

Chief Executive Officer  
Ryan Harris



Board of Directors  
Jeanne Utterback, President  
Abe Hathaway, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Secretary  
James Ferguson, Director

Quality Committee  
**Meeting Agenda**  
February 25, 2026 @ 9:30 am  
Mayers Memorial Healthcare District  
Burney Annex Boardroom  
20647 Commerce Way  
Burney, CA 96013

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, Ext 1130 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

**Attendees**

Les Cufaude, Chair, Board Member  
James Ferguson, Board Member  
Ryan Harris, CEO  
Libby Mee, CPO  
Jack Hathaway, Director of Quality  
Lisa Neal, Board Clerk

				<b>Approx. Time Allotted</b>
<b>1</b>	<b>CALL MEETING TO ORDER</b>	Chair: Les Cufaude		
<b>2</b>	<b>CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>			
	Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board, 43563 Highway 299 East, Fall River Mills, or in the Boardroom). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one at a time. Please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.), action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.			
<b>3</b>	<b>APPROVAL OF MINUTES</b>			
	3.1	Quality Board Committee Meeting – January 28, 2026	<b>Attachment A</b>	<b>Action Item</b> 2 min.
<b>4</b>	<b>DIRECTOR OF QUALITY REPORT</b>	Jack Hathaway	<b>Attachment B</b>	Report 5 min.
<b>5</b>	<b>MMHD ACHC SAFETY RISK ASSESSMENT REVIEW</b>	Dana Hauge Alex Johnson	<b>Attachment C</b>	Discussion/ <b>Action Item</b> 10 min.
<b>6</b>	<b>OTHER INFORMATION/ANNOUNCEMENTS</b>			Information 2 min.
<b>7</b>	<b>MOVE INTO CLOSED SESSION</b>			
<b>8</b>	<b>RECONVENE OPEN SESSION:</b>			
<b>9</b>	<b>ADJOURNMENT:</b>	Next Quality Board Committee Meeting – March 25, 2026		

Posted: 02.19.26

Chief Executive Officer  
Ryan Harris



ATTACHMENT A  
**Board of Directors**  
Jeanne Utterback, President  
Abe Hathaway, Vice President  
Tami Humphry, Treasurer  
Lester Cufaude, Secretary  
James Ferguson, Director

Board of Directors  
**Quality Committee**  
**Minutes**

January 28, 2026 @ 9:30 am  
Mayers Memorial Healthcare  
Fall River Boardroom  
43563 Highway 299 East  
Fall River Mills, CA 96028

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

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**1 CALL MEETING TO ORDER:** Les Cufaude called the meeting to order at 9:34 am on January 28, 2026.

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**BOARD MEMBERS PRESENT:**

Les Cufaude, Committee Chair, Director  
Jim Ferguson, Director

**STAFF PRESENT:**

Ryan Harris, CEO  
Jack Hathaway, Director of Quality  
Keith Earnest, Chief Clinical Officer  
Theresa Overton, Chief Nursing Officer  
Lisa Neal, Board Clerk

**ABSENT:**

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**2 CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None.

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**3 APPROVAL OF THE MINUTES: December 10, 2025**

**3.1** Regular Quality Committee Meeting – December 10, 2025

A motion was made and seconded to approve the minutes of the December 10, 2025, meeting. The motion carried.

**Hathaway/Harris**

**Approved by  
All**

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**4 DIRECTOR OF QUALITY:** Report submitted by Jack Hathaway.

An updated set of metrics on medication errors was provided in the meeting. Instead of the 45 errors reported in the submitted report, only 28 were found after auditing the RL6 and documentation. Still an uptick from previous months' metrics, but still better than our past numbers. Weekly audits are still occurring, and education is provided when errors are found. Richter consultants are working with us on auditing PCC. We have found that our original build was set up incorrectly, and we are making reconciliation efforts and updating profiles to show more efficient data in reports and in how we document. The ACHC Interim progress report will be submitted after rounding with the team and adding in their proof of progress. QIP measures are going well. Cerner optimization tentative plans for going through departments are being formalized.

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**5 SAFETY QUARTERLY REPORT:** Written report submitted by Dana Hauge.

The safety committee is working well on policies in the new PowerDMS policy system. Our committee has asked IT to step up cybersecurity practices to make sure our team members are tested and educated. Purchasing has set up a new committee to help meet our 96-hour supply requirement. They have been able to adjust PAR levels to better manage our inventory. They have also created a set of "Go Containers" for our residents in case we have to evacuate. Nursing on the SNF floor has developed more efficient processes in PCC to ensure MARs and TARs are ready should we have to evacuate or our power goes down. Three big steps forward for our Disaster program.

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**6 OTHER INFORMATION/ANNOUNCEMENTS:**

Updated organizational chart as Quality & Risk report to the Chief People Officer, who will be in regular attendance at Quality meetings now. The Chief People Officer will also handle all provider relations, including recruitment, retention, patient satisfaction scores, and related activities.

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**6 MOVE INTO CLOSED SESSION: 10:22 am**

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**MEDICAL STAFF REAPPOINTMENT**

1. Dennis Burton, MD (Vesta)
2. Batool Hussain, MD (UCD)

**MEDICAL STAFF APPOINTMENT**

1. J. Gabriel Zamora, MD (Vesta)
2. Mostafa Rahimi, MD
3. Sean Munroe, MD
4. Robert Cirillo, MD (Vesta)

**AHP APPOINTMENT**

1. Daniela Garcia-Cruz, PA
2. Emily Sizer, PA-C (T2U)

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**7 RECONVENE OPEN SESSION:** The meeting was reconvened at 10:33 a.m.  
Jack will review the medical staff bylaws and make adjustments to allow the CEO to review reappointments.

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**8 ADJOURNMENT:** The committee chair declared the meeting adjourned at 10:34 a.m.  
Next Meeting is February 25, 2026

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DRAFT

# Board Quality Report February 2026

## Patient Experience

Please see most current Press Ganey Information attached.

## PI Review

We can review current findings in Teams during the meeting.

## ACHC

We submitted our IPR and have had a meeting with Richard Parker about some of the questions that he had. Dana will have some information to bring to the board regarding those fixes. The other clinical standards we reported back on are still in process, we may or may not hear more about those.

## Risk (RL6) Review

See following pages for graphs – I moved them for a better view of the data.

## State

I am not aware of any state visits this month.

## Complaints

I have received a few complaints that I am currently working on – 3 from the ER that I am currently making contact for and investigating.

## Medication Error Audit

Most current data attached

## QIP – DHCS

Currently we are looking like we are positioned well for QIP – we ended up only having the one metric that will work – Well Child Visits – there is still 2 years of audits that we will have to complete before we can call it success, however, we are in a good place with all of that for the beginning of the year.

## Cerner

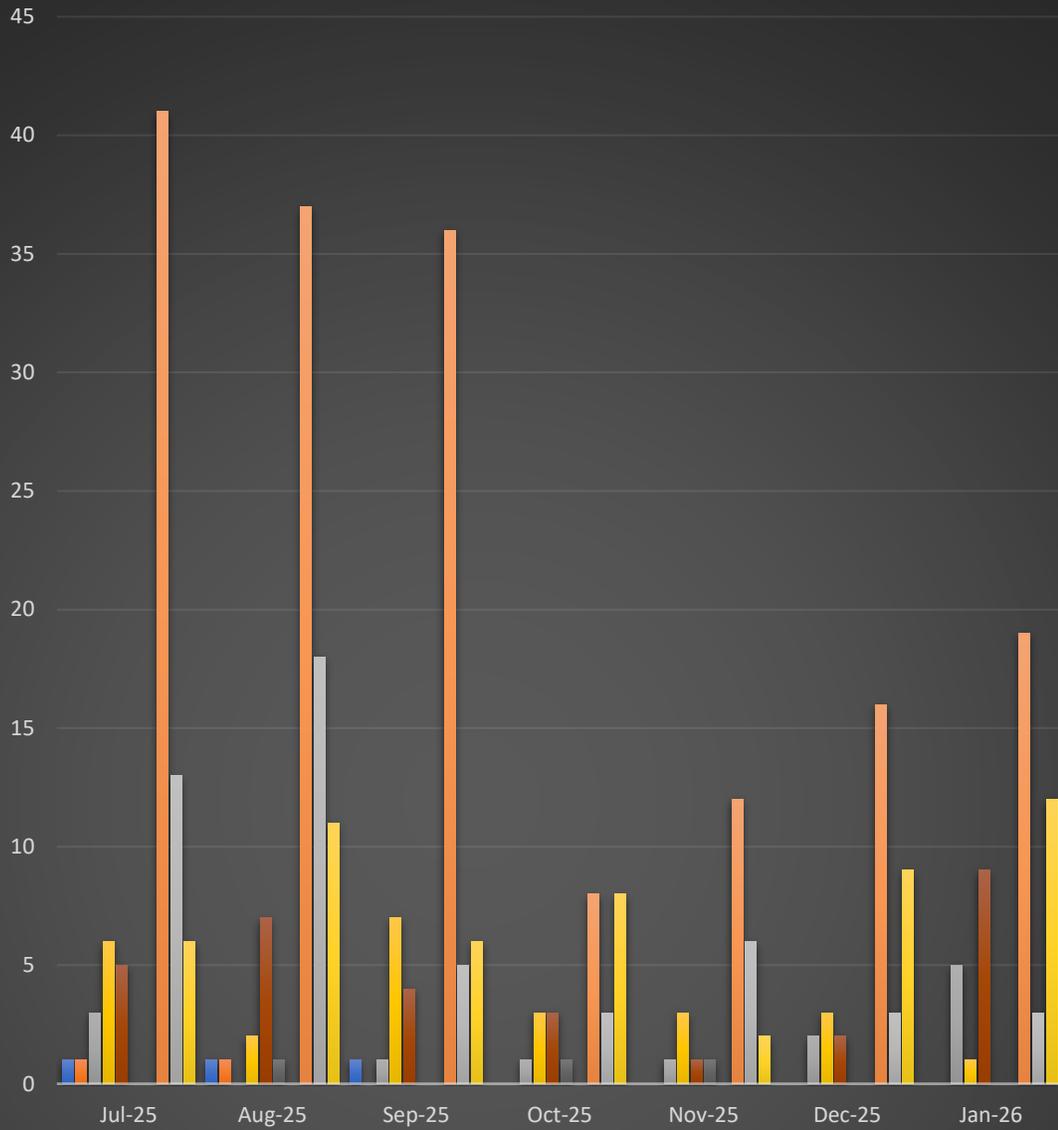
Work on optimization continues. We have set dates for the ED workflow event, and we are looking forward to getting into things and seeing what we can discover. We also had Jessica reach out to Ed regarding a build audit, based on a conversation that Euan had at a Cerner conference he attended last year. We have given the name of Euan's contact to Ed to see if we cannot get things sorted on that end.

## Conclusion

All things considered, I am happy to report that we are still moving in the right direction from the Quality and Risk perspective.

Respectfully submitted, Jack Hathaway

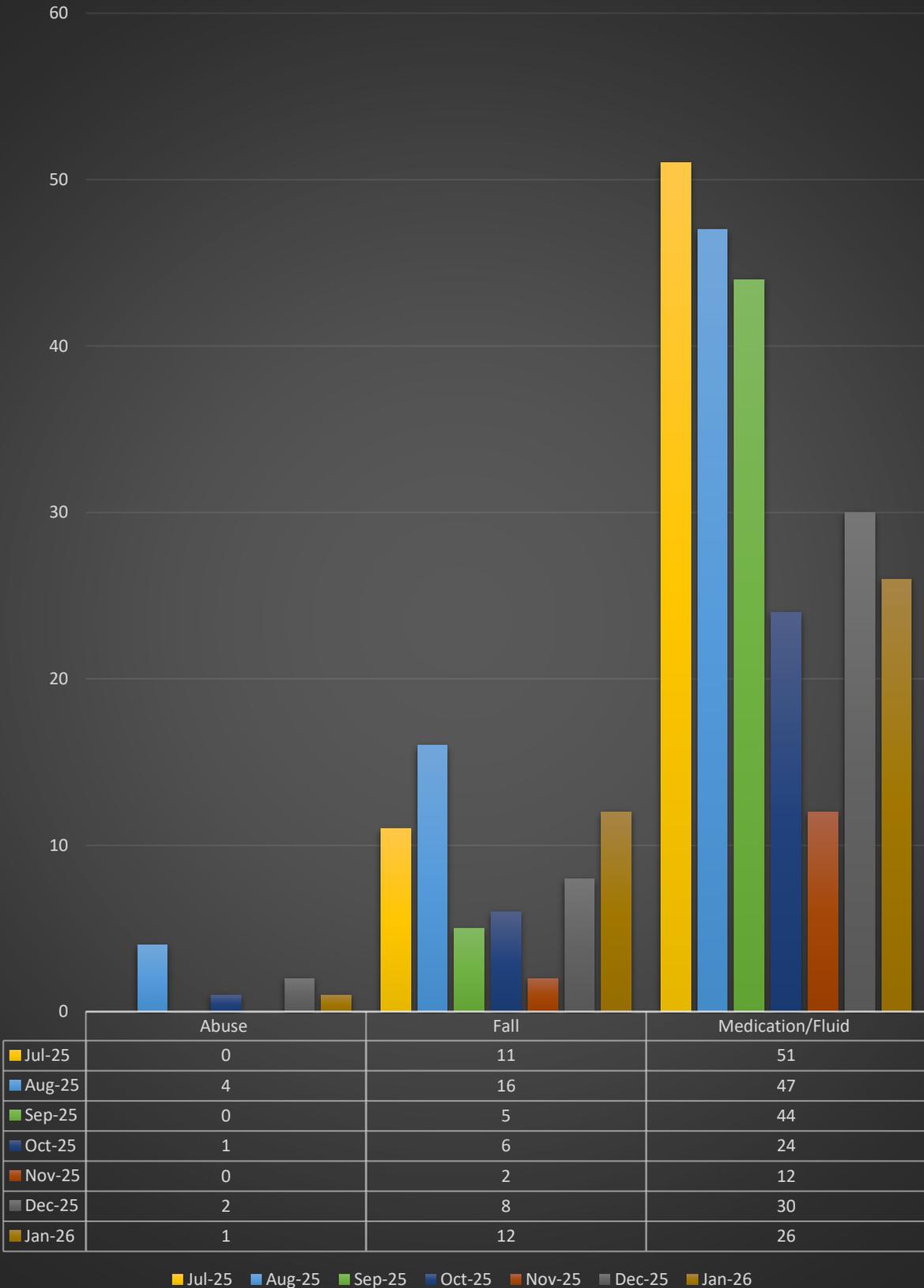
## Care/Service Area



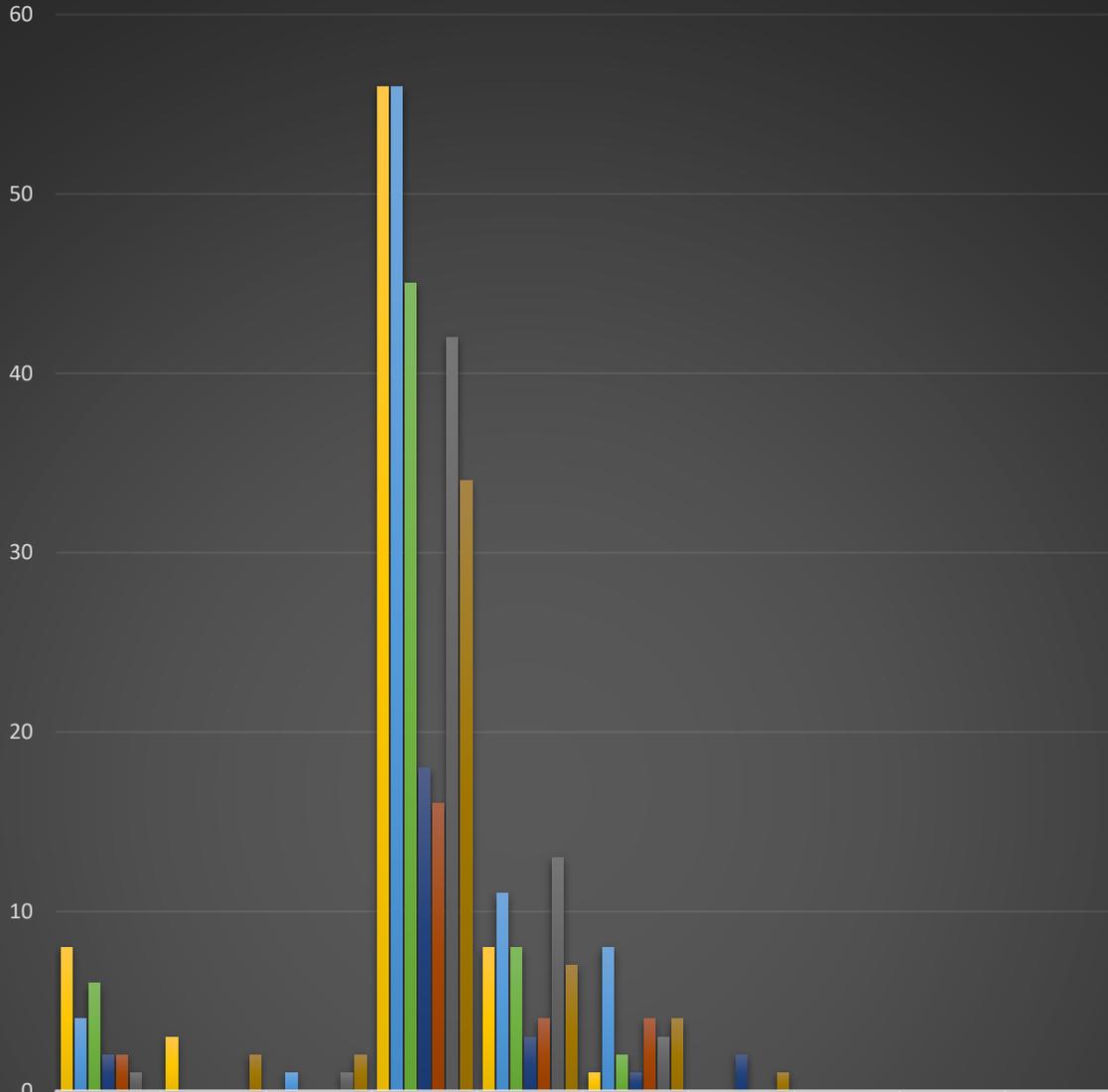
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Admitting	1	1	1	0	0	0	0
Cardiac Rehab	1	1	0	0	0	0	0
Clinic	3	0	1	1	1	2	5
Emergency	6	2	7	3	3	3	1
Med / Surg	5	7	4	3	1	2	9
OPM	0	1	0	1	1	0	0
Retail Pharm	0	0	0	0	0	0	0
Skilled FRM	41	37	36	8	12	16	19
Skilled BAF	13	18	5	3	6	3	3
Skilled BAMCU	6	11	6	8	2	9	12

■ Admitting   
 ■ Cardiac Rehab   
 ■ Clinic   
 ■ Emergency   
 ■ Med / Surg  
■ OPM   
 ■ Retail Pharm   
 ■ Skilled FRM   
 ■ Skilled BAF   
 ■ Skilled BAMCU

# General Event Type



# Severity Level Reported



	A: Unsafe Condition (No Event)	B: Near Miss caught by chance	B2: Near Miss caught by staff	C: No Harm - Reached Patient No Monitoring Required	D: No Harm - Reached Patient Monitoring Required	E: Harm - Temporary, Intervention Needed	F: Harm - Temporary, Hospitalization Needed	G: Harm - Permanent	H: Harm - Permanent, Intervention Required to Sustain Life	I: Death
Jul-25	8	3	0	56	8	1	0	0	0	0
Aug-25	4	0	1	56	11	8	0	0	0	0
Sep-25	6	0	0	45	8	2	0	0	0	0
Oct-25	2	0	0	18	3	1	2	0	0	0
Nov-25	2	0	0	16	4	4	0	0	0	0
Dec-25	1	0	1	42	13	3	0	0	0	0
Jan-26	0	2	2	34	7	4	1	0	0	0

■ Jul-25 
 ■ Aug-25 
 ■ Sep-25 
 ■ Oct-25 
 ■ Nov-25 
 ■ Dec-25 
 ■ Jan-26

▲ Positive ▼ Negative

Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (Q4 2025)	Previous Period (Q3 2025)	Change	
CAHPS	Global Items	Rate hospital 0-10	12	32	66.54%	61.26%	5.28%	▲
CAHPS	Global Items	Recommend the hospital	11	54	72.80%	61.72%	11.08%	▲
CAHPS	Comm w/ Nurses	Nurses treat with courtesy/respect	12	86	91.04%	90.92%	0.12%	▲
CAHPS	Comm w/ Nurses	Nurses listen carefully to you	10	10	69.40%	75.54%	-6.14%	▼
CAHPS	Comm w/ Nurses	Nurses expl in way you understand	12	99	91.04%	83.23%	7.81%	▲
CAHPS	Response of Hosp Staff	Help toileting soon as you wanted	9	94	78.11%	71.00%	7.11%	▲
CAHPS	Response of Hosp Staff	Received help as soon as needed	11	98	82.27%	46.36%	35.91%	▲
CAHPS	Comm w/ Doctors	Doctors treat with courtesy/respect	12	89	90.92%	75.26%	15.66%	▲
CAHPS	Comm w/ Doctors	Doctors listen carefully to you	11	72	81.16%	75.26%	5.90%	▲
CAHPS	Comm w/ Doctors	Doctors expl in way you understand	11	98	90.25%	59.88%	30.38%	▲
CAHPS	Hospital Environment	Cleanliness of hospital environment	12	99	92.13%	93.32%	-1.20%	▼
CAHPS	Comm About Medicines	Tell you what new medicine was for	8	46	74.17%	72.80%	1.38%	▲
CAHPS	Comm About Medicines	Staff describe medicine side effect	8	99	74.17%	47.80%	26.38%	▲
CAHPS	Discharge Information	Staff talk about help when you left	11	27	81.95%	77.20%	4.75%	▲
CAHPS	Discharge Information	Info re symptoms/prob to look for	11	8	81.95%	92.58%	-10.63%	▼
CAHPS	Restful Hosp Environment	Quietness of hospital environment	12	99	84.29%	63.66%	20.63%	▲
CAHPS	Restful Hosp Environment	Able to rest as needed	12	99	67.63%	48.28%	19.35%	▲
CAHPS	Restful Hosp Environment	Staff help you rest and recover	12	92	84.29%	94.43%	-10.14%	▼
CAHPS	Care Coordination	Staff informed about your care	11	99	90.87%	61.45%	29.43%	▲
CAHPS	Care Coordination	Staff worked together for you	12	83	83.29%	76.83%	6.46%	▲
CAHPS	Care Coordination	Staff helped with care plan	11	48	72.68%	69.14%	3.54%	▲
CAHPS	Info About Symptoms	Staff gave info on symptoms	8	97	86.75%	60.15%	26.60%	▲
PG	Nurses	Attention to needs	12	92	83.33%	61.54%	21.79%	▲
PG	Nurses	Nurses kept you informed	11	94	81.82%	61.54%	20.28%	▲
PG	Nurses	Nurses expl daily plan of care	12	86	75.00%	58.33%	16.67%	▲
PG	Nurses	Nurses took time to answer quests	12	98	91.67%	69.23%	22.44%	▲
PG	Doctors	Doctors' concern questions/worries	12	99	91.67%	61.54%	30.13%	▲
PG	Doctors	Doctors took time to answer quests	12	99	91.67%	61.54%	30.13%	▲
PG	Doctors	Doctors' effort decision making	11	99	90.91%	61.54%	29.37%	▲

† Custom Question ^ Focus Question

COMPASSIONATE CONNECTED CARE

PERCENTILE THRESHOLD

All

50

■ Above Threshold ■ Below Threshold

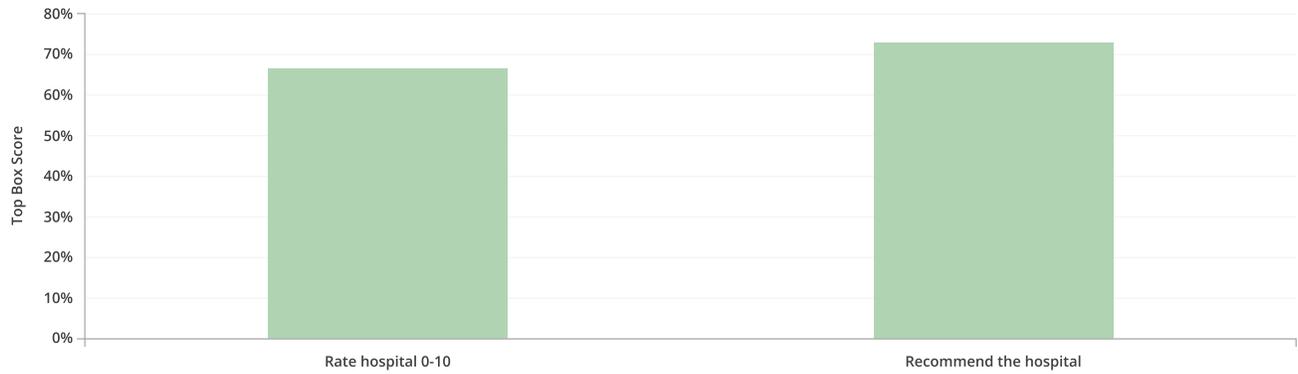
Compassionate Connected Care	Patient Need	Survey Type	Survey Items	n	Top Box Score	Percentile Rank	
Culture	Teamwork	PG	Staff worked together care for you†	n<30	N/A	N/A	
Clinical	Discharge Prep	CAHPS	Staff talk about help when you left	49	81.79%	27	
		CAHPS	Info re symptoms/prob to look for	48	87.66%	40	
		CAHPS	Good understanding managing health	n<30	N/A	N/A	
		CAHPS	Understood purpose of taking meds	n<30	N/A	N/A	
Caring Behaviors	Personalize	CAHPS	Nurses listen carefully to you	50	75.28%	36	
		PG	Nurses' attitude toward requests†	n<30	N/A	N/A	
		PG	Attention to needs	51	72.55%	61	
		CAHPS	Doctors listen carefully to you	50	79.14%	60	
		PG	Time doctors spent with you†	n<30	N/A	N/A	
	Courtesy	CAHPS	Nurses treat with courtesy/respect	52	89.66%	80	
		CAHPS	Doctors treat with courtesy/respect	52	87.60%	73	
		PG	Courtesy of person cleaning room†	n<30	N/A	N/A	
	Inform	PG	Nurses kept you informed	51	72.55%	78	
		CAHPS	Nurses expl in way you understand	52	81.97%	86	
		PG	Doctors kept you informed†	n<30	N/A	N/A	
		CAHPS	Doctors expl in way you understand	51	75.62%	53	
		CAHPS	Tell you what new medicine was for	37	77.37%	69	
		CAHPS	Staff describe medicine side effect	33	62.50%	96	
	Privacy	PG	Staff concern for privacy†	n<30	N/A	N/A	
	Choice	PG	Staff include decisions re:trtmnt†	n<30	N/A	N/A	
		CAHPS	Hosp staff took pref into account	n<30	N/A	N/A	
	Empathy	PG	Doctors' concern questions/worries	50	84.00%	95	
		PG	Staff addressed emotional needs†	n<30	N/A	N/A	
	Service Recovery	PG	Response to concerns/complaints†	n<30	N/A	N/A	
Responsiveness	CAHPS	Call button help soon as wanted it	n<30	N/A	N/A		
	CAHPS	Help toileting soon as you	31	77.90%	94		

			wanted				
Operational	Environment	CAHPS	Cleanliness of hospital environment	51	84.85%	92	
		CAHPS	Quietness of hospital environment	52	62.64%	70	
	PG	Room temperature†	n<30	N/A	1		
	Amenities	PG	Temperature of the food†	n<30	N/A	N/A	
		PG	Quality of the food†	n<30	N/A	1	
Global	Global	PG	Overall rating of care†	n<30	N/A	N/A	
		CAHPS	Rate hospital 0-10	52	71.01%	52	
		PG	Likelihood of recommending†	n<30	N/A	N/A	
		CAHPS	Recommend the hospital	51	72.64%	54	

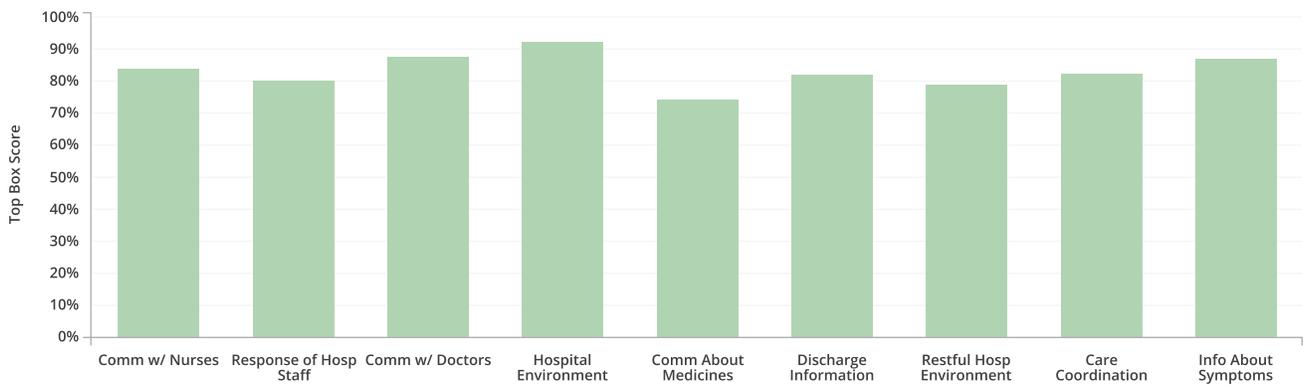
† Custom Question ^ Focus Question

-40 -20 0 20 40  
Difference to Threshold

### HCAHPS Global Comparison i



### Domain Comparison i



## Domains and Questions

Peer Group: All PG Database  
CAHPS Section/Domain Level N=2321

Domains	Questions	Current n	Previous Period (Q3 2025)	Current Period (Q4 2025)	Change	Percentile Rank
Global Items	Rate hospital 0-10	12	61.26%	66.54%	5.28%	32
	Recommend the hospital	11	61.72%	72.80%	11.08%	54
Comm w/ Nurses		12	83.23%	83.83%	0.60%	79
	Nurses treat with courtesy/respect	12	90.92%	91.04%	0.12%	86
	Nurses listen carefully to you	10	75.54%	69.40%	-6.14%	10
	Nurses expl in way you understand	12	83.23%	91.04%	7.81%	99
Response of Hosp Staff		11	58.68%	80.19%	21.51%	96
	Help toileting soon as you wanted	9	71.00%	78.11%	7.11%	94
	Received help as soon as needed	11	46.36%	82.27%	35.91%	98
Comm w/ Doctors		12	70.13%	87.44%	17.31%	92
	Doctors treat with courtesy/respect	12	75.26%	90.92%	15.66%	89
	Doctors listen carefully to you	11	75.26%	81.16%	5.90%	72
	Doctors expl in way you understand	11	59.88%	90.25%	30.38%	98
Hospital Environment		12	93.32%	92.13%	-1.20%	99
	Cleanliness of hospital environment	12	93.32%	92.13%	-1.20%	99
Comm About Medicines		8	60.30%	74.18%	13.88%	97
	Tell you what new medicine was for	8	72.80%	74.18%	1.38%	46
	Staff describe medicine side effect	8	47.80%	74.18%	26.38%	99
Discharge Information		11	84.89%	81.95%	-2.94%	13
	Staff talk about help when you left	11	77.20%	81.95%	4.75%	27
	Info re symptoms/prob to look for	11	92.58%	81.95%	-10.63%	8
Restful Hosp Environment		12	68.79%	78.74%	9.95%	99
	Quietness of hospital environment	12	63.66%	84.29%	20.63%	99
	Able to rest as needed	12	48.28%	67.63%	19.35%	99
	Staff help you rest and recover	12	94.43%	84.29%	-10.14%	92
Care Coordination		12	69.14%	82.28%	13.14%	91
	Staff informed about your care	11	61.45%	90.87%	29.43%	99
	Staff worked together for you	12	76.83%	83.29%	6.46%	83
	Staff helped with care plan	11	69.14%	72.68%	3.54%	48
Info About Symptoms		8	60.15%	86.75%	26.60%	97
	Staff gave info on symptoms	8	60.15%	86.75%	26.60%	97

## Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months  
Benchmark: All Respondents | Benchmarking Period: 11/01/2025 - 01/31/2026

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Nurses listen carefully to you	36	0.65
2	CAHPS	Recommend the hospital	54	0.8
3	CAHPS	Doctors listen carefully to you	60	0.58
4	CAHPS	Staff worked together for you	78	0.75
5	CAHPS	Doctors expl in way you understand	53	0.49
6	CAHPS	Received help as soon as needed	78	0.6
7	CAHPS	Nurses expl in way you understand	86	0.61
8	CAHPS	Doctors treat with courtesy/respect	73	0.57
9	CAHPS	Staff talk about help when you left	27	0.03
10	CAHPS	Staff gave info on symptoms	62	0.47

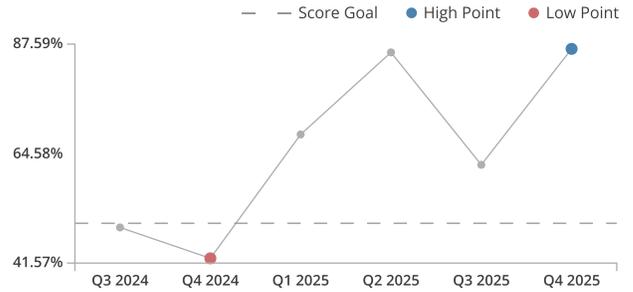
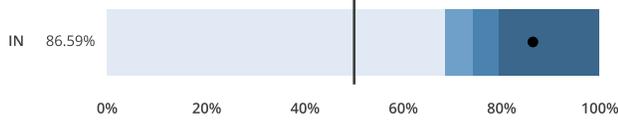
† Custom Question ^ Focus Question

Reports from Press Ganey are for internal improvement purposes. Only CMS can provide your facility with your official CAHPS survey results.

### Service Line Performance i

PG Overall

- Top Box Score
- < 50th Percentile
- 75th - 89th Percentile
- | Score Goal
- 50th - 74th Percentile
- >= 90th Percentile



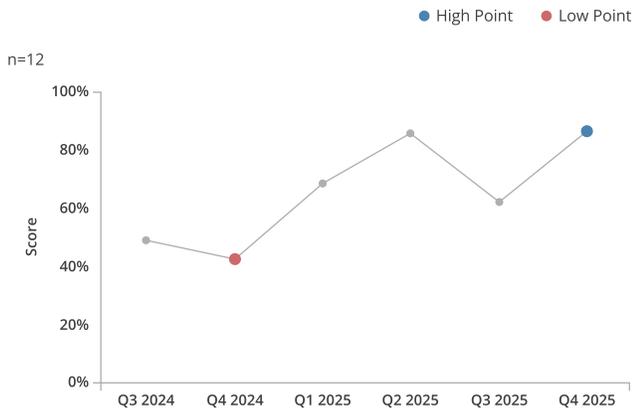
n	12
Top Box Score	86.59%
Score Goal	50.00%
Percentile Rank	98

Time Period	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
n	13	7	16	16	13	12
Top Box Score	49.06%	42.57%	68.60%	85.85%	62.22%	86.59%
Percentile Rank	5	2	68	98	19	98

### Top Box Score i

PG Overall

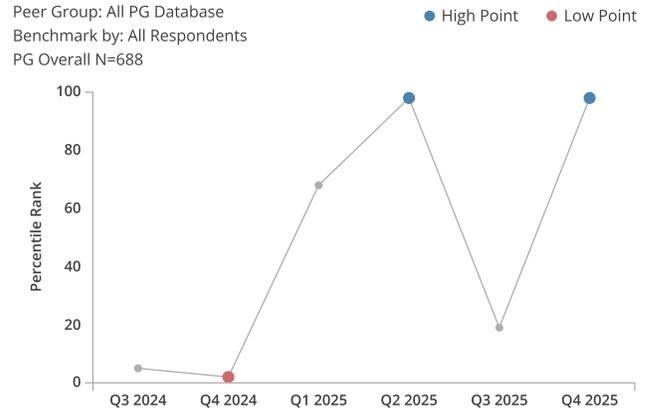
86.59% ▲



### Top Box Percentile Rank i

PG Overall

98th ▲



Time Period	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
n	13	7	16	16	13	12
Top Box Score	49.06%	42.57%	68.60%	85.85%	62.22%	86.59%
Percentile Rank	5	2	68	98	19	98

## Section Performance 📄

SORT BY

Default

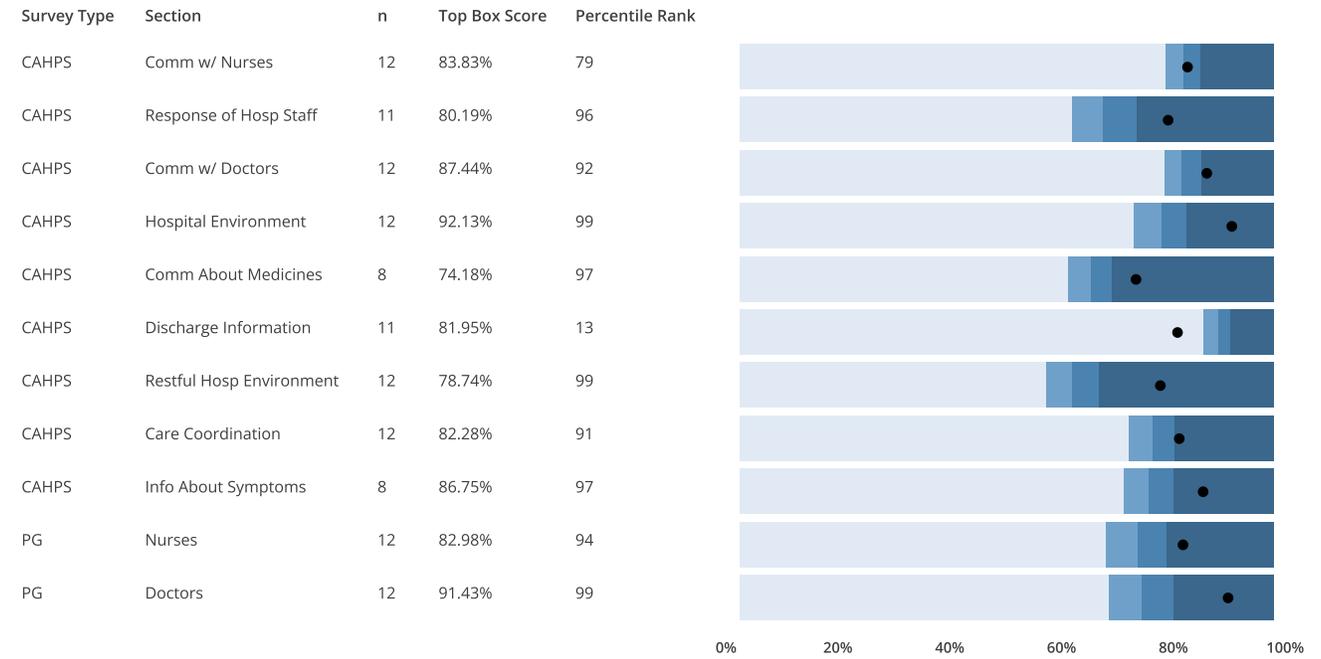
SELECT

Standard

Peer Group: All PG Database

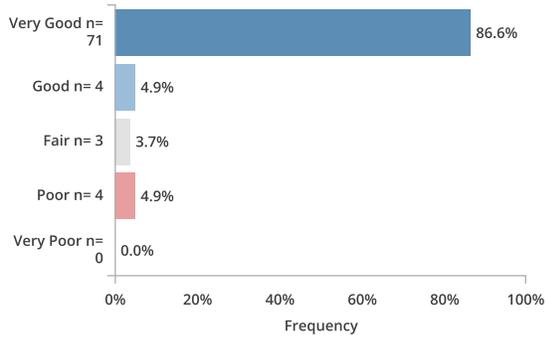
CAHPS Section/Domain Level N=2321 | PG Overall N=688

● Top Box Score    < 50th Percentile    75th - 89th Percentile  
 ■ 50th - 74th Percentile    ■ >= 90th Percentile



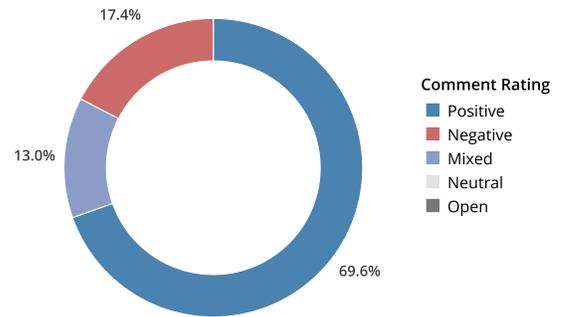
## Distribution of Responses 📄

PG Overall



## Comment Distribution 📄

Data from Press Ganey surveys. CAHPS surveys do not collect comments.



N/A ⓘ  
PG Overall

N/A ⓘ  
PG Overall

■ Above Goal ■ Below Goal

■ Above Goal ■ Below Goal

*No Data Available*

*No Data Available*

## Priority Index

PG Report Period: 6 months | CAHPS Report Period: 12 months

Benchmark by: All Respondents | Benchmarking Period: 11/01/2025 - 01/31/2026

Current Order	Survey Type	Question	Percentile Rank	Correlation
1	CAHPS	Recommend the hospital	54	0.8
2	CAHPS	Nurses listen carefully to you	36	0.65
3	PG	Nurses took time to answer quests	50	0.63
4	PG	Doctors took time to answer quests	64	0.69
5	PG	Nurses expl daily plan of care	63	0.68
6	PG	Nurses kept you informed	69	0.7
7	PG	Doctors' effort decision making	67	0.68
8	CAHPS	Staff worked together for you	78	0.75
9	PG	Attention to needs	54	0.58
10	CAHPS	Doctors listen carefully to you	60	0.58

† Custom Question ^ Focus Question

● Percentile Rank 1 - 49 ● Percentile Rank 50 - 74 ● Percentile Rank 75 - 89 ● Percentile Rank 90 - 99

Peer Group: All PG Database | PG Overall N=688 | CAHPS Item Level N=2319 | Received Date | 01 Oct 2025 - 31 Dec 2025

<b>CAHPS LTR</b> Top Box Score <b>72.80%</b> Percentile Rank <b>54th</b>	<b>CAHPS Rate 0-10</b> Top Box Score <b>66.54%</b> Percentile Rank <b>32nd</b>	<b>PG Overall</b> Top Box Score <b>86.59%</b> Percentile Rank <b>98th</b>
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Comm w/ Doctors	Top Box Score	Percentile Rank
CAHPS: During this hospital stay, how often did doctors explain things in a way you could understand?	<b>90.25%</b>	<b>98th</b>

Comm w/ Nurses	Top Box Score	Percentile Rank
CAHPS: During this hospital stay, how often did nurses listen carefully to you?	<b>69.40%</b>	<b>10th</b>

† Custom Question ^ Focus Question

## **Mayers Memorial Healthcare District ACHC Safety Assessment Review**

Presented by: Dana Hauge, Director of Safety & Security, Safety Officer  
February 25, 2026

ACHC requires the governing board to be aware of risk assessments throughout the facility.

1. Moving forward risk assessments will be presented quarterly by Director of Safety & Security (Safety Officer)
2. The Chief of Operations will report significant changes or additions if it is outside of the quarterly reposting period.

Below you will find a synopsis of the 2025 Risk Assessments and Alternative Life Safety measures shared between facilities and safety departments.

### **Risk Assessment Overview:**

- 8 Risk Assessments
- 6 Completed risk assessments with action taken.
- 2 Annual Risk Assessments

### **Alternative Life Safety Assessment Overview:**

- 4 Assessments
- 3 Completed
- 1 Project ongoing

## Risk Assessments-2025

<b>1/13/25</b>	<b>Assa Abloy Door Failure and Damage</b>	<b>Complete</b>
Lobby & admitting	<ul style="list-style-type: none"> <li>Badged doors not working, difficulties with egress / patient damaged door.</li> <li>Staff education, admitting staff resources and plans, use of alternative corridors if needed, work with vendors to remediate and conclude with working door system.</li> </ul>	
<b>1/16/25</b>	<b>Corrugated Containers</b>	<b>Complete</b>
Fall River Kitchen	<ul style="list-style-type: none"> <li>Cardboard boxes raise the risk of pests, infection control, and fire hazards within a dietary area. Containers in excess are not safe.</li> <li>Cardboard boxes are to be eliminated with use of storage units.</li> </ul>	
<b>1/19/2025</b>	<b>Attic Fire wall Penetrations</b>	<b>Complete</b>
Fall River Facility	<ul style="list-style-type: none"> <li>Fire wall penetrations allow for smoke to travel and pose a fire safety risk.</li> <li>Penetration was enclosed.</li> </ul>	
<b>1/27/2025</b>	<b>Eyes Wash Station</b>	<b>Ongoing. Annual</b>
Pharmacy	<ul style="list-style-type: none"> <li>Assessment of the need for an eyewash station, dependent on harmful chemicals or gases.</li> <li>Ongoing- actions include signage, directing to lab and or ER. Annual awareness for employees.</li> </ul>	
<b>2/26/2025</b>	<b>Corrugated Containers</b>	<b>Ongoing. Annual</b>
Fall River Kitchen	<ul style="list-style-type: none"> <li>Update from original assessment conducted on 1/16/25.</li> <li>Consistent pest control, remove boxes, when possible, watch for wet or damaged boxes.</li> </ul>	
<b>2/27/2025</b>	<b>Outpatient Medical eye washing station</b>	<b>Complete</b>
Outpatient Medical	<ul style="list-style-type: none"> <li>Assessment of the need for an eyewash station, dependent on harmful chemicals or gases.</li> <li>Eye Wash Station was removed. Staff are educated on the location of the nearest eye washing station.</li> </ul>	
<b>2/27/2025</b>	<b>Relative Humidity in the Endoscopy Room</b>	<b>Complete</b>
Surgery/Endoscopy	<ul style="list-style-type: none"> <li>Relative humidity levels outside of the 30-6-% range elevated the risk of damaging equipment, and with environmental comfort for patients and staff.</li> <li>Humidifier installed and humidity is within range consistently.</li> </ul>	
<b>3/10/2025</b>	<b>Line Isolation Monitor in Endoscopy Room</b>	<b>Complete</b>
Surgery/Endoscopy room	LIM removed as we do not have wet procedures. There is no risk.	

**Alternative Life Safety Assessments 2025**

<b>8/5/2025</b>	<b>Sprinkler Replacement</b>	<b>Complete</b>
Old Building-Fall River	<ul style="list-style-type: none"> <li>• Corroded and painted sprinklers were found during the 5-year fire suppression inspection.</li> <li>• Provide additional fire safety equipment, and training in the area. Sprinklers have been addressed and are in good working order.</li> </ul>	
<b>9/17/2025</b>	<b>Sprinkler Replacement</b>	<b>Complete</b>
Old Building-Fall River	<ul style="list-style-type: none"> <li>• Antifreeze in exterior sprinkler pipe tested above the temperature threshold.</li> <li>• Provide additional fire safety equipment and education. It has been addressed and the temperature is within threshold.</li> </ul>	
<b>12/19/2025</b>	<b>Sprinkler Replacement</b>	<b>Complete</b>
Old Building-Fall River	<ul style="list-style-type: none"> <li>• Corroded and painted sprinklers were found during the quarterly inspection.</li> <li>• Provide additional fire safety equipment, and training in the area. Sprinklers have been addressed and are in good working order.</li> </ul>	
<b>1/13/2025</b>	<b>Fire Smoke Dampers</b>	<b>Ongoing</b>
ST1 - ST 3 Fall River	<ul style="list-style-type: none"> <li>• Fire smoke dampers need to be installed under an HCAI project with the assistance of an architect, engineer, and contractor.</li> <li>• Project is open. Employees were educated on elevated risk.</li> </ul>	