access to the roof located in the supply area (center of the building). The second portion of the building houses EMS and a meeting area and there are two floors. Floor plans are attached, tab 2.
- C. The building will have appropriate placement of exits signs, clearly designated on floor plans.
- D. This facility provides routine and urgent care medical services to patients of all ages.

II. EMERGENCY PLAN 492.12(a)

Risk Assessment 492.12(a)(1)

- A. This facility does an annual all hazard vulnerability assessment (see Tab 3).
- B. A copy of the EOP will be kept in the office and the plan will be located in the reception area with along with policy and procedures.
- C. The major hazards that could effect this facility as determined by the all hazard vulnerability assessment are listed in the Annex portion of this plan.

Command and Control

- A. The Organizational Chart (Tab 4) includes a Delegation of Authority that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. In the event that the indicated person by position is not present in the facility or available, the next person in the Delegation of Authority or the lead person's designee will assume the in charge position.
- B. Depending on the type of emergency, the person in charge will enact the Orders of Succession (Tab 5) for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all clients, visitors and staff that are present in the facility. If the list is originated in electronic form, a printed copy should be made also in the event that electricity is lost or evacuation is required.
- C. The person in charge will determine whether to lockdown the facility, shelter in place or evacuate based on the emergency. In the event that the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in Receiving Facilities (Tab 6).
- D. Only the person in charge can issue an "all clear" for the facility indicating that the facility is ready to assume normal operations.

Coordination

- A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats, like fire or threat of violence, call 911 or use emergency radio.
- B. During activation for an incident or exercise, communications with State, regional and local authorities can be made by contacting authorities listed in Tab 7.

III. POLICIES AND PROCEDURES

Facility Lockdown

- A. Facility Lock Down means that the staff, clients and visitors at the facility will remain in the facilities' building(s) with all doors and windows locked.
- B. Facility Lock Down can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a

significant other or other unknown person or any other event that threatens the safety of the staff, clients or visitors.

- C. The facility will remain in lock down until the authorities or facility person in charge gives an all clear.
- D. Facility will review this plan carefully and ensure that doors are strong and have the ability to fend off someone that is attempting to gain access to the facility. It is recommended that staff, clients and visitors be secured behind at least two locked doors. (Main entrance door and interior room door.)

Shelter in Place (SIP) 491.12(b)(2)

- A. Shelter in Place means that the staff, clients and visitors will remain in the facility's building(s). Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.
- B. Windows and doors will be firmly closed and checked for soundness. Storm shutters, if available, will be closed. If a storm gets very strong, and windows are threatened, staff, clients and visitors will move to interior rooms and hallways.
- C. In the event of a tornado warning, staff, clients and visitors will move to interior hallways.
- D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors.
- E. The facility will stay in Shelter until the authorities give an all clear or the emergency threat has ended as determined by the person in charge.

Evacuation Plan 491.12(b)(1)

- A. There are a number of hazards that could cause an evacuation. The most common would be a fire in or near the facilities' building(s), rising floodwaters or an evacuation order issued by the police, fire department or other governmental authority
- B. The facility person in charge will order an evacuation or follow other community wide evacuation notices issued by Hinsdale County Sherriff.
- C. If the emergency is limited to a single building or area, staff, clients and visitors will move to a safe distance.
- D. If the entire facility has to be evacuated staff, clients and visitors will move to a predestinated evacuation site listed in Receiving Facilities at Tab 6.
- E. Staff will verify that all staff, clients and visitors are accounted for either at the evacuation site or listing where they went.
- F. Notifications to others, by staff, will be done as needed.
- G. Notification to proper authorities is the responsibility of the person in charge.

The town armory or other designated location would be receiving facility in a non-medical emergency. In a medical emergency, Gunnison Valley Health would be the

receiving facility (Tab 6). Notification to significant others will be done by staff based on demographic of client.

Suspension of Services

- A. In the event that the emergency results in the inability of the facility being able to continue providing services at the facility, the facility has a plan for continuity of services.
- B. Clients will be notified that the facility will not be able to provide services.
- C. The facility has pre-identified facilities that can deliver required services. The facilities are listed in Tab 6.

Documentation 491.12(b)(3)

- A. During an emergency, documentation should continue for all clients in the process of treatment.
- B. During an emergency, evaluation should be made on whether to start treatment for clients at the facility when treatment has not been initiated. Document decision and plan of care based on client's condition and facility's ability to provide treatment during the emergency.
- C. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency.
- D. If the facility is using an electronic documentation system, emergency flow sheets would be used during the emergency if the electronic system fails.

Volunteers 491.12(b)(4)

- A. Medical volunteers may be used at this facility in the following positions:
Medical Assistant- if properly trained and/or licensed
WFR/EMT/Paramedic- commensurate with training and position
Non-Medical volunteers may be used for the following positions:
Clerical

IV. COMMUNICATIONS 491.12(c)

Internal

- A. A list of all employees, including their contact number and emergency contact. (Tab 8)
- B. In the event of an emergency that requires notification to staff not on duty, providers, and/or vendors (Tab 8) or to clients expected to arrive at the facility when it is not operational, notification will be given by Gina Carr, MD, the provider on duty, or as delegated by these persons to staff members. A list of all staff, including their contact number and emergency contact number is located on tab 8.

- C. In the event that telephone and cell phone services are not available, redundant communications are available. The communication system equipment is listed in Tab 9. All redundant communication systems are tested daily. Means used to communicate an emergency: land line, texting, emergency radio system.

External

- A. Call 911 or radio for an emergency that threatens the safety or life of staff, clients or visitors.
- B. This plan contains the name of corporate and/or ownership persons that must be notified on page 5, FACILITY INFORMATION.
- C. This plan contains a list of all county, state, and local emergency management persons that should be notified at Tab 7.
- D. This plan contains a listing of contact information for other facilities that can provide required services for clients and a listing of nearby hospitals that can provide emergency services at Tab 6.

Communications with Clients and Visitors

- A. During an emergency, the appointed person in charge (depending on situation) is responsible for notifying clients and visitors about the emergency and what actions to take. This task may also be delegated.

Communications with Healthcare Providers

- A. Only the person in charge, or their designee, is authorized to release information on the location or condition of clients. Information may be released to other healthcare providers with consent of the client and consistent with HIPAA regulations.

Surge Capacity and Resources

- A. This facility is not available to accept clients from other facilities.
- B. As requested by local and regional governmental representatives, the facility will provide excess supplies and/or equipment not needed for their own use.

Requesting Assistance

- A. Should the facility need resources to SIP, evacuate or return to service, assistance should be requested as follows: 1. from the corporate, ownership entity; 2. from the Regional representative(s), Tab 7. They work with the counties and State to obtain assistance for facilities during and following emergencies.

V. TRAINING 491.12(d)(1)

- A. The current staff will be trained on the new or updated Emergency Operations Plan at the time of its publication.
- B. All new staff will be trained on the plan.
- C. Physicians, vendors performing services on site and volunteers must be trained on the plan.
- D. Emergency Preparedness training will be conducted annually.
- E. Documentation of the training on the Emergency Operations Plan and annual emergency preparedness training will be maintained by the Executive Director.
- F. Knowledge of the plan and emergency preparedness will be shown by return demonstration.

VI. TESTING 491.12(d)(2)

- A. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility based full scale exercise will be done annually.
- B. In the event that the facility experiences an actual natural or man-made emergencies that requires activation of the plan, the facility is exempt from engaging in an individual full scale exercise for 1 year following the onset of the actual event.
- C. The facility must conduct a second exercise every year. The second exercise can be another individual full scale exercise or a tabletop exercise.
- D. After full scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and updated the plan if required. A template for review is found at Tab 10.

TAB 1 Facility Location Map

TAB 2 Facility Floorplan

TAB 3 Hazard Vulnerability Assessment Worksheet 491.12(a)(1)

TAB 4 Organizational Chart

TAB 5 Orders of Succession, Person in Charge 491.12(a)(3)

TAB 6 Evacuation Procedure, Facility Transfer 491.12(b)(1)

TAB 7 State, Regional, & Local Government Contacts 491.12(c)(2)

TAB 8 Staff List

TAB 9 Communication Systems/Equipment

Tab 10 Exercise List and Improvement Plan 491.12(d)(2)(iii)

ANNEX A Fire

The primary purpose of the Fire Policy and Procedure is to provide a course of action for all staff to follow in the event of a fire.

PROCEDURE:

R - Rescue anyone in immediate danger.

A - Alert contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. If an extinguisher is available, it should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

-Never aim high at the middle or top of the flames as this will cause the fire to spread.

-If you cannot extinguish the fire, evacuate the building/home immediately.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

1. Call the fire department at 9-1-1. Give exact location of the fire and its extent.
2. Call the Executive Director or Provider on Duty.
3. Assist with patients and visitors if evacuation is necessary.
4. Assign a staff member to meet the fire department in order to direct them to the fire. Assign a staff member to keep a roster of patient, staff and visitors if evacuation is necessary.

ANNEX B Bomb Threat

Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of patients, staff and visitors.

Procedure:

In the event a bomb threat is received at the medical clinic, proceed according to the following plan:

- a. A bomb threat may be received by various means, but will usually be by telephone.
- b. The recipient of the call will attempt to obtain information, which might include: time and date reported, how reported, exact words of caller, caller's description of the bomb and its location, caller's identity and why he/she placed the bomb, description of the caller's voice.
- c. The recipient of the notification will immediately notify the Executive Director and/or Medical Director and provider on duty.
- d. The Executive Director or provider on duty will immediately notify the local law enforcement officials.
- e. No search of the premises will be made by the medical clinic personnel. Unusual items should be noted and reported to the law enforcement search team.
- f. The Executive Director or designee will inform all patients and staff of the bomb threat and begin evacuation proceedings. To mitigate the risk that the bomb threat is real, the building will be evacuated in all cases.
- g. Staff will assist all patients from the building and then themselves evacuate the building through the appropriate exits as conditions may suggest.
- h. If time permits, staff should see that a few windows are opened and the doors are propped open when leaving the building.
- i. The Executive Director or designee will see that everyone evacuates at least 500 feet from the building.
- j. The Executive Director or designee will inform the law enforcement officials of any missing persons.
- k. No personnel shall conduct any search for missing persons. This should be left up to the appropriate event officials.
- l. Patients and staff will not return to the building until it has been declared safe by appropriate authorities.

ANNEX C Active Shooter

When there is an Active Shooter in your vicinity, you have three options, Run, Hide or Fight. Therefore, precautions need to be taken for the safety of patients and staff.

Procedure:

Run

1. Have an escape route in mind. 2. Leave belongings (purse, book bag, computer, etc.) behind. 3. Evacuate regardless of if others will follow. 4. Help others to escape, if possible. 5. Do not stop to help or move wounded. 6. Stop others from entering area. 7. Call 911 when safe.

Hide

1. Hide out of shooter's view. 2. Lock door or block entry. 3. Silent your cell phone, including vibrate.

Fight

1. Fight as a last resort, if your life is in danger. 2. Improvise weapon or throw items at the active shooter. 3. Act with as much aggression as possible. Your life depends on it.

Once law enforcement has arrived, keep hands visible and raise over your head. Provide information about location of shooter, wounded and description of shooter, if known.

ANNEX D Loss of Water/Sewerage

Procedure: If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on duty during the time of the discontinuation of water supply.

1. All attempts will be made to determine the cause for water disruption and the probable length of shutdown and if a Boil Water alert has been issued.
2. Obtain a copy of the Boil Water procedures from the Department of Health, Office of Public Health and follow instructions.
3. Use of bottled water and canned juices and other fluids, based on dietary restrictions for consumption by patient.
4. Disposable dishes and utensils may be used during emergencies.
5. If necessary, water can be brought in and dispensed as needed.
6. If it becomes apparent that a water shortage will last for an undetermined length of time, emergency measures may be issued by the county and State OHSEP.
7. Determine if suspension of services is needed.
8. Determine if transfer of patients is necessary.

ANNEX E Electrical Power Outages

Procedure: In the event of a power outage, the following steps should be followed:

1. Determine:
 - a. Amount of time that power is expected to be out
 - b. Whether the power company will take immediate steps to restore power to patient
2. Check if back-up generator is working and supplying power.
3. Determine if suspension of services is necessary.
4. Determine if transfer of patients is necessary.

ANNEX F Extreme Temperatures

The purpose of this policy is to provide precautionary and preventative measures for staff and patients during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting. There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid. Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air. The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds and curtains in rooms exposed to direct sunlight.
3. Have ample fluids, and provide as many fluids as needed.
4. Turn on fans or air conditioner to increase circulation.
5. Assess patients arriving for services for signs and symptoms.

If symptoms of Heat Exhaustion is experienced by staff report symptoms to in Charge staff.

HYPOTHERMIA TOO!

ANNEX G Tornado Watch/Severe Weather

It is the district's responsibility to keep the patients and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

- A. **A tornado WATCH**, stating that tornadoes are probable, will be received by staff through radio or other means. Remain inside the clinic.
 1. The Front Desk Receptionist will be alerted by whoever gains knowledge of the weather event .
 2. The Front Desk Receptionist will listen for weather advisory information.
 3. The Front Desk Receptionist will inform all staff and patients of the conditions.
 4. Regular activities will be continued.
 5. The Executive or Medical Director or provider on duty will designate persons to serve as lookouts.
- B. **A tornado WARNING**, stating that a tornado has actually been sighted, will be received by staff by radio or by local law enforcement officials.

1. The patients and staff will be alerted immediately.
 2. All employees and staff will proceed to an interior room (Exam Rooms #1 & #2, the Testing Room, bathroom near the Lab).
 3. The Executive Director or provider on duty will make efforts to secure all essential data sources and records.
 4. The Executive Director or provider on duty will turn off all utilities, if possible.
 5. All patients and staff will assume a curled position, to protect their eyes and head once in the appropriate shelter.
 6. The Executive Director or provider on duty will develop a list of people on the property & determine if anyone is missing.
 7. If someone is missing, the Executive Director or provider on duty will either organize a search or notify law enforcement officers of the missing persons.
8. Patients and staff will remain in the interior rooms or near the inside wall of the building until the Executive Director or designee declares it safe.
- C. **If there is NO WARNING, but a tornado is sighted approaching the medical clinic,** staff will direct patients to do the following and then do so themselves:
1. If time permits, go to one of the interior rooms listed above or an inside wall of the building.
 2. If time does not permit, get into the safest area of the room which you are in (the inside wall farthest away from doors and windows).
 3. Avoid windows and areas with wide roof spans.
 4. Do Not attempt to open windows.
 5. Get under heavy furniture, if available.
 6. Assume a curled position so as to protect the head and eyes.
 7. Remain in position until the tornado passes.
- D. In the event of severe thunderstorms, proceed according to the following plan.
1. The Executive Director or provider on duty will advise all patients and staff of severe weather conditions upon notification of the condition's existence.
 2. The Executive Director or provider on duty will recommend that all patients and staff remain indoors and not venture out unless absolutely necessary.
 3. The Executive Director or provider on duty will instruct patients and staff to stay away from doors and windows, metal pipes, sinks and electrical plugs.
 4. The Executive Director or provider on duty will advise all patients and staff that the telephone not be used.

5. Personnel will remain alert to the possibility of worsening weather conditions that may cause tornadoes and take appropriate action in such a case.

ANNEX I Winter Storms

The purpose of these winter storm safety precautions is to inform staff and patients of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Snow and Ice

Snow and ice conditions can usually be forecast in advance so that emergency action can be initiated before such conditions affect the medical practice. It is not anticipated that snow and ice conditions will affect the medical clinic building, but transportation to the office may be effected. In such an event, proceed according to the following plan:

- a. The Executive or Medical Director, front desk receptionist, or provider on duty will receive notification by radio or some other means of hazardous road conditions due to snow and ice.
- b. The Executive or Medical Director or provider on duty will make a decision to close, delay, or open and notify the staff and board of directors and a decision will be made as to the status of the clinic.
- c. In the event of closing, the receptionist should try to contact all scheduled patients to relay the clinics closure and probable time of reopening.

ANNEX J External Hazmat Incident

Procedure: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

1. Notify the patients that a hazmat incident has occurred.
2. Shut down outside intake ventilation. Call maintenance and/or executive director to facilitate.
3. Close all doors to the outside and close and lock all windows.
4. Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Call maintenance and/or executive director to facilitate. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
5. Turn off all exhaust fans in kitchens and bathrooms.
6. Close as many internal doors as possible in the building.
7. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.

8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
9. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
10. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
11. Call 911 or use emergency radio if patient has difficulty breathing or other life threatening condition occurs.
12. Notify Colorado Department of Public Health & Environment if evacuation of patient is necessary.

County officials will make a determination regarding possible evacuation of Facility.

ANNEX K Radiological Incident

Procedure: The following is the procedure to be followed in the case of a radiological accident. In the case of an accident at a nuclear power plant or other exposure, the county will use the following alert systems:

CodeRed

Emergency siren system

Emergency radio transmission

The community will receive a notice from the Emergency Broadcast System on the radio and television if possible.

1. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
2. Stay inside of Facility.
3. Tell clients that a radiological incident has occurred that may impact their home.
4. Shut down outside intake ventilation. Call maintenance and/or executive director to facilitate. To shut down ventilation- Enter the attic through supply room. Walk straight forward about 10 feet. You will see a large red switch. Turn this switch to the off position.
5. Close all doors to the outside and close and lock all windows.
6. Turn off all air conditioner and heating systems. Call maintenance and/or executive director to facilitate. To turn off a/c and heat- Open breaker panel in the hall way near sharps room in the medical center. Turn off all breakers with pink labels. Open breaker panel near EMS office in the conference area. Turn off all breakers with pink labels. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
8. Turn off all exhaust fans in kitchens and bathrooms.
9. Close as many internal doors as possible in the building/home.
10. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.

11. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
12. Notify patients if evacuation is needed, one small bag is all that will be allowed.

County officials will make a determination regarding possible evacuation of Facility.

ANNEX L Bioterrorism Threat

A bioterrorism Threat is the accident exposure or deliberate release of viruses, bacteria and other agents that cause illness or death in people, animals or plants. Biological agents can be spread through the air, water or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents like smallpox can spread from person to person. Other agents like anthrax are not spread person to person

Procedure: The following is the procedure to be followed in the case of a biological threat.

1. Notice of a biological event usually comes from the Department of Health, Office of Public Health (OPH).
2. County & Colorado Department of Public Health & Environment are notified by OPH when a biological event occurs.
3. Directions will be received from OPH on how to proceed.
4. Patients with Symptoms that may be the result of the biological exposure will be reported directly to OPH. The report is confidential.
5. Agencies may be directed by OPH to give information to their patients regarding the biological.

RESOLUTION 2022-05
APPOINTING A DESIGNATED ELECTION OFFICIAL AND
AUTHORIZING DESIGNATED ELECTION OFFICIAL
TO CANCEL ELECTION

32-1-804(2), 1-13.5-513, C.R.S.

WHEREAS, pursuant to 32-1-804(2), C.R.S., the Board of Directors of the Lake Fork Health Service District, Hinsdale County, Colorado is authorized to designate a Designated Election Official (the "DEO") to exercise the authority of the Board in conducting the election, and

WHEREAS, pursuant to 1-13.5-513, C.R.S., the Board can authorize the DEO to cancel the election upon certain conditions;

NOW THEREFORE, be it resolved by the Board of Directors of the Lake Fork Health Service District, Hinsdale County, Colorado that:

1. the Board hereby names [has named] Rachel Moore as the DEO for the regular special district election scheduled for the day of May 2, 2023 .

2. the Board hereby authorizes and directs the DEO, if the only matter before the electors is the election of persons to office, to cancel said election and declare the candidates elected, if at the close of business on the sixty-third day before the election there are not more candidates than offices to be filled, including candidates filing affidavits of intent to run as write-in candidates.

3. the Board further authorizes and directs the DEO to publish and post a Notice of Cancellation of election at each polling place and in the offices of the DEO, the county clerk and Recorder of each county in which the district is located. The DEO shall also notify the candidates that the election was cancelled and they are elected by acclamation.

4. Pursuant to §1-13.5-513(1)&(4), if the DEO has cancelled the election, the DEO or district may file this resolution, together with the Notice of Cancellation, with the Division of Local Government.

Adopted and approved this 13th day of December, 2022, by the Board of Directors of the Lake Fork Health Service District, Hinsdale County, Colorado.

(SEAL)

President

Secretary

PROCEDURAL INSTRUCTIONS:

District shall publish Notice of Cancellation, form SD-11, if election is cancelled. District may file both this resolution and notice with the Division of Local Government. Only Notice of Cancellation must be filed.

LAKE FORK HEALTH SERVICE DISTRICT BOARD OF DIRECTORS- REGULAR MONTHLY MEETING

Today's Date is Tuesday, November 29, 2022.

I. The regular monthly meeting of the Lake Fork Health Service District was called to order by Lynn McNitt at 8:35 a.m.

II. Roll Call: In attendance were board members Lynn McNitt, Hector Gomez, Katie Elkins and Jerry Johnson. Absent and excused was Jordan Kaminski. Also present were Jim Hunsicker, Bob Downs, Bernie Krystyniak, Sherry Huisman, Jessica Whiddon and Dr. Gattis. Malinda McDonald is recording secretary

Board of Directors:

- President:** Lynn McNitt
- Vice-President:** Jerry Johnson
- Secretary:** Hector Gomez
- Treasurer:** Katie Elkins
- Board Member:** Jordan Kaminski

III. Workshop- Jim Hunsicker was present to give a status update. The firewall cluster is now in place and configured which required *Star link* and *Visionary* to be complete. It has been a big project, but the medical center will switch over soon. The X-Ray machine and data base are extremely legacy. The phone system is a risk and is not upgradable.

A. Executive Director Report-

1. Financials

- a. 2023 Budget
- b. October Financials and patient counts

Dental Patient Counts		
	2021	2022
Oct	58	68

Medical Patient Counts		
	2021	2022
Oct	348	219

- Total Dental Income is down \$9000 from 2021.
- Total 400 Patient Services Revenue is down \$78,000 from 2021.
- Gross Profit is down \$86,000 from 2021.
- Total 649 Dental Expense are up \$39,000 in 2022.
- Total 639 Computer is down \$9,000 in 2022.
- Total 640 Contract Labor is up \$10,500 from 2021. However, we are not expecting to need a locum tenen and we are not going to re-negotiate a contract with Jessica Whiddon for 2023; these were unforeseen expenses for 2022.
- Total 655 Dues & Subscriptions is up almost \$8,000 from 2021.
- Total 715 Personnel Expenses are down \$44,500 in 2022.
- Total 735 Repair and Maintenance is up \$23,000 from 2021.
- Total 750 Supplies is up \$10,000 from 2021.
- Total Other Income is down almost \$58,000 from 2021.

- c. End of year bonuses: \$500 for fulltime (6), \$250 for part time (7+1 volunteer) is \$5,000 (not including payroll taxes); the Endowment Board has offered to match our bonuses (which will increase the payroll taxes); staff appreciation is on the budget in two places, there is some money left and the staff had mentioned having a dinner at CLIMB

2. Business Development

3. Community Relations

4. Personnel

- a. \$20,000 wellness grant from CO Health Foundation: the email is the only information received; Rachel has not reached out to see if there are any guidelines other than what is mentioned in the email; at the last staff meeting it was shared that the staff want Swag (hoodies, jacket), they would like a to go to Disneyland, have a retreat, visit the hot springs; Rachel suggested a committee to look at different options to offer the staff.
 - b. LFHSD By Laws review
 - c. Workforce Housing Project: at the last meeting three different plans were presented and the team made suggestions for some changes
 - d. Safety/Security Update: Rachel apologized for not having the reception desk plans earlier; we would need to find a contractor that could change the layout and work with Safe Haven; for now we are keeping the roll down window closed on the shorter counter window; Rachel suggests reviewing the Emergency Preparedness plan with staff and make sure that we are all on the same page; some staff do not feel entirely safe when certain patient(s) come in
 - e. Nursing/Dental staff: we just hired a dental assistant (Savannah McMillan); she will be training with Jen and Dr. Quigley before they have the 4 dental days in December, after she graduates in the spring, she will start training in reception; we also just hired a PRN receptionist (Crystal Earley) who will be training as the PRN MA next year; there have not been any applicants for the FT RN position.
- ## 5. SDA Manual Review- Chapter III Conflicts of Interest:

Disclosure Required

Failure to disclose a COFI is a class 2 misdemeanor; any Director will disqualify oneself from voting on any issue where there is a COFI, unless the Director has disclosed the COFI as required by law to the Secretary of State and to the BOD and then only to vote if participation is necessary to obtain a quorum

Proscribed Acts Constituting a Conflict of Interest

A potential COFI exists when the Director is an executive officer or owns control in the entity participating in the transaction; a Director or District employee shall not:

- Disclose or use confidential information acquired in the official duties to further personal financial interests

- Accept gifts of substantial value which would tend to improperly influence a 'reasonable person' in his/her public position

- Engage in a substantial financial transaction for his/her private business purposes with a person whom he/she inspects or supervises in the course of his/her official duties

- Perform an official act directly and substantially affecting to its economic benefit, a business or other undertaking in which he/she is engaged with in some capacity

- Be interested in any contract made in his/her official capacity or by anybody, agency, or Board of which he/she is a member or employee

- Be a purchaser at any sale or vendor at any purchase made by him/herself in his/her official capacity

Exemptions which are not considered COFI:

A Director holding a minority interest in a corporation contracting with the District

Contracts in which the Director has disclosed a personal interest and has not voted

A Director may vote, notwithstanding any other prohibition, if participation is necessary to obtain a quorum

Guides to Conduct Regarding Ethical Principles

These guides do not constitute violations of the public trust or employment in local government unless circumstances would otherwise so indicate: A local government official or employee should not

-acquire or hold interest in any business or undertaking that may affect to his/her economic benefit

-within 6 months following termination obtain employment in which he/she will take direct advantage in matters with which he/she was directly involved in the previous position

-perform official act directly and substantially affecting a business or other undertaking to its economic detriment when he/she has substantial financial interest in a competing firm or undertaking

Conflicts Involving Developer Districts

This doesn't apply as the District does not own any underdeveloped land

Effect of Existence of Potential Conflict of Interest

Falling to disclose a potential COFI is a criminal offense and may result in prosecution.

Any contract, vote, or other official act in which a Director had a potential conflict, not cured by disclosure, may result in the act or contract being voided.

B. Board Members Report-

- a. Lynn
- b. Jerry
- c. Katie
- d. Hector- generator parts should be here later this week. Will be getting with George Carkin whom has been working on the heat tape for the gutters
- e. Jordan

C. Medical Director Report-

D. Dental Director-

- a. Hiring a third hygienist: BOD suggested bringing in a third hygienist in a PRN capacity

E. Strategic Planning Update-

- a. One day strategic planning: 1st choice 2/20/2023 and 2nd choice 2/22/2023
- b. Marketing/advertising clinic staff/service in different media services: the last time our staff were highlighted in the newspaper was in 2020-2021; what other media sources should be used for advertising/marketing? The board agrees that using Facebook and the newspaper both will give access to more people.

F. Any other items-

- a. Move December BOD meeting from 12/27 to 12/13 for budget adoption deadline

IV. MEETING-

A. Consider any updates to and approvals of the meeting agenda: To remove item B, approval of the 2023 budget. The budget cannot be approved before the public hearing.

Motion: Jerry Johnson

Second: Hector Gomez

Vote: All vote yes.

Motion carries.

B. Consider approval of end of year bonuses: To approve year-end bonuses.

Motion: Katie Elkins

Second: Jerry Johnson

Vote: All vote yes.

Motion carries.

C. Consider approval to move the December BOD meeting from the 27th to the 13th: The next BOD meeting will be December 13, 2022 at approximately 8:30 am.

Motion: Hector Gomez

Second: Jerry Johnson

Vote: All vote yes.

Motion carries.

D. Consider approval of Minutes from prior board meetings 10/25/2022: To approve Minutes from 10/25/2022 BOD meeting.

Motion: Katie Elkins

Second: Jerry Johnson

Vote: All vote yes.

Motion carries.

V. CITIZEN COMMENTS FROM FLOOR:

VII. EXECUTIVE SESSION

Consider motion for executive session per CRS 24-6-402(4)(f), C.R.S, discussion of personnel matters pertaining to William Gattis, MD two year review and Rachel Moore one year review.

Motion: Katie Elkins

Second: Hector Gomez

Vote: All vote yes.

Motion carries.

VII. Adjourn

Meeting is adjourned at 11:32 a.m. Next meeting will be on Tuesday, December 13, 2022 at approximately 8:30 a.m. in the Zeller Wellness & Education Center in the Mosley Health Care Complex.

(President)

Date

(Secretary)

Date

(Recording Secretary)

Date