

Regular Meeting of the Board of Directors, June 25, 2026



**Hazel Hawkins**  
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA  
THURSDAY, JUNE 25, 2026 – 5:00 P.M.  
SUPPORT SERVICES BUILDING, 2ND FLOOR, GREAT ROOM  
IN-PERSON AND BY VIDEO CONFERENCE**

*Members of the public may participate remotely via Zoom at the following link <https://zoom.us/join> with the following Webinar ID and Password:*

**Meeting ID: 991 5300 5433**

**Security Passcode: 007953**

**Mission Statement** - The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

**Vision Statement** - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

**AGENDA**

- |   |                                       |
|---|---------------------------------------|
| <b>1. <u>Call to Order / Roll Call</u></b>  | <b><u>Presented By:</u></b><br>(Pack) |
| <b>2. <u>Action Item</u></b>  |                                       |
| A. Consider and Approve Resolution No. 2026-13 Declaring A Vacancy in the Office of Director for District Zone 5.   | (Pack)                                |
| <i>Recommended Action: Approval of Resolution No. 2026-13 Declaring A Vacancy in the Office of Director for District Zone 5.</i>  |                                       |
| <ul style="list-style-type: none"> <li>▶ Report</li> <li>▶ Board Questions</li> <li>▶ Public Comment</li> <li>▶ Motion/Second</li> <li>▶ Action/Board Vote-Roll Call</li> </ul> |                                       |
| <b>3. <u>Public Comment</u></b>   | (Pack)                                |
| This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes.  |                                       |
| <b>4. <u>Closed Session</u></b>   | (Pack)                                |
| See the Attached Closed Session Sheet Information   |                                       |

Regular Meeting of the Board of Directors, June 25, 2026

5. **Reconvene to Open Session** (Pack)
6. **Closed Session Report** (Pack)
7. **Board Announcements** (Pack)
8. **Public Comment** (Pack)
- This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items on the Consent Agenda. Board Members may not deliberate or take action on an item not on the duly posted agenda. Written comments for the Board should be provided to the Board clerk or designee for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Speaker cards are available.
9. **Consent Agenda – General Business** (Pack)
- The Consent Agenda deals with routine and non-controversial matters. The vote on the Consent Agenda shall apply to each item that has not been removed. A Board Member may pull an item from the Consent Agenda for discussion. One motion shall be made to adopt all non-removed items on the Consent Agenda.
- A. Approve Minutes:
- Regular Meeting of the Board of Directors – May 28, 2026
  - Special Meeting of the Board of Directors – June 9, 2026
- B. Receive Officer/Director Written Reports
- Physician Services & Clinic Operations
  - Skilled Nursing Facilities (Mabie Southside/Northside)
  - Laboratory and Radiology
  - Foundation
  - PMO Project Summary
- C. Approve Policies:
- Golf Cart and Off-Highway Vehicle (OHV) Operations – *New*
- Recommended Action: Approval of Consent Agenda Items (A) through (C).*
10. **Receive Informational Reports**
- A. Chief Executive Officer (Verbal Report) (Casillas)
- Human Resources Dashboard 2026
  - ▶ Public Comment

## Regular Meeting of the Board of Directors, June 25, 2026

## B. Chief Financial Officer – May, 2026

(Robinson)

- Project Dashboard
- Financial Statements
- Finance Dashboard
- Supplemental Payments

▶ Public Comment

**11. Action Items**

- B. Consider and Approve Professional Services Agreement with Rachit Chawla, MD. in the amount of \$165 per hour for up to 64 hours per month. (Breen-Lema)

*Recommended Action: Approval of Professional Services Agreement with Rachit Chawla, MD. in the amount of \$165 per hour for up to 64 hours per month.*

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

- C. Consider and Approve Investment with Edward Jones for a Total of \$5M in CDs. (Robinson)

*Recommended Action: Approval of Investment with Edward Jones.*

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

- D. Consider and Approve Resolution No. 2026-17 Adopting a Memorandum Of Understanding with the California Licensed Vocational Nurses Association, Inc. (Tartala)

*Recommended Action: Approval of Resolution No. 2026-17 Adopting a Memorandum Of Understanding with the California Licensed Vocational Nurses Association, Inc.*

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

**12. Adjournment**

(Pack)

The next Regular Meeting of the Board of Directors is scheduled for Thursday, July 23, 2026 at 5:00 p.m., Great Room.

## Regular Meeting of the Board of Directors, June 25, 2026

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting, in the Administrative Offices of the District, and posted on the District's website at <https://www.hazelhawkins.com/news/categories/meeting-agendas/>. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Any public record distributed to the Board less than 72 hours prior to this meeting in connection with any agenda item shall be made available for public inspection at the District office. Public records distributed during the meeting, if prepared by the District, will be available for public inspection at the meeting. If the public record is prepared by a third party and distributed at the meeting, it will be made available for public inspection following the meeting at the District office.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**Please note that room capacity is limited and available on a first-come, first-served basis.**

**SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS**

**June 25, 2026**

**AGENDA FOR CLOSED SESSION**

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

**CLOSED SESSION AGENDA ITEMS**

- LICENSE/PERMIT DETERMINATION**  
(Government Code §54956.7)

**Applicant(s):** (Specify number of applicants) \_\_\_\_\_

- CONFERENCE WITH REAL PROPERTY NEGOTIATORS**  
(Government Code §54956.8)

- CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**  
(Government Code §54956.9(d)(1))

**Name of cases:**

- CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**  
(Government Code §54956.9)

*Significant exposure to litigation pursuant to § 54956.9(d)(2), (e)(3): Patrick Gene Cross received March 18, 2026.*

- LIABILITY CLAIMS**  
(Government Code §54956.95)

**Claimant:** (Specify name unless unspecified pursuant to Section 54961):

**Agency claimed against:** (Specify name): \_\_\_\_\_

- THREAT TO PUBLIC SERVICES OR FACILITIES**  
(Government Code §54957)

**Consultation with:** (Specify the name of law enforcement agency and title of officer): \_\_\_\_\_

- PUBLIC EMPLOYEE APPOINTMENT**  
(Government Code §54957)

**Title:**

- PUBLIC EMPLOYMENT**  
(Government Code §54957)

**Title:**

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION**

(Government Code §54957)

(Specify position title of the employee being reviewed):

**Title:**

**PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**

(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

**CONFERENCE WITH LABOR NEGOTIATOR**

(Government Code §54957.6)

**Agency designated representative:** Anne Olsen

**Employee organization:** CLVNA

**CONFERENCE WITH LABOR NEGOTIATOR**

(Government Code §54957.6)

**Agency designated representative:**

**Unrepresented employees**

**CASE REVIEW/PLANNING**

(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

**REPORT INVOLVING TRADE SECRET**

(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.

**Estimated date of public disclosure:** (Specify month and year):

**HEARINGS/REPORTS**

(Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106)

**Subject matter:** (Specify whether testimony/deliberation will concern staff privileges, report of medical executive committee, or report of quality assurance committee):

1. Report – Credentials

**CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW** (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

**ADJOURN TO OPEN SESSION**

**RESOLUTION NO. 2026-13**

**RESOLUTION OF THE BOARD OF DIRECTORS  
OF THE SAN BENITO HEALTH CARE DISTRICT  
DECLARING A VACANCY IN THE OFFICE OF DIRECTOR  
FOR DISTRICT ZONE 5 AND AUTHORIZING THE BOARD TO  
FILL THE VACANCY BY APPOINTMENT**

**WHEREAS**, the San Benito Health Care District (“District”) is a local health care district duly organized and operating under the terms of the Local Health Care District Law, California Health & Safety Code Division 23, sections 32000-32492 (“Local Health Care District Law”);

**WHEREAS**, Health & Safety Code section 32100.2 provides that the term of any member of the District Board of Directors (“Board”) “shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board”;

**WHEREAS**, the District Bylaws similarly provide that if a Board member is absent from three (3) consecutive regular meetings, or from three (3) of any five (5) consecutive meetings of the Board, the Board may, by resolution, declare that a vacancy exists on the Board;

**WHEREAS**, Dr. Nick Gabriel was appointed as Director of District Zone 5 in November 2024, and assumed office in December 2024;

**WHEREAS**, the District regularly holds duly noticed meetings of the Board for the purpose of conducting the District’s business, exercising the powers and authorities conferred by law, providing oversight of District operations, and ensuring the continued delivery of health care services within the District;

**WHEREAS**, the attendance and participation of a quorum of Board members at such meetings is essential to authorize Board action, satisfy legal requirements for the transaction of public business, and enable the Board to effectively govern and fulfill its statutory duties and fiduciary responsibilities to the residents of the District;

**WHEREAS**, since January 2026, the District has held eight (8) special and regular meetings; Dr. Gabriel has been present in person for two (2) meetings, absent for five (5) meetings, and participated remotely for one (1) meeting;

**WHEREAS**, the District held five (5) consecutive Board meetings on February 26, 2026, March 26, 2026, April 23, 2026, May 18, 2026, and May 28, 2026;

**WHEREAS**, Dr. Gabriel was absent from the District Board meetings held on February 26, 2026, May 18, 2026, and May 28, 2026;

**WHEREAS**, based upon the foregoing, Dr. Gabriel was absent from three (3) of five (5) consecutive meetings of the Board;

**WHEREAS**, Dr. Gabriel was also absent from the Board's special meetings on June 8, 2026 and June 22, 2026, and as such, has missed the last four (4) meetings of the Board;

**WHEREAS**, pursuant to Health & Safety Code section 32100.2, upon adoption of this Resolution, the term of Dr. Gabriel expires by operation of law, and a vacancy in the office of Director for District Zone 5 is hereby declared upon adoption of this Resolution;

**WHEREAS**, Health Care District Law provides that any vacancy upon the board shall be filled by the methods prescribed in section 1780 of the Government Code. (Health & Safety Code section 32100.)

**WHEREAS**, Government Code section 1780 authorizes the remaining members of the Board to fill the vacancy either by appointment pursuant to subdivision (d) or by calling an election pursuant to subdivision (e) within 60 days of the date of the vacancy;

**WHEREAS**, the Board desires to appoint a qualified person to fill the vacancy on or before sixty (60) days from the date the vacancy is declared by adoption of this Resolution;

**WHEREAS**, to be eligible for appointment, a candidate must be a registered voter of, and a resident within, District Zone 5.

**WHEREAS**, if the Board fails to appoint a Director for District Zone 5 or to call an election within sixty (60) days of the vacancy, the San Benito County Board of Supervisors may appoint a person to fill the vacancy within ninety (90) days of the effective date of the vacancy.

**NOW, THEREFORE, BE IT RESOLVED by the San Benito Health Care District Board of Directors as follows:**

1. The Recitals set forth above are true and correct and are incorporated into this Resolution by reference.

2. The Board determines Dr. Gabriel has been absent from three (3) of five (5) consecutive meetings of the Board, and, pursuant to Health & Safety Code section 32100.2, his term as District Board member expires upon adoption of this Resolution;

3. Due to the expiration of Dr. Gabriel's term as a District Board member pursuant to Health & Safety Code section 32100.2, the Board hereby declares a vacancy in the position of Director for District Zone 5, effective upon adoption of this Resolution.

4. It is in the best interest of the District that the Board fill the vacancy as soon as possible to ensure continuity in local government.

5. The District shall fill the vacancy in District Zone 5 by appointment in accordance with Government Code section 1780 and directs staff to post a notice of vacancy in three (3) or more conspicuous places within the District at least fifteen (15) days prior to the appointment date.

6. The District directs staff to notify the San Benito County Elections Official of the District Zone 5 vacancy within fifteen (15) days of the date the vacancy is declared by adoption of this Resolution.

7. District Administration is authorized and directed to take any and all actions, including executing relevant documents, to carry out the intent of this Resolution.

8. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED this 25<sup>th</sup> day of June, 2026 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

\_\_\_\_\_  
William Johnson, President

Attested: \_\_\_\_\_  
\_\_\_\_\_, Secretary

4904-8114-2681, v. 3



Hazel Hawkins  
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM  
IN PERSON AND BY VIDEO CONFERENCE**

**THURSDAY, MAY 28, 2026**

**5:00 P.M.**

**MINUTES**

**Directors Present**

Bill Johnson, Board Member  
Devon Pack, Board Member  
Victoria Angelo, Board Member  
Josie Sanchez, Board Member

**Directors Absent**

Nick Gabriel, Board Member

**Also Present**

Mary Casillas, Chief Executive Officer  
Mark Robinson, Chief Financial Officer  
Amy Breen-Lema, VP Ambulatory & Physician Services  
Karen Descent, Chief Nursing Officer  
Suzie Mays, Vice President, Information & Strategic Services  
Heidi A. Quinn, District Legal Counsel  
Laura Garcia, Executive Assistant

**1. Call to Order/Roll Call**

Director Johnson called the meeting to order at 5:00 p.m. A quorum was present, and attendance was taken by roll call. Directors Johnson, Pack, Angelo, and Sanchez were present; Director Gabriel was absent.

**2. Public Comment**

An opportunity for public comment on the closed session items was provided; no public comment received.

**3. Closed Session**

President Johnson announced the items to be discussed in the Closed Session, as listed on the posted Agenda:

- a) Conference with Legal Counsel-Existing Litigation; Government Code §54956.9(d)(1) (2 PERB cases);
- b) Conference with Labor Negotiator – Government Code §54957.6 (NUHW); and c) Hearings/Reports, Quality, Credentials, Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b).

The members of the Board entered into a closed session at 5:00 p.m.

**4. Reconvene Open Session/Closed Session Report**

The Board of Directors reconvened to open session at 5:55 p.m.

**5. Closed Session Report**

Counsel reported that the Board met in closed session regarding a number of items:

- As to existing litigation, PERB Case No. SF-CE-2231M, the Board approved a settlement agreement with the California Nurses Association, on a motion of Director Sanchez, and second by Director Angelo, 4-0 by roll call; Dr. Gabriel was absent.
- Regarding PERB Case No. SF-CE-2232M, the Board was provided an update, but no reportable action was taken.
- Regarding the Conference with Labor Negotiators - NUHW: The Board received a report, but there was no reportable action taken.
- Items under Hearing Reports; there was a report on Credential and Quality Assurance, as to the Credentials. report, on Motion of Director Pack, and second by Director Angelo, the report was unanimously approved 4-0 by roll call, with Dr. Gabriel absent.

**6. Board Announcements -**

President Johnson thanked Mark Robinson, CFO and Ralph Cornejo for the NUHW negotiations and acknowledged the team's work.

**7. Board Education**

Melissa Carrill provided a presentation regarding public relations and rebranding. A copy of the presentation is included in the packet.

**8. Public Comment**

An opportunity for public comment was provided, and no public comment received.

**9. Consent Agenda - General Business**

**A. Consider and Approve Minutes:**

- Regular Meeting of the Board of Directors – April 23, 2026.
- Bylaws-Policies and Procedures Committee – February 9, 2026.
- Patient Satisfaction Committee – February 19, 2026.
- Special Meeting of the Board of Directors – May 18, 2026.

**B. Receive Officer/Director Written Reports - No action required.**

- Physician Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation
- Public Relations
- PMO Project Summary Report

C. Consider and Approve Policies:

- Payroll Policy – Revised
- Performance Development and Evaluation – Revised
- License and Certification Verification and Renewal – Revised
- Leave of Absence – Revised
- Non-Exempt Meal and Rest Break Policy – Revised
- Subpoena and Legal Document Processing Policy – Revised
- Use of Force - New

**MOTION:** By Director Sanchez to approve the Consent Agenda with modifications – General Business, Items (A-C); Seconded by Director Angelo.

**Moved/Seconded/ Carried.** Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call with Director Gabriel absent.

10. **Receive Informational Reports**

A. **Chief Executive Officer (Verbal Report)**

Ms. Casillas provided a verbal CEO report, which included an update on HR1, hospital week, and the dashboard for Human Resources. She thanked Human Resources department for a job well done in hiring. In the last two months they have hired 14 nurses.

An opportunity was provided for public comment; no public comment received.

B. **Chief Nursing Officer**

- Dashboard – May, 2026

Ms. Descent provided an update on her dashboards, which are included in the packet.

An opportunity was provided for public comment; no public comment received.

C. **Facilities and Finance Committee – April, 2026**

- Project Dashboard
- Financial Statements
- Finance Dashboard
- Supplemental Payments

Mr. Robinson provided his CFO report, which included an update on Facilities, financial statements, dashboard, and supplemental payments. These reports are included in the packet.

An opportunity was provided for public comment; no public comment received.

11. **Action Items**

A. **Consider and Approve Amendment to Lease to Lease for Hazel’s Treasures with Merlyn Knowles for a term of five (5) years Starting June 1, 2026 – May 31, 2031.**

An opportunity for public comment was provided; no public comment received.

**MOTION:** By Director Johnson to Approve the Lease for Hazel’s Treasures with Merlyn Knowles for a term of five (5) years Starting June 1, 2026 – May 31, 2031; Seconded by Director Pack.

**Moved/Seconded/ Carried:** Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call with Director Gabriel absent.

B. Consider and Approve Resolution No. 2026-16 Adopting a Memorandum of Understanding with the National Union of Healthcare Workers.

An opportunity for public comment was provided; no public comment received.

**MOTION:** By Director Sanchez to Approve Resolution No. 2026-16 Adopting a Memorandum of Understanding with the National Union of Healthcare Workers; Seconded by Director Angelo.

**Moved/Seconded/ Carried:** Ayes: Directors Johnson, Pack, Angelo, and Sanchez. Approved 4-0 by roll call, with Director Gabriel absent.

**12. Adjournment:**

There being no further regular business or actions, the meeting was adjourned at 7:04 p.m.

The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 25, 2026, at 5:00 p.m.



Hazel Hawkins  
MEMORIAL HOSPITAL

**SPECIAL MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM  
IN PERSON AND BY VIDEO CONFERENCE**

**TUESDAY, JUNE 9, 2026  
4:00 P.M.**

**Directors Present**

Devon Pack, Board Member  
Victoria Angelo, Board Member  
Josie Sanchez, Board Member

**Absent**

Bill Johnson, Board Member  
Nick Gabriel, Board Member  
Amy Breen-Lema, Vice President, Ambulatory & Physician Services

**Also Present**

Mary Casillas, Chief Executive Officer  
Mark Robinson, Chief Financial Officer  
Karen Descent, Chief Nursing Officer  
Suzie Mays, Vice President, Information & Strategic Services  
Heidi A. Quinn, District Legal Counsel

**1. Call to Order/Roll Call**

Director Pack called the meeting to order at 4:00 PM. A quorum was present, and attendance was taken by roll call. Directors Pack, Angelo, and Sanchez were present. Directors Johnson and Gabriel were absent.

**2. Public Comment**

An opportunity for public comment was provided to members to comment on the closed session topics, not to exceed three (3) minutes.

There was no public comment.

**3. Closed Session**

Vice President Pack announced the items to be discussed in the Closed Session, as listed on the posted Agenda: a) Conference With Real Property Negotiators - Government Code §54956.8

The members of the Board entered into a closed session at 4:01 pm.

**4. Reconvene Open Session/Closed Session Report**

The Board of Directors reconvened in open session at 4:42 p.m. Counsel stated that the Board met to discuss several items as reflected on the agenda.

Items discussed: a) Conference With Real Property Negotiators - Government Code §54956.8 – Four (4) items: 901 Sunset Drive Unit 1, 981 Sunset Drive, 991 Sunset Drive, and 1810 Memorial Drive.

As to the first matter; 901 Sunset Drive, Unit 1. A motion was made by Director Sanchez, seconded by Director Angelo to approve the purchase of the real property in the amount \$367,200.00. The motion was approved 3-0-2, with Directors Johnson and Gabriel absent.

As to the second matter, 981 Sunset Drive, 991 Sunset Drive, and 1810 Memorial Drive, a report was provided, the Board provided direction, but no reportable action was taken.

**5. Adjournment:**

There being no further regular business or actions, the meeting was adjourned at 4:44 p.m. The next Regular Meeting of the Board of Directors is scheduled for Thursday, June 25, 2026, at 5:00 p.m.



**Hazel Hawkins**  
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors  
 From: Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician Services  
 Date: June 3, 2026  
 Re: All Clinics – May 2026

**May 2026 Rural Health and Specialty Clinics' visit volumes**

Clinic Location	Total visits current month	Total visits prior month (April 2026)
Orthopedic Specialty	478	565
Multi-Specialty	472	691
Sunset	690	846
Surgery & Primary Care	273	309
San Juan Bautista	319	400
1st Street	638	720
4th Street	844	1,078
Barragan	531	710
<b>Total</b>	<b>4,245</b>	<b>5,319</b>

- Provider recruitment activities with anticipated start dates by specialty:
  - Family Practice (locum tenens)
    - Marvin Butler, PA-C – June 2026
  - Behavioral Health/Psychiatric Mental Health (locum tenens)
    - Vanessa Parker, PMHNP – June 2026
  
- Dr. Benedict Carota retired from the 1st Street Clinics on May 28, 2026, following several years of dedicated service in family medicine. Throughout his tenure, Dr. Carota provided compassionate, high-quality care and earned the respect and appreciation of both patients and colleagues alike. His contributions to the clinics and the community have been invaluable, and he will be greatly missed. We extend our sincere gratitude for his service and wish him all the best in his retirement and future endeavors.



# Hazel Hawkins MEMORIAL HOSPITAL

## Mabie Southside/Northside Skilled Nursing Facility Board Report – June 2026

To: San Benito Health Care District Board of Directors

From: JayLee Davison, Interim Director of Nursing, Skilled Nursing Facility

### 1. Census Statistics: May 2026

Southside	2026	Northside	2026
Total Number of Admissions	10	Total Number of Admissions	4
Number of Transfers from HHH	9	Number of Transfers from HHH	1
Number of Transfers to HHH	2	Number of Transfers to HHH	0
Number of Deaths	0	Number of Deaths	3
Number of Discharges	9	Number of Discharges	1
Total Discharges	9	Total Discharges	4
<b>Total Census Days</b>	<b>1398</b>	<b>Total Census Days</b>	<b>1424</b>

Note: Transfers are included in the number of admissions and discharges. Deaths are included in the number of discharges. Total census excludes bed hold days.

### 2. Total Admissions: May 2026

Southside	From	Payor	Northside	From	Payor
7	HHMH	Medicare	1	New Bethany SNF	Medicare
1	Re-Admit HHMH	CCA	1	HHH	Medicare
1	Re-Admit HHMH	Medicare	1	Home	CCA
1	Pacific Coast SNF	Medicare	1	Good Sam	Medicare
<b>Total: 10</b>			<b>Total: 4</b>		

### 3. Total Discharges by Payor: May 2026

Southside	2026	Northside	2026
Medicare	9	Medicare	1
Medicare MC	0	Medicare MC	0
CCA	0	CCA	1
Medical	0	Medical	0
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	0	Hospice	2
Private (self-pay)	0	Private (self pay)	0
Insurance	0	Insurance	0
<b>Total:</b>	<b>9</b>	<b>Total:</b>	<b>4</b>

#### 4. Total Patient Days by Payor: May 2026

<b>Southside</b>	<b>2026</b>	<b>Northside</b>	<b>2026</b>
Medicare	369	Medicare	72
Medicare MC	0	Medicare MC	0
CCA	998	CCA	1110
Medical	0	Medical	93
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	31	Hospice	149
Private (self-pay)	0	Private (self-pay)	0
Insurance	0	Insurance	0
Bed Hold / LOA	7	Bed Hold / LOA	0
<b>Total:</b>	<b>1405</b>	<b>Total:</b>	<b>1424</b>
<b>Average Daily Census</b>	<b>45.32</b>	<b>Average Daily Census</b>	<b>45.94</b>



TO: San Benito Health Care District Board of Directors  
FROM: Liz Sparling, Foundation Director  
DATE: June 2026  
RE: Foundation Report for June

The Foundation Board of Directors did not meet in June or July. Board meetings will reconvene in August.

**Finance Committee**

<b>a. Financial Report</b>	<b>May</b>
1. Income	\$ 12,639.76
2. Expenses	\$ 12,630.92
3. New Donors	1
4. Total Donations	267

**Directors Report:**

- While the Foundation Board did not meet in June, the Dinner Dance, Fundraising, and Community Relations Committees remained active. Planning for the November 7 Annual Dinner Dance is underway, and we are excited about the event’s potential as our largest fundraiser of the year. **Our focus will be to raise funds for a new CT machine**, estimated cost \$1M. Please save the date.

**Fundraising/Development Committee (INVEST Campaign)**

To date, the Foundation has received 3091 total donations totaling \$1,580,262.28

**Scholarship Committee**

The Foundation proudly awarded and distributed \$1,000 scholarships to the following students pursuing careers in the medical field: Lizbeth Ariano, Bryseida Arias-Sanchez, Adriana Arroyo, Brenda Barragan-Solorzano, Amanda Costales, Kaylee Farias, Kimberly Felix, Anissa Flores, Lacey Granger, Bertha Hernandez, Emma Kamani, Shaylynn Monteon, Ana Nunez, Mishel Thomas, Alice Williams, and Gabriela Zendejas-Cervantes.

In addition to the Foundation Scholarships, several special scholarships were also awarded. The Physician Scholarships were presented to Parleen Brar and Providentia Eweama. The Dorothy & Charlie Root Scholarship was awarded to Ixchel Torres, and the Ismael Hernandez Memorial Scholarship was awarded to Alexandria Perry.

Beyond these scholarship opportunities, the Foundation is also sponsoring two Hospital employees to participate in the San Benito Leadership Institute, further supporting professional growth and leadership development within our community. The San Benito Leadership Institute (SBLI) is a transformative nine-month program running from September to May, designed to equip emerging and established leaders with the tools, knowledge, and connections needed to make a meaningful impact in San Benito County. Participants attend nine full-day sessions, each centered around a unique theme blending inclusive leadership practices with leadership development and community engagement. Each program day includes: Civic Immersion, Leadership Development and Board Skills Training.



# Hazel Hawkins MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors  
 From: Bernadette Castronuevo, Director of Laboratory and Diagnostic Imaging Services  
 Date: June 2026  
 Re: Laboratory and Diagnostic Imaging

=====  
**Updates:**

**Laboratory**

1. Quality Assurance/Performance Improvement Activities
  - Update on chemistry analyzer project → Analyzers being installed in the permanent space. Estimated implementation of new chemistry analyzer → 3<sup>rd</sup> week of July 2026
2. Laboratory Statistics

	May 2026	2026 YTD
Total Outpatient Volume	4336	22616
Main Laboratory	1255	6715
Mc Cray Lab	982	5121
Sunnyslope Lab	393	2229
SJB and 4 <sup>th</sup> Street	85	489
ER and ASC	1621	8062
Total Inpatient Volume	174	829

**Diagnostic Imaging**

1. Quality Assurance/Performance Improvement Activities
  - New C-arm delivery date 6/22/26
  - New Radiologist monitors and workstations installed 6/18/26
  - Imaging space planning meetings ongoing
2. Diagnostic Imaging Statistics

	May 2026	2026 YTD
Radiology	2024	10104
Mammography	686	3440
CT	1127	5265
MRI	250	1162
Echocardiography	107	547
Ultrasound	752	3851

# Project Dashboard - June 2026 Board

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	HCAI	Key Stakeholder	Role	Update
HUGS/Securitas	Infant Security	4/12/2024	6/1/2026	780	Completed	High		Jac Fernandez	Senior Director of Acute Care Services	Project is live! Following with report building and security group notifications
BD Pharmacy Keeper	IV Compounding Verification	11/14/2024	TBD		In Progress	High		Naveen Ravela	Pharmacy Director	Ongoing technical meetings with BD and Meditech
Lab Remodel	Lab Phase 2: Analyzer Replacement	6/3/2024	7/1/2026	758	In Progress	High		Bernadette Enderez	Lab/Radiology Director	ABBOTT onsite week of 6/15 to do equipment install.
Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026		TBD	Ongoing			Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 06/19/2026 Cost estimate 07/07/2026 100% DDs 09/04/2026 100% SDs
OR Remodel	Updating OR per OSHPD Requirements	11/20/2024	1/29/2027	800	Ongoing	High		Mendi Suber-Ventura	Director of Surgical Services	CDPH waiver has been extended until JAN 2027. Facility feasibility study to occur.
Seismic	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	11/1/2025	1/1/2033		Ongoing	High		Jorge Ramirez	Senior Director Support Services	Geotech work results pending. MT/CAP job walk scheduled 6/22.
MRI Upgrade	Proposal submitted	TBD	TBD		On Hold	Low		Bernadette Enderez	Lab/Radiology Director	Proposal submitted
*Radiology Masterplan	Assessment of equipment and remodel	11/1/2025	TBD		Ongoing	High		Bernadette Enderez	Lab/Radiology Director	Meeting with design team: Reviewed existing conditions and multiple layout options. Optimizing for flexibility for future growth and equipment planning.
*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	3/1/2026	TBD		In Progress	Medium		Bernadette Enderez	Lab/Radiology Director	Architectural proposal approved. Pending HCAI design approval and contractor pricing

# Project Dashboard - June 2026 Board

•Verkada	Security / SSO + Door Access	3/11/2025	TBD		In Progress	High	Jorge Ramirez	Senior Director Support Services	Internal database build and scheduling for final card reader installation
Sterilizer Replacement	Installation of new AMSCO 400 48 SD equipment for Sterile Processing Department	9/16/2025	11/1/2026		In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	Bid awarded, scheduling started with architect and general contractor
Focus Sports Therapy	Renovate and expand Focus sports therapy clinic	7/1/2025	TBD		On Hold	Medium	Jorge Ramirez	Senior Director Support Services	Ongoing schematic design with architects and Focus PT team.
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		In Progress	High	Jun Estrada	Director of Physical Therapy	Contract signed for feasibility study
ED Helipad	System is an AFF system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	5/27/2025	8/1/2026	431	In Progress	High	Jorge Ramirez	Senior Director Support Services	HCAI building permit issued. Contractors mobilizing.
Nurse Call System	Replace	9/10/2024	TBD		On Hold	High	Jac Fernandez	Senior Director of Acute Care Services	Pricing details collected and presented for review.
Meditech Expanse Maas Implementation	Electronic Health Record	9/17/2025	7/1/2026	287	In Progress	High	Suzie Mays	VP, Information and Strategic Services	Successful mock live 5/12-5/14 and 5/19 - 5/21. Finishing training and builds. On track to Go Live on 7/1.
CT Scanner	Replace	TBD	TBD		On Hold	High	Bernadette Enderez	Lab/Radiology Director	Both CT's that we have need repairs. Pending architectural proposal
Northside Flooring	Replace kitchen flooring at the Northside SNF	1/1/2026	TBD		In Progress	High	Jaylee Davison	Interim Director of Nursing - (SNF)	Application submitted to the county > HCAI/CDPH approval to follow this approval. Internal logistics planning

# Project Dashboard - June 2026 Board

Galen Healthcare Solutions	Galen will archive eCW data that cannot be migrated to Meditech Expense.	8/13/2025	TBD	In Progress	Medium	Salomon Mercado	Director Information Technology	Validation phase in progress. Once validation signed-off will move to production phase.
AB 2957	Weapons Detection Implementation	3/1/2026	5/26/2026	Completed	Medium	Jorge Ramirez	Senior Director Support Services	Emergency Department system is live. Planning to start for main lobby.
<b>Totals</b>								

estimated go-live
planned go live
possible new/not started

TASK STATUS %	COUNT	%
Not Started	0	0%
In Progress	8	47%
Overdue	0	0%
On Hold	4	24%
Ongoing	4	24%
Completed	1	6%
<b>TOTAL</b>	<b>17</b>	<b>100%</b>

PROJECT PRIORITY %	COUNT	%
High	13	81%
Medium	2	13%
Low	1	6%
<b>TOTAL</b>	<b>16</b>	<b>100%</b>

PENDING ITEMS	Count
Decisions	
Actions	
Change Requests	2



MEMORANDUM

To: Board of Directors  
From: Suzie Mays  
Vice President, Information & Strategic Services  
Date: June 5, 2026  
Re: Policy for Approval

Please find below a new policy for review/approval.

Golf Cart and Off-Highway Vehicle (OHV) Operations	New Policy
---	------------



## Golf Cart and Off-Highway Vehicle (OHV) Operations

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### Disclaimer

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### Approvals

- Signature: Jorge Ramirez, Director of Emergency Management and Security signed on 5/27/2026, 1:45:17 PM
  - Signature: Jorge Ramirez, Director of Emergency Management and Security signed on 5/27/2026, 12:51:50 PM
- 

### Revision Insight

Document ID:	12600
Revision Number:	0
Owner:	Dale Fors, Director of Emergency Management and Security
Revision Official Date:	No revision official date

Revision Note:  
New policy

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## Policy : Golf Cart and Off-Highway Vehicle (OHV) Operations

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### PURPOSE

The purpose of this policy is to establish clear guidelines for the safe and effective use of golf carts, designated off-highway vehicles (OHVs) and Low-Speed Vehicles (LSV) by employees of the San Benito Health Care District. This policy ensures these vehicles are used to enhance patrol operations, emergency response, and traffic control while minimizing risk to patients, staff, visitors, and property.

### POLICY

The use of golf carts, designated OHVs and LSV's by authorized employees is permitted to improve safety, mobility, operational efficiency, and transportation across District campuses and facilities. Vehicles may be operated on hospital roadways, pedestrian pathways, parking areas, service roads, loading areas, and designated perimeter routes for official hospital business, including but not limited to:

- Patient transport support
- Security patrol and emergency response
- Facilities and maintenance operations
- Environmental services support
- Materials management and supply transport
- Parking and traffic control
- Emergency management operations
- Administrative and operational transportation
- Community event or campus support activities

All vehicle operations shall be conducted safely, professionally, and in accordance with this policy and applicable regulations.

### DEFINITIONS

**Golf Cart-** A small, low-speed motorized vehicle designed for short-distance transportation on improved surfaces such as roadways, sidewalks, pathways, and parking areas.

**Off-Highway Vehicle (OHV) -** For purposes of this policy, the OHV refers to a utility-style electric vehicle that may have increased seating capacity, cargo capability, or enhanced operational features beyond a traditional golf cart.

The OHV as defined by California DMV:

- Operates on electric power
- May accommodate multiple passengers or cargo
- May include enhanced suspension, utility beds, or safety features
- Is authorized for use in the same general environments as golf carts, with additional consideration for vehicle size, weight, and handling characteristics

**Low-Speed Vehicle (LSV)** - For purposes of this policy, the LSV refers to a motor vehicle, including electric, which travels at less than 25 MPH and is equipped with specific safety features.

The LSV as defined by California DMV:

- Is Street Legal
- Is a Four-wheeled vehicle
- Has a top speed of 20-25 MPH
- Has a VIN number

**Authorized Operator** - Any employee, contractor, or approved personnel member who has completed required training and has authorization from their department leadership to operate a golf cart or OHV.

**Traffic Control** - Directing, restricting, or managing vehicle and pedestrian movement to maintain safety.

**Patient Transport Support** - Use of vehicles to assist with non-emergency movement of patients, visitors, equipment, or supplies.

**Emergency Response** - Rapid deployment to incidents requiring immediate operational, clinical, safety, or security support.

## PROCEDURE

### Pre-Use Inspection

Prior to operating any golf cart or OHV, the authorized operator shall:

1. Inspect tires for proper inflation and visible damage
2. Verify adequate battery charge
3. Test brakes, steering, horn, lights, and warning indicators
4. Check seat belts and seating capacity
5. Inspect mirrors and safety equipment
6. Verify cargo is properly secured (if applicable)
7. Report deficiencies immediately and do not operate unsafe vehicles until resolved

### Safe Driving Practices

Operators shall:

- Operate at safe and reasonable speeds:
  - Posted speed limits on District grounds & roadways
- Yield to pedestrians at all times
- Maintain safe following distances
- Avoid sudden maneuvers or unsafe turns
- Use extra caution in patient care areas, loading zones, and intersections
- Obey all posted signs and traffic control measures
- Ensure all passengers are seated properly before movement
- Keep all body parts inside the vehicle while in motion
- Avoid distracted driving, including use of mobile devices while operating
- Operate vehicles only within authorized areas and approved job duties

### **General Operations**

Authorized operators may use golf carts and OHVs for:

- Transporting equipment, supplies, or materials
- Assisting with patient or visitor escort needs
- Conducting campus rounds or inspections
- Supporting maintenance and facilities operations
- Responding to operational or emergency incidents
- Providing logistical support during events or emergencies
- Supporting parking management and traffic flow

### **Emergency Operations**

During emergencies or incidents, authorized personnel may use vehicles to:

- Transport personnel or equipment
- Assist with evacuation support
- Provide rapid response capabilities
- Support incident command operations
- Conduct traffic or perimeter control

Vehicles shall not block ambulance routes, fire lanes, emergency department access points, or patient transport corridors.

### **Post-Use Procedures**

Operators shall:

- Park vehicles in designated approved locations
- Turn off vehicle and remove keys or secure access controls

- Conduct a post-use inspection for damage or maintenance concerns
- Remove trash or unsecured items
- Report incidents, damage, or malfunctions immediately
- Charge electric vehicles when battery levels are below operational thresholds

## **SAFETY AND COMPLIANCE**

- Seatbelts shall be worn when equipped
- Operation under the influence of drugs, alcohol, or impairing medications is strictly prohibited
- Horseplay, reckless driving, or unauthorized use is prohibited
- Operators must comply with hospital policies, department procedures, and applicable laws
- Additional caution must be exercised in:
  - Pedestrian-heavy areas
  - Patient care zones
  - Parking structures
  - Loading docks
  - Emergency response scenes
- Only authorized personnel may operate District vehicles
- Unauthorized passengers are prohibited
- Unsafe operation or policy violations may result in disciplinary action and loss of operating privileges
- The district is not responsible for incidents resulting from improper, negligent, or unauthorized use

## **TRAINING**

All authorized operators must complete training prior to vehicle operation, including:

- Safe operation of golf carts and OHVs
- Vehicle handling and maneuvering
- Speed and pedestrian safety
- Cargo and passenger management
- Pre- and post-use inspections
- Incident reporting procedures
- Emergency response considerations
- Department-specific operational expectations

Departments are responsible for maintaining training documentation and authorization records.

## INCIDENT REPORTING

Any collision, injury, property damage, equipment malfunction, or unsafe condition involving a golf cart or OHV shall be reported immediately to:

- Department leadership
- Security (if applicable)
- Safety/Risk Management
- Facilities or Fleet Services (if applicable)

Incident documentation shall be completed in accordance with District reporting procedures.

---

## REFERENCES

California Vehicle Code § 345 & § 385.5

OSHA Guidelines for Motorized Vehicles and Workplace Safety

Manufacturer Operation and Maintenance Manuals

District Safety Policies

Workplace Violence Prevention Program

Emergency Management Policies

## AFFECTED DEPARTMENTS

Administration

Security

Emergency ManagementTop of FormBottom of Form

Engineering

Environmental Services

Purchasing

<b>Document ID</b>	12600	<b>Document Status</b>	Pending Committee Approval
<b>Department</b>	Security	<b>Department Director</b>	Fors, Dale
<b>Document Owner</b>	Fors, Dale	<b>Next Review Date</b>	

**Attachments:**  
(REFERENCED BY THIS DOCUMENT)

**Other Documents:**  
(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhhmh%3A12600%240>.

## HUMAN RESOURCES DASHBOARD 2026

DEPARTMENTAL METRICS	January	February	March	April	May	YTD
# Employees	714	711	711	719	729	717
# New Hires	5	6	9	14	14	48
# Terminations	6	9	9	3	4	31
Overall Turnover	0.84%	1.27%	1.27%	0.42%	0.55%	4.34%
Nursing Turnover	0.74%	1.48%	1.52%	0.74%	0.00%	4.48%
Terms By Union	January	February	March	April	May	YTD
The California Nurses Association (CNA)	1	2	2	1	0	6
National Union of Healthcare Workers (NUHW)	2	4	4	1	2	13
California License Vocational Nurses (CLVN)	1	0	0	0	1	2
Engineers and Scientists of California (ESC)	0	0	0	0	0	0
Non-Union	2	3	3	1	1	10
Terms By Reason (V=Voluntary & IV= Involuntary)	January	February	March	April	May	YTD
Personal (V)	2	4	3	0	0	9
New Opportunity(V)	0	2	1	1	3	7
Retirement (V)	0	0	2	1	0	3
Schedule (V)	0	0	0	0	0	0
Job Abandonment (V)	1	1	0	0	0	2
No Reason Given (V)	0	0	0	0	0	0
Relocating (V)	1	0	1	1	0	3
School (V)	2	0	0	0	0	2
No Show (V)	0	0	1	0	0	1
RIF(IV)	0	0	0	0	0	0
Rescinded (IV)	0	0	1	0	0	1
Performance (IV)	0	2	0	0	1	3



**Hazel Hawkins**  
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE FACILITIES AND FINANCE COMMITTEE  
SAN BENITO HEALTH CARE DISTRICT  
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA  
MONDAY, JUNE 22, 2026 - 4:30 P.M.  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup> FLOOR – GREAT ROOM**

*San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.*

1. Call to Order
  
2. Update on Current Projects
  - Project Dashboard – May 2026
  
3. Review Financial Updates
  - Financial Statements – May 2026
  - Finance Dashboard – May 2026
  - Supplemental Payments – May 2026
  
4. Consider Recommendation for Board Approval of Professional Services Agreement with Rachit Chawla, MD.
  - Report
  - Committee Questions
  - Motion/Second
  
5. Consider Recommendation for Board Approval of Investment with Edward Jones.
  - Report
  - Committee Questions
  - Motion/Second
  
6. Public Comment

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board **Committee**, which are not on this agenda.

## 7. Adjournment

The next Facilities and Finance Committee meeting is scheduled for **Monday, July 20, 2026 at 4:30 p.m.**

The complete Facilities and Finance Committee packet, including subsequently distributed materials and presentations, is available at the Facilities and Finance Committee meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Facilities and Finance Committee. Staff and Committee recommendations are subject to change by the Facilities and Finance Committee.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

# JUNE 2026 Project Dashboard - Facilities

Project Name	Purpose	Start Date	Go Live	Duration	Status	Priority	Key Stakeholder	Role	Update
*Lab Phase 2	Analyzer Replacement	6/1/2024	7/1/2026	760	In Progress	High	Bernadette Enderez	Lab/Radiology Director	ABBOTT onsite week of 6/15 to do equipment install.
*Lab Remodel	Lab Phase 3/4: Remodel	3/1/2026	TBD		Ongoing		Bernadette Enderez	Lab/Radiology Director	Upcoming Milestones: 06/19/2026 Cost estimate 07/07/2026 100% DDs 09/04/2026 100% SDs
*OR Rebuild	Updating OR per OSHPD Requirements	11/20/2024	1/29/2027	800	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	CDPH waiver has been extended until JAN 2027. Facility feasibility study to occur.
*Sterilizer Replacement	Installation of new AMSCO 400 48 SD equipment for Sterile Processing Department	9/16/2025	11/1/2026	411	In Progress	High	Mendi Suber-Ventura	Director of Surgical Services	Bid awarded, scheduling started with architect and general contractor. Estimated start in Aug
*Seismic	Upgrade to Meet HCAI Seismic Compliance & Safety Standards	11/1/2025	1/1/2033		Ongoing	High	Jorge Ramirez	Senior Support Services Director	Geotech work results pending. MT/CAP job walk scheduled 6/22.
*Imaging Trailer Pad Make Ready	Treanor to help when MP starts	10/1/2025	TBD		In Progress	Medium	Bernadette Enderez	Lab/Radiology Director	Architectural proposal approved. Pending HCAI design approval and contractor pricing
*Verkada	Security / SSO + Door Access	3/11/2025	TBD		In Progress	High	Jorge Ramirez	Senior Support Services Director	Internal database build and scheduling for final card reader installation
*HUGS/Securitas	Infant Security	4/12/2024	6/1/2026	780	Completed	High	Jac Fernandez	Senior Director of Acute Care Services	Project is live! Following with report building and security group notifications.

# JUNE 2026 Project Dashboard - Facilities

ED Helipad	System is an AFF system and no longer allowed in CA. Is required to be phased out due to being a hazardous chemical.	5/27/2025	8/1/2026	431	In Progress	High	Jorge Ramirez	Senior Support Services Director	HCAI building permit issued. Contractors mobilizing.
Northside SNF Kitchen Flooring	Replace kitchen and storage flooring at the Northside SNF	1/1/2026	TBD		In Progress	High	Jaylee Davison	Interim Director of Nursing – (SNF)	Application submitted to the county > HCAI/CDPH approval to follow this approval. Internall logistics planning
AB 2957	Weapons Detection Implementation	3/1/2026	5/26/2026	86	Completed	Medium	Jorge Ramirez	Senior Support Services Director	Emergency Department system is live. Planning to start for main lobby.
Physical Therapy Clinic Remodel	Expanding current location to help with ongoing demand	6/1/2025	TBD		On Hold	Medium	Jun Estrada	Director of Physical Therapy	Contract signed for feasibility study
Focus Sports Therapy	Renovate and expand Focus sports therapy clinic	7/1/2025	TBD		On Hold	Medium	Jorge Ramirez	Senior Support Services Director	Working with architects on schematic design.
<b>Totals</b>									

estimated go-live  
planned go live

TASK STATUS %	COUNT	%
Not Started	0	0%
In Progress	7	54%
Overdue	0	0%
On Hold	2	15%
Ongoing	2	15%
Completed	2	15%
<b>TOTAL</b>	<b>13</b>	<b>100%</b>

PROJECT PRIORITY %	COUNT	%
High	8	67%
Medium	4	33%
Low	0	0%
<b>TOTAL</b>	<b>12</b>	<b>100%</b>



San Benito Health Care District

## San Benito Health Care District

A Public Agency  
911 Sunset Drive  
Hollister, CA 95023-5695  
(831) 637-5711

June 22, 2026

### **CFO Financial Summary for the District Board:**

For the month ending May 31, 2026, the District's Net Surplus (**Loss**) is \$769,554 compared to a budgeted Surplus (**Loss**) of \$714,719. The District exceeded its budget for the month by \$54,835.

YTD as of May 31, 2026, the District's Net Surplus (**Loss**) is \$12,437,4146 compared to a budgeted Surplus (**Loss**) of \$10,447,301. The District is exceeding its budget YTD by \$1,989,845.

Acute discharges were 149 for the month, less than the budget by 5 discharges, 3%. The ADC was 12.84 compared to a budget of 13.65. The ALOS was 2.67. The acute I/P gross revenue was under budget by **\$693,428** or **10%** while O/P services gross revenue exceeded the budget by **\$1.036 million** or **3%**. ER I/P visits were 111 and ER O/P visits were under budget by 51 visits or 2%. The RHCs & Specialty Clinics treated 3,295 (includes 531 visits at the Diabetes Clinic) and 950 visits respectively.

**Other Operating** revenue exceeded budget by **\$701,231** due mainly to:

1) **\$547,886** in additional QIP funds for PY 7, CY 2024.

**Operating Expenses** exceeded budget by **\$626,537** due mainly to: overages in S & W of \$206,087, Registry of \$132,417, and Professional Fees of \$217,429 being slightly offset by savings Employee Benefits of \$90,243.

**Non-operating Revenue** was under the budget by **\$26,121** due mainly to the timing of donations.

The SNFs ADC was **91.03** for the month. The Net Surplus (**Loss**) is \$127,447 compared to a budget of \$77,620. YTD, the Net Surplus (**Loss**) is **\$3,017,699** exceeding the budget by \$1,979,725.

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 05/31/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25
GROSS PATIENT REVENUE:										
ACUTE ROUTINE REVENUE	3,056,128	3,335,517	(279,389)	(8)	3,709,077	37,038,935	37,738,658	(699,723)	(2)	37,108,986
SNF ROUTINE REVENUE	2,192,305	2,092,500	99,805	5	2,177,580	22,495,056	22,612,500	(117,445)	(1)	22,094,790
ANCILLARY INPATIENT REVENUE	3,812,486	4,283,454	(470,968)	(11)	4,415,116	42,030,370	47,013,659	(4,983,289)	(11)	46,918,497
HOSPITALIST\PEDS I\P REVENUE	135,064	0	135,064		0	1,733,591	0	1,733,591		0
TOTAL GROSS INPATIENT REVENUE	9,195,984	9,711,471	(515,487)	(5)	10,301,773	103,297,951	107,364,817	(4,066,866)	(4)	106,122,272
ANCILLARY OUTPATIENT REVENUE	31,847,003	30,900,352	946,651	3	30,578,782	347,135,994	340,200,918	6,935,076	2	322,882,848
HOSPITALIST\PEDS O\P REVENUE	89,318	0	89,318		0	1,146,376	0	1,146,376		0
TOTAL GROSS OUTPATIENT REVENUE	31,936,320	30,900,352	1,035,968	3	30,578,782	348,282,370	340,200,918	8,081,452	2	322,882,848
TOTAL GROSS PATIENT REVENUE	41,132,304	40,611,823	520,481	1	40,880,554	451,580,321	447,565,735	4,014,586	1	429,005,121
DEDUCTIONS FROM REVENUE:										
MEDICARE CONTRACTUAL ALLOWANCES	11,121,991	11,120,433	1,558	0	11,112,054	126,586,471	121,500,961	5,085,510	4	115,582,735
MEDI-CAL CONTRACTUAL ALLOWANCES	11,759,609	10,538,188	1,221,421	12	10,292,214	122,045,341	115,244,687	6,800,654	6	109,175,819
BAD DEBT EXPENSE	466,825	1,030,483	(563,659)	(55)	550,068	7,821,168	11,286,581	(3,465,413)	(31)	7,548,429
CHARITY CARE	167,037	31,896	135,141	424	702,842	348,847	353,995	102	392,623	
OTHER CONTRACTUALS AND ADJUSTMENTS	4,594,991	4,929,364	(334,373)	(7)	5,124,700	53,765,311	53,907,615	(142,304)	0	51,192,164
HOSPITALIST\PEDS CONTRACTUAL ALLOW	13,699	0	13,699		0	135,451	0	135,451		0
TOTAL DEDUCTIONS FROM REVENUE	28,124,152	27,650,364	473,788	2	27,144,391	311,056,583	302,288,691	8,767,892	3	283,891,770
NET PATIENT REVENUE	13,008,151	12,961,459	46,692	0	13,736,164	140,523,738	145,277,044	(4,753,306)	(3)	145,113,351
OTHER OPERATING REVENUE	2,194,004	1,492,773	701,231	47	12,616,734	21,726,398	13,288,932	8,437,466	64	23,468,299
NET OPERATING REVENUE	15,202,155	14,454,232	747,923	5	26,352,897	162,250,136	158,565,976	3,684,160	2	168,581,650
OPERATING EXPENSES:										
SALARIES & WAGES	5,870,952	5,684,996	185,956	3	5,382,042	58,754,232	60,809,429	(2,055,197)	(3)	55,702,192
REGISTRY	694,571	525,384	169,187	32	585,064	7,765,485	5,779,228	1,986,257	34	5,922,775
EMPLOYEE BENEFITS	2,458,999	2,532,374	(73,375)	(3)	2,287,943	26,516,211	26,906,973	(390,762)	(2)	24,010,680
PROFESSIONAL FEES	1,864,987	1,647,848	217,139	13	3,252,006	20,018,590	18,100,675	1,917,915	11	18,642,349
SUPPLIES	1,411,631	1,316,623	95,008	7	1,286,032	14,428,630	14,151,756	276,874	2	12,369,062
PURCHASED SERVICES	1,429,332	1,405,633	23,699	2	1,421,409	15,089,794	15,020,706	69,088	1	14,745,352
RENTAL	169,712	169,962	(250)	0	156,263	1,960,006	1,867,928	92,080	5	1,762,896
DEPRECIATION & AMORT	354,029	315,202	38,827	12	317,020	3,781,879	3,467,228	314,651	9	3,486,966
INTEREST	39,679	19,301	20,378	106	125,434	308,859	215,458	93,401	43	539,265
OTHER	501,640	511,241	(9,601)	(2)	545,558	5,719,905	6,036,177	(316,272)	(5)	5,140,369
TOTAL EXPENSES	14,795,511	14,128,564	666,967	5	15,388,771	154,343,592	152,355,556	1,988,036	1	142,321,906
NET OPERATING INCOME (LOSS)	406,625	325,668	80,957	25	10,994,126	7,906,544	6,210,420	1,696,124	27	26,259,744

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 05/31/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0	20,000	(20,000)	(100)	0	500,486	220,000	280,486	128	226,594
PROPERTY TAX REVENUE	248,434	248,434	0	0	241,122	2,732,774	2,732,774	0	0	2,652,342
GO BOND PROP TAXES	181,114	181,114	0	0	175,915	1,992,249	1,992,254	(5)	0	1,935,062
GO BOND INT REVENUE\EXPENSE	(61,114)	(61,114)	0	0	(65,081)	(672,249)	(672,254)	5	0	(715,896)
OTHER NON-OPER REVENUE	12,140	16,399	(4,259)	(26)	13,890	166,052	180,389	(14,337)	(8)	172,919
OTHER NON-OPER EXPENSE	(17,317)	(17,407)	90	(1)	(31,404)	(201,385)	(234,157)	32,772	(14)	(299,654)
INVESTMENT INCOME	(327)	1,625	(1,952)	(120)	(101)	12,675	17,875	(5,200)	(29)	14,697
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	362,930	389,051	(26,121)	(7)	334,340	4,530,602	4,236,881	293,721	7	3,986,065
NET SURPLUS (LOSS)	769,554	714,719	54,835	8	11,328,466	12,437,146	10,447,301	1,989,845	19	30,245,809
EBIDA	\$ 1,020,900	\$ 927,328	\$ 93,572	10.09%	\$ 11,566,057	\$ 15,100,410	\$ 12,828,686	\$ 2,271,724	17.70%	\$ 32,813,262
EBIDA MARGIN	6.72%	6.42%	0.30%	4.67%	43.89%	9.31%	8.09%	1.22%	15.03%	19.46%
OPERATING MARGIN	2.67%	2.25%	0.42%	18.71%	41.72%	4.87%	3.92%	0.96%	24.41%	15.58%
NET SURPLUS (LOSS) MARGIN	5.06%	4.94%	0.12%	2.37%	42.99%	7.67%	6.59%	1.08%	16.34%	17.94%

HAZEL HANKINS MEMORIAL HOSPITAL - ACUTE FACILITY  
HOLLISTER, CA 95023  
FOR PERIOD 05/31/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25
GROSS PATIENT REVENUE:										
ROUTINE REVENUE	3,056,128	3,335,517	(279,389)	(8)	3,709,077	37,038,935	37,738,658	(699,723)	(2)	37,108,986
ANCILLARY INPATIENT REVENUE	3,341,030	3,890,133	(549,103)	(14)	3,939,453	36,914,464	42,835,641	(5,921,177)	(14)	42,618,257
HOSPITALIST I/P REVENUE	135,064	0	135,064		0	1,733,591	0	1,733,591		0
TOTAL GROSS INPATIENT REVENUE	6,532,222	7,225,650	(693,428)	(10)	7,648,530	75,686,990	80,574,299	(4,887,309)	(6)	79,727,242
ANCILLARY OUTPATIENT REVENUE	31,847,003	30,900,352	946,651	3	30,578,782	347,135,994	340,200,918	6,935,076	2	322,882,848
HOSPITALIST O/P REVENUE	89,318	0	89,318		0	1,146,376	0	1,146,376		0
TOTAL GROSS OUTPATIENT REVENUE	31,936,320	30,900,352	1,035,968	3	30,578,782	348,282,370	340,200,918	8,081,452	2	322,882,848
TOTAL GROSS ACUTE PATIENT REVENUE	38,468,542	38,126,002	342,540	1	38,227,311	423,969,360	420,775,217	3,194,143	1	402,610,091
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	10,691,006	10,832,297	(141,291)	(1)	10,746,860	122,782,382	118,474,578	4,307,804	4	112,476,815
MEDI-CAL CONTRACTUAL ALLOWANCES	11,816,036	10,437,436	1,378,600	13	10,315,085	122,311,241	114,155,915	8,155,326	7	108,376,783
BAD DEBT EXPENSE	312,037	1,025,483	(713,447)	(70)	542,323	7,708,031	11,231,581	(3,523,550)	(31)	7,469,832
CHARITY CARE	163,996	31,896	132,100	414	65,355	695,145	348,847	346,298	99	331,185
OTHER CONTRACTUALS AND ADJUSTMENTS	4,504,121	4,894,128	(390,007)	(8)	5,036,384	53,427,569	53,527,864	(100,295)	0	50,818,019
HOSPITALIST\PEDS CONTRACTUAL ALLOW	13,699	0	13,699		0	135,451	0	135,451		0
TOTAL ACUTE DEDUCTIONS FROM REVENUE	27,500,895	27,221,240	279,655	1	26,706,006	307,059,819	297,738,785	9,321,034	3	279,472,634
NET ACUTE PATIENT REVENUE	10,967,647	10,904,762	62,885	1	11,521,305	116,909,541	123,036,432	(6,126,891)	(5)	123,137,456
OTHER OPERATING REVENUE	2,087,617	1,492,773	594,844	40	12,616,734	20,556,141	13,288,932	7,267,209	55	23,468,299
NET ACUTE OPERATING REVENUE	13,055,264	12,397,535	657,729	5	24,138,039	137,465,682	136,325,364	1,140,318	1	146,605,755
OPERATING EXPENSES:										
SALARIES & WAGES	4,768,274	4,562,187	206,087	5	4,301,872	47,098,267	48,756,892	(1,658,625)	(3)	44,301,171
REGISTRY	608,577	476,160	132,417	28	503,431	7,002,182	5,237,760	1,764,422	34	5,338,699
EMPLOYER BENEFITS	1,927,833	2,018,076	(90,243)	(5)	1,768,398	20,671,561	21,375,363	(703,802)	(3)	18,677,485
PROFESSIONAL FEES	1,862,777	1,645,348	217,429	13	3,249,796	19,994,280	18,073,175	1,921,105	11	18,618,039
SUPPLIES	1,310,801	1,217,425	93,376	8	1,172,700	13,175,311	13,084,136	91,175	1	11,275,872
PURCHASED SERVICES	1,297,282	1,301,626	(4,344)	0	1,348,261	13,807,354	13,894,222	(86,868)	(1)	13,688,812
RENTAL	155,433	162,046	(6,613)	(4)	141,853	1,773,719	1,778,630	(4,911)	0	1,658,621
DEPRECIATION & AMORT	313,037	276,161	36,876	13	277,687	3,337,364	3,037,777	299,587	10	3,056,560
INTEREST	39,679	19,301	20,378	106	125,434	308,859	215,458	93,401	43	539,265
OTHER	458,949	437,776	21,173	5	454,542	5,050,198	5,341,826	(291,628)	(6)	4,500,343
TOTAL EXPENSES	12,742,643	12,116,106	626,537	5	13,343,973	132,219,096	130,795,239	1,423,857	1	121,654,867
NET OPERATING INCOME (LOSS)	312,622	281,429	31,193	11	10,794,066	5,246,586	5,530,125	(283,539)	(5)	24,950,889

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY  
 HOLLISTER, CA 95023  
 FOR PERIOD 05/31/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0	20,000	(20,000)	(100)	0	500,486	220,000	280,486	128	226,594
PROPERTY TAX REVENUE	211,194	211,194	0	0	204,954	2,323,134	2,323,134	0	0	2,254,494
GO BOND PROP TAXES	181,114	181,114	0	0	175,915	1,992,249	1,992,254	(5)	0	1,935,062
GO BOND INT REVENUE\EXPENSE	(61,114)	(61,114)	0	0	(65,081)	(672,249)	(672,254)	5	0	(715,896)
OTHER NON-OPER REVENUE	12,140	16,399	(4,259)	(26)	13,890	166,052	180,389	(14,337)	(8)	172,919
OTHER NON-OPER EXPENSE	(13,457)	(13,548)	91	(1)	(26,356)	(149,423)	(182,196)	32,773	(18)	(235,004)
INVESTMENT INCOME	(327)	1,625	(1,952)	(120)	(101)	12,675	17,875	(5,200)	(29)	14,697
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	329,549	355,670	(26,121)	(7)	303,220	4,172,924	3,879,202	293,722	8	3,652,867
NET SURPLUS (LOSS)	642,171	637,099	5,072	1	11,097,286	9,419,510	9,409,327	10,183	0	28,603,756

HAZEL HAWKINS SKILLED NURSING FACILITIES  
HOLLISTER, CA  
FOR PERIOD 05/31/26

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25	ACTUAL 05/31/26	BUDGET 05/31/26	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 05/31/25
GROSS SNF PATIENT REVENUE:										
ROUTINE SNF REVENUE	2,192,305	2,092,500	99,805	5	2,177,580	22,495,056	22,612,500	(117,445)	(1)	22,094,790
ANCILLARY SNF REVENUE	471,457	393,321	78,136	20	475,663	5,115,906	4,178,018	937,888	22	4,300,240
TOTAL GROSS SNF PATIENT REVENUE	2,663,762	2,485,821	177,941	7	2,653,243	27,610,961	26,790,518	820,443	3	26,395,030
DEDUCTIONS FROM REVENUE SNF:										
MEDICARE CONTRACTUAL ALLOWANCES	430,985	288,136	142,849	50	365,194	3,804,089	3,026,383	777,706	26	3,105,920
MEDI-CAL CONTRACTUAL ALLOWANCES	(56,427)	100,752	(157,179)	(156)	(22,871)	(265,900)	1,088,772	(1,354,672)	(124)	799,036
BAD DEBT EXPENSE	154,788	5,000	149,788	2,996	7,745	113,137	55,000	58,137	106	78,597
CHARITY CARE	3,041	0	3,041		0	7,697	0	7,697		61,438
OTHER CONTRACTUALS AND ADJUSTMENTS	90,870	35,236	55,634	158	88,316	337,742	379,751	(42,009)	(11)	374,145
TOTAL SNF DEDUCTIONS FROM REVENUE	623,257	429,124	194,133	45	438,385	3,996,764	4,549,906	(553,142)	(12)	4,419,136
NET SNF PATIENT REVENUE	2,040,504	2,056,697	(16,193)	(1)	2,214,859	23,614,197	22,240,612	1,373,585	6	21,975,894
OTHER OPERATING REVENUE	106,387	0	106,387		0	1,170,257	0	1,170,257		0
NET SNF OPERATING REVENUE	2,146,891	2,056,697	90,194	4	2,214,859	24,784,454	22,240,612	2,543,842	11	21,975,894
OPERATING EXPENSES:										
SALARIES & WAGES	1,102,677	1,122,809	(20,132)	(2)	1,080,170	11,655,964	12,052,537	(396,573)	(3)	11,401,021
REGISTRY	85,994	49,224	36,770	75	81,634	763,303	541,468	221,835	41	584,076
EMPLOYEE BENEFITS	531,166	514,298	16,868	3	519,546	5,844,650	5,531,610	313,040	6	5,333,195
PROFESSIONAL FEES	2,210	2,500	(290)	(12)	2,210	24,310	27,500	(3,190)	(12)	24,310
SUPPLIES	100,767	99,198	1,569	2	113,331	1,253,256	1,067,620	185,636	17	1,093,191
PURCHASED SERVICES	132,050	104,007	28,043	27	73,148	1,282,440	1,126,484	155,956	14	1,056,540
RENTAL	14,278	7,916	6,362	80	14,410	186,287	89,296	96,991	109	104,275
DEPRECIATION	40,992	39,041	1,951	5	39,333	444,515	429,451	15,064	4	430,406
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	42,691	73,465	(30,774)	(42)	91,016	669,708	694,351	(24,643)	(4)	640,027
TOTAL EXPENSES	2,052,825	2,012,458	40,367	2	2,014,798	22,124,433	21,560,317	564,116	3	20,667,040
NET OPERATING INCOME (LOSS)	94,066	44,239	49,827	113	200,061	2,660,020	680,295	1,979,725	291	1,308,855
NON-OPERATING REVENUE/EXPENSE:										
DONATIONS	0	0	0	0	0	0	0	0	0	0
PROPERTY TAX REVENUE	37,240	37,240	0	0	36,168	409,640	409,640	0	0	397,848
OTHER NON-OPER EXPENSE	(3,859)	(3,859)	0	0	(5,048)	(51,962)	(51,961)	(1)	0	(64,650)
TOTAL NON-OPERATING REVENUE/(EXPENSE)	33,381	33,381	0	0	31,120	357,679	357,679	(1)	0	333,198
NET SURPLUS (LOSS)	127,447	77,620	49,827	64	231,181	3,017,699	1,037,974	1,979,725	191	1,642,053

HAZEL HAWKINS MEMORIAL HOSPITAL  
 HOLLISTER, CA  
 For the month ended 05/31/26

	CURR MONTH 05/31/26	PRIOR MONTH 04/30/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/25
CURRENT ASSETS					
CASH & CASH EQUIVALENT	45,484,882	47,020,575	(1,535,694)	(3)	46,670,217
PATIENT ACCOUNTS RECEIVABLE	71,626,073	68,763,388	2,862,685	4	66,556,290
BAD DEBT ALLOWANCE	(6,781,721)	(7,078,704)	296,983	(4)	(7,062,672)
CONTRACTUAL RESERVES	(43,053,617)	(40,156,656)	(2,896,961)	7	(40,404,377)
OTHER RECEIVABLES	4,639,097	4,958,061	(318,965)	(6)	4,952,401
INVENTORIES	5,051,411	5,039,841	11,570	0	4,981,471
PREPAID EXPENSES	2,232,380	2,259,438	(27,058)	(1)	2,599,584
DUE TO\FROM THIRD PARTIES	(198,400)	(181,860)	(16,541)	9	(181,860)
TOTAL CURRENT ASSETS	79,000,104	80,624,084	(1,623,980)	(2)	78,111,054
=====					
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	7,975,799	6,772,347	1,203,452	18	5,666,884
TOTAL LIMITED USE ASSETS	7,975,799	6,772,347	1,203,452	18	5,666,884
=====					
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0	3,370,474
BLDGS & BLDG IMPROVEMENTS	100,124,163	100,124,163	0	0	100,098,374
EQUIPMENT	48,847,502	48,745,301	102,201	0	46,216,122
CONSTRUCTION IN PROGRESS	10,527,549	10,091,316	436,232	4	4,324,809
GROSS PROPERTY, PLANT, AND EQUIPMENT	162,869,688	162,331,254	538,434	0	154,009,779
ACCUMULATED DEPRECIATION	(102,339,052)	(101,970,111)	(368,941)	0	(98,393,920)
NET PROPERTY, PLANT, AND EQUIPMENT	60,530,636	60,361,144	169,493	0	55,615,859
=====					
OTHER ASSETS					
UNAMORTIZED LOAN COSTS	264,057	269,798	(5,742)	(2)	327,215
PENSION DEFERRED OUTFLOWS NET	5,277,892	5,277,892	0	0	5,277,892
TOTAL OTHER ASSETS	5,541,949	5,547,690	(5,742)	0	5,605,107
=====					
TOTAL UNRESTRICTED ASSETS	153,048,488	153,305,265	(256,777)	0	144,998,904
=====					
RESTRICTED ASSETS	129,381	129,328	53	0	127,208
TOTAL ASSETS	153,177,869	153,434,593	(256,724)	0	145,126,112

HAZEL HAWKINS MEMORIAL HOSPITAL  
 HOLLISTER, CA  
 For the month ended 05/31/26

	CURR MONTH 05/31/26	PRIOR MONTH 04/30/26	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/25
<b>CURRENT LIABILITIES</b>					
ACCOUNTS PAYABLE	7,224,918	7,169,517	(55,402)	1	6,221,841
ACCRUED PAYROLL	4,130,260	3,254,827	(875,434)	27	3,467,229
ACCRUED PAYROLL TAXES	249,473	206,034	(43,439)	21	257,552
ACCRUED BENEFITS	4,381,111	4,398,125	17,014	0	5,074,320
OTHER ACCRUED EXPENSES	66,356	59,110	(7,246)	12	80,907
PATIENT REFUNDS PAYABLE	1,310	1,310	0	0	1,310
DUE TO\FROM THIRD PARTIES	3,905,287	5,657,026	1,751,739	(31)	5,056,186
OTHER CURRENT LIABILITIES	1,030,472	984,018	(46,454)	5	777,080
<b>TOTAL CURRENT LIABILITIES</b>	<b>20,989,187</b>	<b>21,729,966</b>	<b>740,779</b>	<b>(3)</b>	<b>20,936,425</b>
=====					
<b>LONG-TERM DEBT</b>					
LEASES PAYABLE	4,522,556	4,579,589	57,033	(1)	4,799,273
BONDS PAYABLE	26,621,160	26,649,680	28,520	0	28,534,881
<b>TOTAL LONG TERM DEBT</b>	<b>31,143,717</b>	<b>31,229,269</b>	<b>85,553</b>	<b>0</b>	<b>33,334,154</b>
=====					
<b>OTHER LONG-TERM LIABILITIES</b>					
DEFERRED REVENUE	0	0	0	0	0
LONG-TERM PENSION LIABILITY	23,688,121	23,888,121	200,000	(1)	25,888,121
<b>TOTAL OTHER LONG-TERM LIABILITIES</b>	<b>23,688,121</b>	<b>23,888,121</b>	<b>200,000</b>	<b>(1)</b>	<b>25,888,121</b>
=====					
<b>TOTAL LIABILITIES</b>	<b>75,821,024</b>	<b>76,847,356</b>	<b>1,026,331</b>	<b>(1)</b>	<b>80,158,700</b>
<b>NET ASSETS:</b>					
UNRESTRICTED FUND BALANCE	64,915,019	64,915,019	0	0	64,817,839
RESTRICTED FUND BALANCE	101,860	101,807	(53)	0	149,573
NET REVENUE/(EXPENSES)	12,339,966	11,570,412	(769,554)	7	0
<b>TOTAL NET ASSETS</b>	<b>77,356,844</b>	<b>76,587,237</b>	<b>(769,607)</b>	<b>1</b>	<b>64,967,412</b>
=====					
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>153,177,869</b>	<b>153,434,593</b>	<b>256,724</b>	<b>0</b>	<b>145,126,112</b>
=====					

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	16.56	11.13	13.35	14.92	15.00
Average Daily Census - SNF	90.00	90.48	88.43	90.00	90.00
Acute Length of Stay	2.79	3.05	2.85	2.80	2.80
<b>ER Visits:</b>					
Inpatient	124	92	990	1,242	1,638
Outpatient	2,302	2,358	19,896	20,058	27,053
Total	2,426	2,450	20,886	21,300	28,691
Days in Accounts Receivable	50.0	53.5	53.5	50.0	50.0
Productive Full-Time Equivalents	575.17	547.73	540.50	575.17	575.17
Net Patient Revenue	12,961,459	13,008,151	140,523,738	145,277,044	157,730,532
Payment-to-Charge Ratio	31.9%	31.6%	31.1%	32.5%	32.4%
Medicare Traditional Payor Mix	26.93%	31.27%	30.59%	28.78%	28.71%
Commercial Payor Mix	24.91%	22.16%	22.54%	23.29%	23.36%
Bad Debt % of Gross Revenue	2.50%	1.10%	1.73%	2.50%	2.53%
EBIDA	927,328	1,020,900	15,100,410	12,828,686	13,769,729
EBIDA %	6.42%	6.72%	9.31%	8.09%	7.98%
Operating Margin	2.25%	2.67%	4.87%	3.92%	3.79%
Salaries, Wages, Registry & Benefits %: by Net Operating Revenue	60.49%	59.36%	57.34%	58.96%	59.06%
by Total Operating Expense	61.88%	60.99%	60.28%	61.37%	61.39%
<b>Bond Covenants:</b>					
Debt Service Ratio - 1.25	5.94	6.54	8.80	7.48	7.36
Current Ratio - 1.50	2.00	3.76	3.76	2.00	2.00
Days Cash on hand - 30.00	99.79	101.07	101.07	99.79	110.00
Met or Exceeded Target					
Within 10% of Target					
Not Within 10%					

**Statement of Cash Flows**  
**Hazel Hawkins Memorial Hospital**  
**Hollister, CA**  
**Eleven months ending May 31, 2026**

	CASH FLOW		COMMENTS
	Current Month 5/31/2026	Current Year-To-Date 5/31/2026	
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			
Net Income (Loss)	\$769,554	\$12,437,146	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	368,941	3,945,131	
(Increase)/Decrease in Net Patient Accounts Receivable	(262,707)	(2,701,494)	
(Increase)/Decrease in Other Receivables	318,965	312,842	
(Increase)/Decrease in Inventories	(11,570)	(69,940)	
(Increase)/Decrease in Pre-Paid Expenses	27,058	367,204	
(Increase)/Decrease in Due From Third Parties	16,541	16,541	
Increase/(Decrease) in Accounts Payable	55,402	1,003,538	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	901,858	59,197	
Increase/(Decrease) in Accrued Expenses	7,246	(14,550)	
Increase/(Decrease) in Patient Refunds Payable	0	0	
Increase/(Decrease) in Third Party Advances/Liabilities	(1,751,738)	(1,150,901)	
Increase/(Decrease) in Other Current Liabilities	46,454	155,939	
<b>Net Cash Provided by Operating Activities:</b>	<b>(283,550)</b>	<b>1,923,507</b>	Semi-Annual Int. - 2005 GO & 2021 Revenue Bonds
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			
Purchase of Property, Plant and Equipment	(538,434)	(8,859,911)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	(1,203,452)	(2,308,916)	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets	5,742	63,162	Amortization
<b>Net Cash Used by Investing Activities</b>	<b>(1,736,144)</b>	<b>(11,105,665)</b>	
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			
Increase/(Decrease) in Capital Lease Debt	(57,033)	(276,717)	
Increase/(Decrease) in Bond Mortgage Debt	(28,520)	(1,913,720)	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Other Long Term Liabilities	(200,000)	(2,200,000)	Long Term Pension Liability
<b>Net Cash Used for Financing Activities</b>	<b>(285,553)</b>	<b>(4,390,437)</b>	
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>0</b>	<b>(49,886)</b>	
<b>Net Increase/(Decrease) in Cash</b>	<b>(1,535,693)</b>	<b>(1,185,335)</b>	
Cash, Beginning of Period	47,020,575	46,670,217	
<b>Cash, End of Period</b>	<b>\$45,484,882</b>	<b>\$45,484,882</b>	\$0

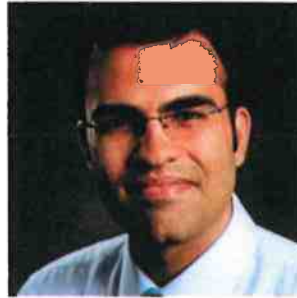
Cost per day to run the District	\$450,035	\$44,466,658	Budgeted Cash on Hand
Operational Days Cash on Hand	101.07	\$1,018,224	Variance

Hazel Hawkins Memorial Hospital  
 Supplemental Payment Programs  
 YTD as of May 31, 2026  
 FYE June 30, 2026

Payor	Actual FY 2026	Actual FY 2025	Notes:
<b>Intergovernmental Transfer Programs:</b>			
- AB 113 Non-Designated Public Hospital (NDPH) SFY 2023/2024 Final Payment SFY 2024/2025		39,795	Requires District to fund program and wait for matching return.
- SFY 2024/2025 Interim SFY 2025/2026	179,727	305,302	IGT due April 2026. Expect payment by June 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2025	1,925,623	2,407,056	IGT due April 2026. Expect payment by June 2025.
- Rate Range Jan. 1, 2023 through Dec. 31, 2023	-	1,339,141	Rec'd payment on April 28, 2026.
- Rate Range Jan. 1, 2024 through Dec. 31, 2024	2,911,769	-	Received in February 2025.
- QIP PY 6 Settlement CY 2023	-	4,311,260	Received on January 13, 2026. Higher than prior year in place of AB 915.
- QIP PY 7 Settlement "Interim" Payment for CY 2024	2,249,573	-	Sent IGT of \$2,342,379 in March. Rec. in May.
- QIP PY 7 Settlement "Final" Payment for CY 2024	3,223,048	-	Funded IGT on Aug. 22nd, \$900,434.15. Rec'd in Oct. 2025.
- District Hospital Directed Payments (DHDP) CY 2024	643,091	710,853	Rec'd payment on April 28, 2026.
- QIP PY 5 Loan Repayment	-	(3,090,086)	Funded IGT on Aug. 22nd, \$379,041.08. Expect payment in Oct/Nov '25. Paid on December 9, 2024.
<b>IGT sub-total</b>	<b>11,312,559</b>	<b>6,023,320</b>	
<b>Non-Intergovernmental Transfer Programs:</b>			
- AB 915 SY 2024-25	309,289	1,802,585	Direct Payments. Received on March 5th & 12th, 2026. CA MMIS fiscal intermediary.
- SB 239 Hospital Quality Assurance Fund (HQAF)	-	1,069,577	Rec. Sep. 4, 2024.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	-	1,081,621	Expected to Rec. 4th qtr payment by June 30, 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	-	3,244,863	Rec'd 1st, 2nd, & 3rd Qtr payments YTD.
- SB 239 Hospital Quality Assurance Fund (HQAF) IX	2,380,004	-	Qtrly Pmts reduced by 45% and not expected this fiscal year.
- District Part, Nursing Facility (DP/NF)	-	-	Based on actual cost difference.
- Medi-Cal Disproportionate Share (DSH)	1,358,595	1,260,151	H.R. 1 reduction of 60% delayed until FY 2028.
<b>Non-IGT sub-total</b>	<b>4,047,888</b>	<b>8,458,797</b>	
<b>Program Grand Totals</b>	<b>15,360,447</b>	<b>14,482,117</b>	
Total Received	12,620,988	17,572,203	
Total Pending	2,739,459	-	
Total Paid	-	(3,090,086)	
Net Supplemental Payments	15,360,447	14,482,117	

**Board of Directors Contract Review Worksheet**

*Agreement for Professional Services with Rachit Chawla, M.D.*



**Executive Summary:** Dr. Rachit Chawla is a board-certified pediatrician who completed his residency training at Washington University School of Medicine and will provide part-time pediatric services in the Rural Health Clinics.

**Recommended Board Motion:** It is recommended the hospital Board approve the Professional Services Agreement with Rachit Chawla, M.D. at a rate of \$165 per hour up to 64 hours per month.

**Services Provided:** Part-time pediatric physician services.

**Agreement Terms:**

Contract Term	Effective Date	Estimated Annual Cost	Term clause
1	8/5/2026	\$126,720	60 days

## PROFESSIONAL SERVICES AGREEMENT

This Professional Services Agreement (“**Agreement**”) is made, entered into and effective as of August 5, 2026 (“**Effective Date**”), by and between SAN BENITO HEALTH CARE DISTRICT, a local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code (“**SBHCD**”), Rachit Chawla, M.D., Inc., a California professional medical corporation (“**Corporation**”), and Rachit Chawla, M.D. (“**Physician**”).

### RECITALS

- A. SBHCD owns and operates Hazel Hawkins Memorial Hospital, a licensed general acute care facility located at 911 Sunset Drive, Hollister, California (“**Hospital**”). Hospital provides inpatient and outpatient services to residents of the San Benito Health Care District and surrounding communities which constitute the Hospital’s service area (“**Hospital Service Area**”).
- B. SBHCD owns and operates rural health clinics as defined in Title 22, California Code of Regulations section 51115.5 to provide services to patients in the Hospital Service Area (the clinics may be referred to individually or collectively herein as “**Clinic**” or “**Clinics**”, respectively). The Clinics operate under the names: “[Barragan Family Healthcare & Diabetes Center, Mabie First Street Healthcare Center, Mabie San Juan Road Healthcare Center, Hazel Hawkins Community Health Clinic, Hazel Hawkins Health Clinic (San Juan Bautista).”
- C. Corporation is a California professional medical corporation organized under the Moscone-Knox Professional Corporation Act (“**Act**”), duly licensed and authorized to practice medicine in the State of California.
- D. Physician is the sole shareholder of Corporation, licensed to practice medicine in the State of California, a member of the medical staff of Hospital in good standing, and experienced and qualified to provide pediatric services.
- E. Section 32129 of the California Health and Safety Code provides that a health care district may contract with physicians and health care provider groups to render professional health services in order to ensure that adequate health care is available to all residents within its service area.
- F. SBHCD has determined that entering into this Agreement with Corporation and Physician is in the best interests of SBHCD and the public health of the residents of the Hospital Service Area and is an appropriate way to assure availability of skilled medical services to patients in the Hospital Service Area.
- G. The parties desire to enter into this Agreement to set forth their respective responsibilities in connection with the Services provided by Corporation through Physician in the Hospital Service Area during the term of this Agreement.

The parties hereby agree as follows:

### ARTICLE 1 - DUTIES AND OBLIGATIONS OF PHYSICIAN

- 1.1 Medical Services. Beginning on August 5, 2026 (“**Commencement Date**”), Corporation, through Physician, shall provide Services (as defined in Exhibit A) to patients at Clinics and/or Hospital and on the schedule more fully described in Exhibit A, which is attached to this Agreement and incorporated by this reference. Services include Medicare services, Medi-Cal services, services pursuant to any other federal health care program or a state health care financial program (“**Governmental Programs**”), workers’ compensation services, and charity care. Physician shall cooperate to enable Clinic’s and Hospital’s participation in Medicare, Medi-Cal, Governmental Programs, workers’ compensation services and commercial payor programs. Physician shall provide Services to all patients, including Medicare, Medi-Cal, Governmental Program, and workers’ compensation beneficiaries, in a non-discriminatory manner and in accordance with all applicable laws and SBHCD policies and procedures, as developed and implemented in collaboration with physician leadership of Hospital and Clinic. Corporation and

Physician shall also perform such additional duties and responsibilities as may be reasonably requested by SBHCD and consistent with Physician's training, licensure, and the scope of Services described herein.

1.2 Qualifications.

1.2.1 Corporation shall: (i) be duly organized, validly existing and in good standing under the laws of California; (ii) licensed to practice medicine as a professional medical corporation with the Medical Board of California; (iii) not be excluded from participation in any governmental healthcare program; and (iv) have no shareholders other than Physician, who shall at all times be a "licensed person" as defined in the Act.

1.2.2 Physician shall: (i) be duly licensed to practice medicine by the State of California; (ii) be qualified to perform the Services by having adequate levels of competency and experience; (iii) have skill comparable to those prevailing in the community; (iv) not be excluded from participation in any governmental healthcare program; (v) be approved for and maintain active membership and/or clinical privileges on the Hospital's medical staff in accordance with medical staff bylaws, rules and regulations, and other medical staff governing directives; (vi) be certified as a participating physician in the Medicare and Medi-Cal programs; and (vii) hold an unrestricted Drug Enforcement Administration ("DEA") registration number.

1.3 Compliance. In connection with the operation and conduct of the Clinics and Hospital and rendition of Services, Corporation and Physician shall, at all times and as applicable, comply with the applicable terms of this Agreement and with all applicable federal, state and local laws, rules and regulations, including requirements for participation in the Medicare and Medi-Cal programs, the Hospital medical staff bylaws, rules and regulations, and applicable policies and procedures, and will at all times be aware of and participate in meeting the SBHCD Corporate Compliance program goals and objectives.

1.4 Credentialing. In order to be efficiently credentialed with payors contracted with SBHCD, Physician shall participate in the Council for Affordable Quality Healthcare ("CAQH") credentialing program and shall timely comply with requests from CAQH or SBHCD personnel for (i) credentialing information regarding Physician, and (ii) documents necessary for the credentialing of Physician.

1.5 Use of Premises. No part of the SBHCD premises shall be used at any time by Corporation or Physician as an office for the general or private practice of medicine.

1.6 Medical Records/Chart Notes. Physician shall provide appropriate and necessary documentation for each patient's medical record for all patient encounters in the Clinics and Hospital in compliance with the hospital's and clinics' policies and procedures.

1.7 Trainings. Physician shall participate in all training programs, educational sessions, and compliance activities that SBHCD reasonably requires, including those related to internal systems, policies and procedures, quality improvement, patient safety, and regulatory compliance.

1.8 Coding. Physician shall properly code all professional services rendered to patients. Physician's coding shall be used for purposes of billing for Services provided by Physician. All such coding shall be subject to review and audit by an independent auditing company mutually agreed upon by the parties.

1.9 Professional Standards. In performing Services, Physician shall comply with the principles and ethics of the American Medical Association, the California Medical Association and any federal, state or municipal law, statute or ordinance dealing with the practice of medicine by Physician. Physician shall further abide in all respects with the Code of Conduct applicable to professional health care providers of any hospital, outpatient clinic or surgery center, including but not limited to SBHCD, at which Physician shall provide professional services. Physician shall provide services to all SBHCD patients on a courteous and prompt basis, be available and accessible to patients, provide them with full and meaningful information and render services in a manner which assures continuity of care.

## ARTICLE 2 - DUTIES AND OBLIGATIONS OF SBHCD

- 2.1 Duties. SBHCD agrees to furnish at its own cost and expense, for the operation of the Clinics and Hospital, the following:
- 2.1.1 Space and Equipment. Space and Equipment as may be reasonably required for the operation of the Clinics and Hospital as determined by SBHCD.
- 2.1.2 Services and Supplies. Maintenance, repair, and replacement of equipment as are reasonably required; all utilities, including telephone, power, light, gas, and water; and all supplies that may be reasonably required for the operation of the Clinics and Hospital.
- 2.1.3 Non-physician Personnel. All non-physician personnel with appropriate education, training and experience required to operate the Clinics and Hospital, including a qualified administrative manager. SBHCD shall have the sole right and responsibility for the hiring and termination of all its employees. SBHCD shall be responsible for the scheduling of non-physician Clinic and Hospital personnel.
- 2.2 Eligibility. At all times during the term of this Agreement, Clinics and Hospital shall remain eligible to participate in the Medicare and Medi-Cal programs.
- 2.3 Contracts. SBHCD shall be solely responsible for negotiating all contracts for the reimbursement of Services provided in the Clinics and Hospital. SBHCD in its sole and absolute discretion shall determine the negotiation parameters for the terms, conditions, and rates for such contracts.
- 2.4 Access to Records. Corporation and Physician shall have access to the SBHCD patient medical and business records for quality of care and compliance purposes.

## ARTICLE 3 - BILLING AND ASSIGNMENT OF REVENUE

- 3.1 Billing and Collection. SBHCD shall perform billing and collection services under this Agreement. Corporation and Physician shall cooperate with SBHCD and shall use his/her best efforts to furnish appropriate documentation of patient care services provided by Physician to enable SBHCD to timely and accurately bill and collect for such services.
- 3.2 Assignment of Professional Service Revenues. Corporation and Physician hereby assign to SBHCD the right to all revenue from any and all patients, third-party payors, and governmental programs for all Services rendered by Corporation and Physician at the Hospital and the Clinics under this Agreement. The Parties intend that SBHCD may bill and collect directly from the Medicare carrier for Physician's services to Medicare beneficiaries in compliance with Medicare Publication 100-04, Chapter 1, Sec. 30.2.7.

## ARTICLE 4 - COMPENSATION FOR SERVICES BY PHYSICIAN

- 4.1 Compensation. As compensation for the provision of Services in the Clinics and Hospital, SBHCD shall pay Corporation as outlined in Exhibit A to this Agreement and in accordance with the normal SBHCD contract payment process for Services provided hereunder. Neither Corporation nor Physician shall not bill for facility fees, administrative, supervisory, medical director, or similar services.
- 4.2 Schedule of Charges. SBHCD, in its sole and absolute discretion, shall decide upon the schedule of charges for the Clinics and Hospital. Pursuant to California Health and Safety Code Section 32129, the SBHCD Board of Directors may review the fees and charges for Services provided at the Clinics and Hospital to ensure such fees and charges are reasonable, fair, and consistent with the basic commitment of SBHCD to provide adequate health care to all residents within the Hospital Service Area.

## ARTICLE 5 - TERM AND TERMINATION

- 5.1 Term. The term of this Agreement shall commence on the Commencement Date and continue for a period of One (1) year, unless terminated earlier as provided in this Agreement, and shall automatically renew for successive One (1) year periods thereafter unless (i) either party gives written notice of nonrenewal not less than sixty (60) days prior to renewal, or (ii) the Agreement is earlier terminated as set forth herein.
- 5.2 Termination. Either party shall have the right to terminate this Agreement without stating a cause or reason and without cost or penalty upon sixty (60) days' prior written notice to the other party. Notwithstanding, either party shall have the right to terminate the Agreement for cause upon written notice to the other party as set forth below. If this Agreement is terminated prior to expiration of the initial year of the term, the parties shall not enter into any new agreement or arrangement during the remainder of such year.
- 5.3 Definition of Cause. For purposes of this Agreement, "cause" shall include, but not be limited to, the occurrence of any of the following events:
- 5.3.1 SBHCD, Corporation, or Physician is in breach of any material term or condition of this Agreement and such breach has not been cured within thirty (30) days following written notice of such breach.
- 5.3.2 SBHCD or Corporation becomes insolvent or declares bankruptcy.
- 5.3.3 Corporation fails to be licensed by the Medical Board of California.
- 5.3.4 Physician's license to practice medicine or to prescribe controlled substances is revoked or suspended.
- 5.3.5 SBHCD fails to carry or reinstate the insurance required in ARTICLE 8 of this Agreement or such coverage is cancelled or revoked within fifteen (15) days following notice of revocation from its insurance carrier.
- 5.3.6 SBHCD's determination, in its sole discretion, that Corporation or Physician has violated a material term of ARTICLE 9 of this Agreement.
- 5.3.7 Corporation or Physician's breach of Section 11.7.
- 5.3.8 The performance by either party of any term, condition, or provision of this Agreement which jeopardizes the licensure of Hospital, Hospital's participation in Medicare, Medi-Cal or other reimbursement or payment program, or Hospital's full accreditation by The Joint Commission or any other state or nationally recognized accreditation organization, or the tax-exempt status of Hospital's bonds, or if for any other reason such performance violates any statute, ordinance, or is otherwise deemed illegal, or is deemed unethical by any recognized body, agency, or association in the healthcare fields, and the jeopardy or violation has not been or cannot be cured within sixty (60) days from the date notice of such jeopardy or violation has been received by the parties.
- 5.3.9 The loss of or reduction in Physician's medical staff privileges at any facility where Physician provides professional health care services, whether voluntary or involuntary.
- 5.3.10 Physician being charged with or convicted of a crime other than an infraction, traffic citation, or similar charge.
- 5.3.11 Physician's engagement in: (i) willful misconduct (which means the knowing and intentional failure to exercise ordinary care to prevent material injury to SBHCD or the commission of an intentional act with knowledge that it is likely to result in material injury to the SBHCD), (ii) fraudulent activities, (iii) crimes or acts of moral turpitude, (iv) any breach of a duty to SBHCD, a patient, or any third party payor, (v) sexual harassment or abuse, or (vi) or any other action or omission that could materially affect SBHCD's business or reputation in an adverse manner.

- 5.4 Termination/Expiration Not Subject to Fair Hearing. It is agreed between the parties that should either party exercise its right to terminate this Agreement such decision to terminate, and the actual termination or expiration of this Agreement, shall apply to rights under this Agreement only and not to Physician's medical staff privileges or membership on the medical staff of Hospital. The termination or expiration of this Agreement shall not be subject to the Fair Hearing Plan of the Medical Staff Bylaws, the hearing procedures provided by Healthcare District Law, or any other fair hearing procedure regarding medical staff appointments or privileges.

#### ARTICLE 6 - INDEPENDENT CONTRACTOR

- 6.1 Independent Contractor Status. Corporation is engaged in an independent contractor relationship with SBHCD in performing all work, services, duties, and obligations pursuant to this Agreement. Neither SBHCD nor Hospital shall exercise any control or direction over the methods by which Corporation or Physician performs work and functions, except that Physician shall perform at all times in strict accordance with then currently approved methods and practices of Physician's professional specialty. SBHCD's sole interest is to ensure that Physician performs and renders services in a competent, efficient, and satisfactory manner in accordance with high medical standards.
- 6.2 Independent Contractor Responsibilities. The parties expressly agree that no work, act, commission, or omission of Corporation pursuant to the terms and conditions of this Agreement shall be construed to make or render Corporation or Physician, the agent or employee of SBHCD. Physician shall not be entitled to receive from SBHCD vacation pay, sick leave, retirement benefits, Social Security, workers' compensation, disability or unemployment insurance benefits or any other employee benefit. Corporation shall be solely responsible for paying when due all income, employment and withholding taxes and employment benefits, if any, including estimated taxes, incurred as a result of the compensation paid by (i) SBHCD to Corporation, and (ii) Corporation to Physician for Services under this Agreement. Corporation is responsible for providing, at its sole own expense, disability, unemployment, workers' compensation and other insurance (if applicable), training, permits and licenses.

#### ARTICLE 7 - REPRESENTATIONS AND WARRANTIES

- 7.1 SBHCD Representations and Warranties. SBHCD for itself, and its board of directors, officers, employees, and agents (collectively, "Agents"), represents and warrants to Corporation and Physician, upon execution and while this Agreement is in effect, as follows:
- 7.1.1 SBHCD has all requisite power and authority to enter into this Agreement and to perform its obligations under this Agreement;
- 7.1.2 This Agreement has been duly authorized, executed, and delivered by SBHCD and is a legal, valid, binding obligation of SBHCD, enforceable in accordance with its terms;
- 7.1.3 The parties have bargained at arms' length to determine Physician's compensation under this Agreement, the compensation is fair market value for the Services; and the compensation is consistent with fair market value for similar services in the community; and
- 7.1.4 The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby by SBHCD will not violate and provisions of, or constitute a default under, and contract or other agreement to which SBHCD is a party or by which it is bound, other than violations, defaults or conflicts that would not materially and adversely affect the ability of SBHCD to perform the its obligations pursuant to this Agreement.
- 7.2 Corporation and Physician Representations and Warranties. Corporation and Physician, for themselves and their respective Agents, jointly and severally represent and warrant to SBHCD, upon execution and while this Agreement is in effect, as follows:
- 7.2.1 Corporation: (i) is a duly organized professional medical corporation, validly existing and in good standing under the laws of California, (ii) is qualified to do business in, and is in good standing

in, every jurisdiction where such qualification is required, and (iii) has all requisite corporate power and authority to execute, deliver and perform its obligations under this Agreement, including all required licensure and registration with the California Medical Board;

- 7.2.2 Physician's license to practice medicine in California or in any other jurisdiction has never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way;
- 7.2.3 Physician's medical staff privileges at any health care facility have never been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction;
- 7.2.4 Physician has not in the past conducted, and is presently not conducting, his/her medical practice in such a manner as to cause Physician to be suspended, excluded, barred or sanctioned under Medicare or Medi-Cal, or any government licensing agency, nor have they ever been convicted of a criminal offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation;
- 7.2.5 Physician has, and shall maintain throughout the term of this Agreement, an unrestricted license to practice medicine in California and Medical Staff privileges at Hospital and/or Clinic;
- 7.2.6 Physician is the sole shareholder and director of Corporation, holds all officer positions, and has all requisite power and authority to enter into this Agreement on behalf of Physician and Corporation and to perform their respective obligations under this Agreement;
- 7.2.7 This Agreement has been duly authorized, executed, and delivered by Corporation and Physician and is a legal, valid, binding obligation of Corporation and Physician, enforceable in accordance with its terms; and
- 7.2.8 The parties have bargained at arms' length to determine Corporation's compensation under this Agreement, the compensation is fair market value for the Services; and the compensation is consistent with fair market value for similar services in the community; and
- 7.2.9 The execution and delivery of this Agreement and the consummation of the transactions contemplated hereby by Corporation and Physician will not violate any provisions of, or constitute a default under, and contract or other agreement to which Corporation or Physician is a party or by which it is bound, other than violations, defaults or conflicts that would not materially and adversely affect the ability of Corporation or Physician to perform the Services required under this Agreement.

#### **ARTICLE 8 - LIABILITY/MALPRACTICE INSURANCE COVERAGE**

- 8.1 Coverages. SBHCD shall maintain general and professional liability insurance coverage for Corporation and Physician for Services provided hereunder to SBHCD patients during the term of this Agreement in a minimum amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Said coverage will not cover any professional services provided Corporation or Physician outside of the Services, including Physician's private practice, if any. In the event the coverage that SBHCD obtains to comply with this Section of this Agreement is a "claims made" policy, and SBHCD, as applicable, changes insurance carriers or terminates coverage upon or after termination of this Agreement, SBHCD shall promptly obtain and maintain "tail" coverage in the amounts required under this Section, covering claims arising during the applicable statute of limitations period.

#### **ARTICLE 9 - PROTECTED HEALTH INFORMATION**

- 9.1 Protected Health Information. Corporation and Physician shall maintain the confidentiality of all Protected Health Information ("PHI") in accordance with all applicable federal, state, and local laws and regulations, including, but not limited to, the California Confidentiality of Medical Information Act and

the Federal Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder (“HIPAA”). Without limiting the foregoing, Corporation and Physician agrees to maintain PHI, as defined from time to time under HIPAA, which may be made available to or received by Corporation or Physician pursuant to this Agreement, in accordance with the requirements of HIPAA. Corporation and Physician agree that each shall:

- 9.1.1 Not use or further disclose PHI in a manner that would violate HIPAA if done by Hospital or violate the requirements of applicable laws or this Agreement;
  - 9.1.2 Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by law and the terms of this Agreement, and report to Hospital any use or disclosure of PHI not permitted by law or by this Agreement of which Physician becomes aware;
  - 9.1.3 Comply with the elements of any compliance program established by Hospital that applies to the use or disclosure of PHI and ensure that any subcontractors or agents to whom Physician provides PHI agree to the same restrictions and conditions that apply to Physician with respect to such PHI;
  - 9.1.4 In accordance with HIPAA, (i) make available PHI to the subject Patient; (ii) make available PHI for amendment and incorporate any amendments to PHI; and (iii) make available the information required to provide an accounting of disclosures of PHI to the subject Patient;
  - 9.1.5 Make Physician’s internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the United States Department of Health and Human Services for purposes of determining Hospital’s and Physician’s compliance with HIPAA;
  - 9.1.6 At termination of this Agreement, return or destroy all PHI received from or created by SBHCD and retain no copies of such PHI or, if return or destruction is not permissible under law or the terms of this Agreement, continue to maintain all PHI in accordance with the provisions of this Section and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- 9.2 Electronic Protected Health Information (“EPHI”). Corporation and Physician agree that Corporation and Physician will: (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI that Physician creates, receives, maintains, or transmits on behalf of SBHCD; (ii) report to SBHCD any security incident with respect to EPHI of which Corporation or Physician becomes aware; and (iii) ensure that any agent, including a subcontractor, to whom Corporation or Physician provides EPHI agrees to implement reasonable and appropriate safeguards to protect such information.

## **ARTICLE 10 - REQUIRED DISCLOSURES**

- 10.1 Required Disclosures. Corporation shall notify SBHCD in writing within three (3) days after any of the following events occur:
- 10.1.1 Physician's license to practice medicine in the State of California or any other jurisdiction lapses or is denied, suspended, revoked, terminated, voluntarily relinquished (under threat of disciplinary action) or made subject to terms or probation or other restriction;
  - 10.1.2 Physician's medical staff membership and/or privileges at any health care facility or entity are denied, suspended, revoked, terminated, voluntarily relinquished (under threat of disciplinary action), or made subject to terms of probation or other restriction;
  - 10.1.3 Physician is required to pay damages in any malpractice action by way of judgment or settlement, except that Corporation and Physician shall not be required to breach a settlement or confidentiality agreement;

- 10.1.4 Receipt of notice of the commencement of any investigation into Physician's medical license or Physician's medical practice by the Medical Board of California, California Attorney General, the Department of Health and Human Services Office of Inspector General, the Department of Justice, or any other entity of federal, state, or local government;
- 10.1.5 Physician's Drug Enforcement Agency registration number is revoked, suspended, terminated, relinquished, placed on terms of probation, or restricted in any way;
- 10.1.6 An event occurs that (i) substantially interrupts all or a portion of Corporation's or Physician's professional practice, including the termination of Physician's shareholder, director, or employee/contractor relationship with Corporation, (ii) materially adversely affects Corporation's or Physician's ability to perform their respective obligations hereunder, including the Services, or (iii) could likely cause Corporation or Physician to be in breach of this Agreement;
- 10.1.7 Physician's conviction of a criminal offense related to health care or any Physician's listing by a federal agency as being debarred, excluded or otherwise ineligible for federal program participation; or
- 10.1.8 The occurrence of any event that would constitute "cause" pursuant to Section 5.3.

## ARTICLE 11 - GENERAL PROVISIONS

- 11.1 Notices. Any notice to be given to any party hereunder shall be deposited in the United States Mail, duly registered or certified, with return receipt requested, with postage paid, and addressed to the party for which intended, at the addresses set forth in the signature block, or to such other address or addresses as the parties may hereafter designate in writing to each other.
- 11.2 No Waiver. No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver.
- 11.3 Governing Law and Venue. This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of California. Venue shall be in the County of San Benito, California.
- 11.4 Ownership of Patient Records. All Clinic and Hospital patient records shall be maintained by SBHCD and are the property of SBHCD. Physician shall have the right to access such records during normal business hours.
- 11.5 Patient Choice. Notwithstanding anything herein to the contrary, all compensation paid to Corporation pursuant to this Agreement is solely for the purpose of obtaining the services of Corporation, through Physician, for patients of the SBHCD community. The parties recognize and affirm the importance of individual patient choice in selection of medical services. Nothing contained in this Agreement shall be interpreted to obligate, encourage, or solicit, in any way, the referral of any individual patient to any health care facility, including the Facility, contrary to that patient's choice of another provider of medical services. Further, nothing in this Agreement shall be interpreted to prevent, restrict, or discourage the Physician from referring patients to any other provider of health care services.
- 11.6 Exclusive Property of SBHCD. All data, files, records, documents, promotional materials, and similar items relating to the business of SBHCD, whether prepared by or with the assistance of Corporation or Physician or otherwise coming into Corporation's or Physician's possession shall remain the exclusive property of SBHCD and shall not be removed from SBHCD's facilities under any circumstances without the prior written consent of SBHCD.
- 11.7 Confidentiality. The parties acknowledge and agree that during the term of this Agreement and in the course of the discharge of Corporation and Physician's duties hereunder, Physician shall have access to and become acquainted with information concerning the operation of SBHCD, and information which,

pursuant to applicable law and regulation, is deemed to be confidential, including, but not limited to, trade secrets, medical records, patient medical and personal information, and personnel records. Corporation and Physician agrees that such information shall not be disclosed either directly or indirectly to any other person or entity or used by Corporation, Physician, or their respective Agents in any way either during the term of this Agreement or at any other time thereafter, except as is required herein. Corporation and Physician understand breach of this article will be an irremediable breach of this Agreement. SBHCD shall be entitled to pursue any available at remedies at law or equity resulting from such breach.

- 11.8 Binding Agreement; No Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to it and their respective legal representatives, successors, and permitted assigns. No party may assign this Agreement or any rights hereunder, or may they delegate any of the duties to be performed hereunder without the prior written consent of the other party.
- 11.9 Dispute Resolution. If any dispute, controversy, or claim arises out of this Agreement, for a period of thirty (30) days following written notice of the dispute, controversy or claim from one party to the other, the parties will use their good faith efforts to resolve the dispute, controversy, or claim. If the matter cannot be resolved by the parties in this fashion, then such dispute, claim or controversy shall be heard in San Benito County, California, pursuant to the provisions of California Code of Civil Procedure Sections 638 through 645.1, inclusive. The hearing shall be final and binding to the greatest extent permitted by law, and the cost thereof, including reasonable attorneys' fees, shall be borne by the losing party in such proportions as the referee may decide. Judgment on the award may be entered in any court having jurisdiction thereof.
- 11.10 Section 952 of Omnibus Budget Reconciliation Act of 1980. In accordance with Section 952 of the Omnibus Reconciliation Act of 1980 (PL 96-499), Corporation agrees that the books and records of Corporation will be available to the Secretary of the Department of Health and Human Services and the Comptroller General of the United States, or their duly authorized representatives, for four (4) years after termination of this Agreement. In the event that any of the services to be performed under this Agreement are performed by any subcontractor of Corporation at a value or cost of \$10,000 or more over a twelve (12) month period, Corporation shall comply and assure that such subcontractor complies with the provisions of Section 952 of the Omnibus Reconciliation Act of 1980. If not applicable to this Agreement, this Section shall automatically be repealed.
- 11.11 Entire Agreement; Amendment. This Agreement, its exhibits, and all referenced documents constitute the entire agreement between the parties pertaining to the subject matter contained herein. This Agreement supersedes all prior and contemporaneous agreements, representations and understandings of the parties which relate to the subject matter of this Agreement. No supplement, amendment or modification of this Agreement shall be binding unless executed in writing by all of the parties.
- 11.12 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument. The signature page of each counterpart may be detached from such counterpart and attached to a single document which shall for all purposes be treated as an original. To facilitate execution and delivery of this Agreement, the parties may execute and exchange by facsimile or electronic image (i.e., as a ".pdf" file) counterparts of the signature pages and/or sign by electronical means (i.e., with DocuSign).

*\*\*\*Signatures follow on the next page\*\*\**

The parties hereby execute this Agreement effective as of the Effective Date.

**SBHCD**  
SAN BENITO HEALTH CARE DISTRICT

**CORPORATION**  
Rachit Chawla, M.D., Inc.

By: \_\_\_\_\_  
Mary T. Casillas, Chief Executive Officer

By: \_\_\_\_\_  
Rachit Chawla, M.D., President

*Address for Notices:*

*Address for Notices:*

San Benito Health Care District  
Attn: Chief Executive Officer  
911 Sunset Dr.  
Hollister, CA

Rachit Chawla, M.D  
15517 Monterey Road  
Morgan Hill, CA 95037

**PHYSICIAN**  
Rachit Chawla, M.D

By: \_\_\_\_\_  
Rachit Chawla, M.D

*(Remainder of page left blank intentionally)*

**EXHIBIT A**  
**PHYSICIAN SERVICES AND COMPENSATION**

A. Services. Beginning on the Commencement Date, Corporation, through Physician, shall provide the following services to SBHCD patients at the Clinics (“Services”): professional pediatric medical services.

A.1 Clinic Services. Clinic operating hours are Monday through Friday, from 8:00 a.m. to 5:00 p.m. Physician shall provide the following Clinic Services in the Clinics in accordance with the schedule set forth in Section A.2 of this Exhibit A:

A.1.1 New and follow-up office visits;

A.1.2 Consultations;

A.1.3 Post discharge follow-up visits;

A.1.4 Ensuring the quality, availability, and expertise of medical services rendered in the Clinic and at Clinic-related activities;

A.1.5 Supervising physician assistants and nurse practitioners (collectively referred to as “Mid-Level Practitioners”) as necessary for reimbursement or consult in the absence of the Medical Director;

A.1.6 Coordination of medical activities of the Clinic as a whole to be accomplished through continuous communication with appropriate SBHCD administrative personnel regarding medical administration of the Clinic;

A.1.7 Assisting with the development of a plan for quality assurance for the Clinic;

A.1.8 Provide required chart review and audits of care provided by Mid-Level Practitioners

A.1.9 Other services as are mutually agreed to be appropriate and appropriately provided in an outpatient setting by a physician specializing in Physician’s specialty.

B. Schedule.

B.1 Part-Time Basis. Physician shall provide the Services on a part-time basis, twelve (12) to sixteen (16) hours per week up to forty-eight (48) weeks per year. Physician’s schedule shall consist of: (i) a shift between eight (8) and twelve (12) hours on one day (as determined by patient need and the parties’ mutual agreement), and (ii) a shift of four (4) hours on another day. Physician’s shifts (i.e., days of the week or hours) may be adjusted to meet Clinic patients and SBHCD needs, as the parties mutually agree.

B.2 Call Coverage. There is no Hospital Call Coverage provision associated with the Agreement.

C. Compensation.

C.1 Compensation. Physician shall be compensated at the rate of One Hundred Sixty-Five Dollars and No Cents (\$165.00) per hour (“Compensation”). Physician shall submit sufficient records for SBHCD to verify the number of hours in a given calendar month within fifteen (15) days following the end of each month. SBHCD shall remit all earned and undisputed Compensation to Physician within thirty (30) days of receipt of sufficient evidence of said records.

C.2 Payment on Termination. Notwithstanding anything else herein, upon termination of this Agreement, which is not extended, renewed or superseded by another agreement, SBHCD shall pay to Physician any amounts due to Physician within forty-five (45) days after the termination of this Agreement.

C.3 Agreement Includes All Compensation from SBHCD. Incorporated into Compensation, unless specifically excluded, are all the Physician’s sources of practice revenues and income from SBHCD, including call coverage stipends, other hospital on-call fees, and hospital stipends; provided, however, that services as a medical director within SBHCD, service on medical staff or SBHCD positions such as department chair or chief of staff, call panels which are not currently in effect, or other items specifically excluded by written agreement between Physician and SBHCD shall be independently compensated to Physician by SBHCD, if any, and are not subject to the terms of this Agreement.

D. Services and Activities in Support of SBHCD. SBHCD and Physician acknowledge and agree that certain services and activities may be required of Physician in support of SBHCD to ensure a continuing high level of patient care. To that end, (i) SBHCD may request Physician participate in functions or events from time to time, in support of SBHCD; and (ii) to assist in the recruitment and retention of highly skilled practitioners, SBHCD may request Physician participate in recruitment meetings with SBHCD physician candidates. Physician agrees to perform such services or participate in such activities at SBHCD's reasonable request. Physician agrees the Compensation paid by SBHCD compensates Physician for such services and activities. Notwithstanding, SBHCD shall reimburse Physician for reasonable meal expenses incurred by the Physician as part of meeting with physician candidates hosted at the request of SBHCD.

E. Practice Guidelines/Best Quality Practices. Physician shall demonstrate cooperative work arrangements with the Medical Staff, Quality and Safety Leadership and SBHCD Administration to achieve mutually accepted practice guidelines and the best quality practices. These practices shall be evidenced based, and include at minimum the following:

E.1 Attendance at regular monthly meetings with Hospital or Clinic leadership when requested to review any operational or quality issues.

E.2 Timely completion of all patient records.

*Goal: As specified by Medical Staff rules and regulations or hospital policy.*

E.3 Completion of all procedure notes within twenty-four (24) hours of visit.

*Goal: As specified by Medical Staff rules and regulations or hospital policy.*

E.4 Timely signing of orders.

*Goal: As specified by Medical Staff rules and regulations or hospital policy.*

E.5 Timely discharges summaries.

*Goal: As specified by Medical Staff rules and regulations or hospital policy.*

E.6 Commitment to use of SBHCD supported electronic health/medical record platforms.

E.7 Compliance with all governmental and SBHCD quality reporting initiatives that may come into effect from time to time.

E.8 Timely arrival at the SBHCD facilities, defined as being ready, willing and able to provide Services not less than 10 minutes before the commencement of any in-person shift and responding to on-call coverage calls within the times set forth in the Medical Staff rules and regulations.

# PROPOSED PORTFOLIO ANALYSIS

June 22, 2026

Page 1 of 12

PREPARED FOR

## SAN BENITO HEALTH CARE DISTRICT

PORTFOLIO OBJECTIVE: Preservation Of Principal

### Account(s) Included

ACCOUNT NUMBER	ACCOUNT NAME	ACCOUNT TYPE DESCRIPTION
344-30520	SAN BENITO HEALTH CARE DISTRICT	SELECT-Association

### Account(s) Not Included

ACCOUNT NUMBER	ACCOUNT NAME	ACCOUNT TYPE DESCRIPTION
344-19878	SAN BENITO HEALTH CARE DISTRICT	UMA-Association

This report includes assets held at Edward Jones and certain assets held at a vendor for which Edward Jones is broker of record. It excludes Non-ERISA retirement plans, certain 529 plans and certain variable annuities.

The office of:

**KYLE A. SHARP**  
Financial Advisor  
(831) 634-0694

**Edward Jones**  
MAKING SENSE OF INVESTING

## Proposed: Income Analysis

Portfolio Objective: Preservation Of Principal

Kyle A Sharp  
Financial Advisor

Prepared for: SAN BENITO HEALTH CARE DISTRICT  
Account Number: 344-30520

Held By	Quantity	Investment Name	Coupon Rate	Maturity Date	Current Value	Jun '26	Jul	Aug	Sep	Oct	Projected Income Sources					Annual Income	Tax Info	
											Dec	Jan '27	Feb	Mar	Apr			May
P	200000	PEOPLES NATL BK MT VERNON ILL	3.90%	07/30/26	200,000		650										650	
P	200000	TEXAS CAP BK N A DALLAS TEX	4.00%	07/30/26	200,000		667										667	
P	200000	FULTON BK N A LANCASTER PA	3.95%	08/31/26	200,000			1,317									1,317	
P	200000	BANK BARODA NEW YORK BRH	3.95%	09/29/26	200,000				1,975								1,975	
P	200000	MIZRAHI TEFAHOT BK LTD LOS	3.95%	10/01/26	200,000					1,975							1,975	
P	200000	LENDINGCLUB BK NATL ASSN LEHI	4.00%	11/30/26	200,000						3,333						3,333	
P	200000	COLONY BK FITZGERALD GA	3.95%	12/28/26	200,000							3,950					3,950	
P	200000	SOUTHSTATE BK NATL ASSN WINTER	3.95%	01/04/27	200,000							3,950					3,950	
P	200000	OLD NATL BK EVANSVILLE IND	4.05%	03/23/27	200,000											6,075	6,075	
P	200000	BANK BARODA NEW YORK BRH	4.05%	03/29/27	200,000											6,075	6,075	
P	200000	STATE BK INDIA NEW YORK N Y	4.05%	03/29/27	200,000											6,075	6,075	
P	200000	WELLS FARGO BK N A SIOUX FALLS	4.05%	03/29/27	200,000											6,075	6,075	
P	200000	OLD NATL BK EVANSVILLE IND	4.05%	06/23/27	200,000													
P	200000	MANUFACTURERS & TRADERS TR CO	4.05%	06/24/27	200,000													
P	200000	WELLS FARGO BK N A SIOUX FALLS	4.10%	06/25/27	200,000													
P	200000	BANK BARODA NEW YORK BRH	4.05%	06/29/27	200,000													
P	200000	BANK NEW YORK MELLON BROKERED	4.10%	06/30/27	200,000													
P	200000	FIRST-CITIZENS BK	4.10%	06/30/27	200,000													
P	200000	GOLDMAN SACHS BK USA NEW YORK	4.10%	06/30/27	200,000													
P	200000	BANK AMER NA CHARLOTTE NC	4.05%	07/01/27	200,000													
P	200000	PEOPLES SEC BK & TR CO	4.20%	12/27/27	200,000													
													4,200				4,200	

While the information presented in this report is believed to be reliable, its accuracy is not guaranteed. It is not intended to replace official records such as transaction confirmations and periodic account statements. Income projections are based on currently available data and do not take into account commissions, fees or related expenses. Edward Jones has attempted to estimate the annual income and annual yield that might be expected from the portfolio being presented. These estimates are based on historical interest and dividend information and may vary from actual income earned by the account and that might appear in other reports provided by Edward Jones. Additional important disclosures can be found at edwardjones.com/disclosures and edwardjones.com/estimated. Assets Held By: C-Client outside Edward Jones J-Edward Jones V-Vendor P-Proposed Investment

## Proposed: Income Analysis

Portfolio Objective: Preservation Of Principal

Kyle A Sharp  
Financial Advisor

Prepared for: SAN BENITO HEALTH CARE DISTRICT  
Account Number: 344-30520

Held By	Quantity	Investment Name	Coupon Rate	Maturity Date	Current Value	Jun '26	Jul	Aug	Sep	Oct	Nov	Dec	Jan '27	Feb	Mar	Apr	May	Annual Income	Tax Info
P	200000	WELLS FARGO BK N A SIOUX FALLS	4.20%	12/27/27	200,000		700	700	700	700	700	700	700	700	700	700	700	7,700	
P	200000	GOLDMAN SACHS BK USA NEW YORK	4.00%	12/30/27	200,000							4,000						4,000	
P	200000	JPMORGAN CHASE BK N A INSTL	4.25%	12/30/27	200,000													4,150	
P	200000	BANK AMER NA CHARLOTTE NC	4.15%	01/03/28	200,000								4,150					4,150	
		<b>Total (income not reinvested)</b>			<b>\$5,000,000</b>		<b>\$2,017</b>	<b>\$2,017</b>	<b>\$2,675</b>	<b>\$2,675</b>	<b>\$4,033</b>	<b>\$12,850</b>	<b>\$8,800</b>	<b>\$700</b>	<b>\$25,000</b>	<b>\$700</b>	<b>\$700</b>	<b>\$62,167</b>	
		<b>Grand total (income not reinvested)</b>			<b>\$5,000,000</b>		<b>\$2,017</b>	<b>\$2,017</b>	<b>\$2,675</b>	<b>\$2,675</b>	<b>\$4,033</b>	<b>\$12,850</b>	<b>\$8,800</b>	<b>\$700</b>	<b>\$25,000</b>	<b>\$700</b>	<b>\$700</b>	<b>\$62,167</b>	

### Overall Portfolio Total (Including Assets Excluded from Diversification)

Projected Annual Income:	\$62,166.67	Tax Deferred Income:	\$0.00
Tax Free Income:	\$0.00	Income Subject to Tax:	\$62,166.67
Federal		Federal Tax	

NOTE: Projections are based on historical income payments. Monthly income amounts have been rounded to the nearest dollar. Income/Dividends can be decreased or totally eliminated at any time.

You should carefully consider the investment objectives, risks, and charges and expenses before investing. The Prospectus and summary prospectus, containing this and other information, are available from your financial advisor. You should read the prospectus and the summary prospectus carefully before investing.

In the case of a fund that is a money market fund, you could lose money by investing in the fund. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it cannot guarantee it will do so. The fund may impose a fee upon the sale of your shares or may temporarily suspend your ability to sell shares if the fund's liquidity falls below required minimums because of market conditions or other factors. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. The fund's sponsor has no legal obligation to provide financial support to the fund, and you should not expect that the sponsor will provide financial support to the fund at any time.

While the information presented in this report is believed to be reliable, its accuracy is not guaranteed. It is not intended to replace official records such as transaction confirmations and periodic account statements. Income projections are based on currently available data and do not take into account commissions, fees or related expenses. Edward Jones has attempted to estimate the annual income and annual yield that might be expected from the portfolio being presented. These estimates are based on historical interest and dividend information and may vary from actual income earned by the account and that might appear in other reports provided by Edward Jones. Additional important disclosures can be found at edwardjones.com/disclosures and edwardjones.com/estimated. Assets Held By: C-Client outside Edward Jones J-Edward Jones V-Vendor P-Proposed Investment

**RESOLUTION NO. 2026-17**

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
SAN BENITO HEALTH CARE DISTRICT  
APPROVING AN AMENDMENT TO THE MEMORANDUM OF  
UNDERSTANDING WITH CALIFORNIA LICENSED VOCATIONAL  
NURSES ASSOCIATION, INC.**

**WHEREAS**, the San Benito Health Care District (“District”) is a local health care district duly organized and operating under the terms of the Local Health Care District Law (California Health and Safety Code Division 23, Sections 32000-32492 (“Local Health Care District Law”));

**WHEREAS**, the District, acting through its appointed negotiation team, and representatives of the California Licensed Vocational Nurses Association, Inc. (“CLVNA”), a duly recognized employee organization representing certain licensed vocational nurses, met and conferred in good faith and fully communicated and exchanged information concerning wages, hours, and the terms and conditions of employment for contract years July 1, 2026 – June 30, 2030;

**WHEREAS**, the appointed representatives of the parties agreed on certain matters as provided in the tentative agreements (“Tentative Agreements”), attached hereto as Exhibit A, and recommend the District and CLVNA implement those Tentative Agreements and modify the existing Memorandum of Understanding with Hazel Hawkins Memorial Hospital (“MOU”);

**WHEREAS**, on June 11, 2026, the employees represented by CLVNA voted to ratify the proposed changes to the MOU, as set forth in the Tentative Agreements;

**WHEREAS**, the District Board of Directors (“Board”) has been presented with a summary of the Tentative Agreements;

**WHEREAS**, the Board has reviewed and evaluated the Tentative Agreements and authorizes the District to approve and adopt the MOU containing the Tentative Agreements, and authorizes the District Administration to take all steps to execute the necessary documents; and

**WHEREAS**, this Resolution is not defined as a project under the California Environmental Quality Act (“CEQA”), set forth at Public Resources Code Section 21065, Section 15378 of the State CEQA Guidelines, because amending the MOU will not cause either a direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment.

**NOW, THEREFORE, BE IT RESOLVED** by the San Benito Health Care District Board of Directors as follows:

1. The Recitals set forth above are true and correct and are incorporated into this Resolution by reference.
2. The Board has hereby approved the Tentative Agreements set forth in Exhibit A for incorporation into the MOU for the period of July 1, 2026 – June 30, 2030.
3. District Administration is directed to take any and all actions, including executing relevant documents, to carry out the intent of this Resolution.
4. This Resolution shall take effect immediately upon its adoption.

PASSED AND ADOPTED this 25<sup>th</sup> day of June, 2026 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

---

William Johnson, President

Attested: \_\_\_\_\_  
Nick Gabriel, DO, Secretary

SAN BENITO HEALTH CARE DISTRICT dba HAZEL HAWKINS HOSPITAL

and

CALIFORNIA LICENSED VOCATIONAL LVNS' ASSOCIATION, INC.

June 5, 2026

The San Benito Health Care District ("District") and the California Licensed Vocational Nurses' Association, Inc. ("CLVNA") have reached tentative agreements on the modifications to the Collective Bargaining Agreement as outlined in the articles and sections below. Any provision of the Agreement not specifically identified herein shall remain unchanged and remain in full force and effect.

The parties have also agreed to roll over the existing Agreement, with the agreed-upon modifications, for a new four (4) year term commencing July 1, 2026 and continuing through June 30, 2030, subject to approval by the San Benito Health Care District Board of Directors and ratification by the Association.

**ARTICLE 9 – DEFINITIONS**

**CLASSIFICATION DEFINITION – (ADDING)**

**A. LVN I**

An LVN licensed by the State of California with less than twelve (12) full-time equivalent months of total nursing experience in an accredited acute hospital or SNF or equivalent.

**B. LVN II**

An LVN who has completed a total of twelve (12) full-time equivalent months of nursing experience in an accredited acute hospital or SNF or equivalent and acquired within the past two (2) years. The Nurse must have been employed in an accredited acute hospital or SNF on a full-time equivalent basis for at least six (6) months in the last year prior to the employment date.

**C. ADVANCEMENT FROM LVN I TO LVN II**

All new hires in LVN I classification shall advance to the LVN II classification upon completion of their probationary period as defined herein, or who have completed twelve (12) full-time equivalent months of total nursing experience in an accredited acute hospital or SNF or equivalent, whichever occurs last.

**D. LVN III**

LVN applies for the advanced position because they can meet the criteria jointly developed by the Professional Responsibilities Committee and Nursing Administration. The LVN III is an expert clinician who functions independently and is seen as a role model by peers, physicians, and hospital administration leaders.

## **ARTICLE 10 – COMPENSATION**

### **HOURLY WAGES**

#### **First Year of the Memorandum**

Effective as of the beginning of the first full pay period in July 2026, the Hospital agrees to provide a **3.75%** increase to the salary schedule for all employees.

#### **Second Year of the Memorandum**

Effective as of the beginning of the first full pay period in July 2027, the Hospital agrees to provide a **3.75%** increase to the salary schedule for all employees.

#### **Third Year of the Memorandum**

Effective as of the beginning of the first full pay period July 2028, the Hospital agrees to provide a **3.5%** increase to the salary schedule for all employees.

#### **Fourth Year of the Memorandum**

Effective as of the beginning of the first full pay period in July 2029, the Hospital agrees to provide a **3.0%** increase to the salary schedule for all employees.

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## **ARTICLE 15 – PTO, HOLIDAYS, & VACATION BIDDING**

The parties agree to update the title of Article 15 and to continue the Paid Time Off (PTO) program implemented effective July 1, 2023. Under this program, vacation, sick leave, holidays, the birthday holiday, and floating holiday were consolidated into a single Paid Time Off bank. The parties further agree to retain this PTO structure while increasing PTO accrual benefits and maximum accrual limits as set forth below.

Employees shall retain any accrued and unused vacation and sick leave balances in separate accounts as previously provided. LVNs shall be required to exhaust previously accrued and unused vacation balances before utilizing accrued PTO hours.

The parties further agree to remove the PTO cash-out language, consistent with the July 1, 2023 PTO program implementation.

The parties also agree to add Farmworkers Day as a recognized holiday.

For the PTO bidding process, the parties agree to revise Cycle 2 to reflect March 1 through March 31 for schedules covering July through December.

The parties acknowledge that, upon incorporation into the successor Memorandum of Understanding, additional non-substantive conforming revisions may be necessary throughout the Agreement to update references to "vacation," revise article numbering, and ensure consistency with the PTO structure and the modifications agreed to herein.

### **Paid Time Off (PTO) Policy**

## A. Paid Time Off

Definition of Paid Time Off. Paid Time Off combines earned sick, vacation and holidays, including Birthday Holiday and Float Holiday into one pool called Paid Time Off (PTO) for use on a scheduled basis by employees. PTO may be used for vacations, holidays, personal time off, or other excused elective absences.

Eligibility. All full-time and regular part-time LVNs ~~are~~ earn PTO Accrual.

PTO Accrual. PTO is accrued every pay period. The accrual is a combination of the holidays listed in part B of this article and earned vacation as follows. The following conversion table applies:

- (a) Year One: ~~20 days~~ 24 days
- (b) Year Two: ~~21 days~~ 25 days
- (c) Year Three: ~~22 days~~ 26 days
- (d) Year Four: ~~23 days~~ 27 days
- (e) Year Five: ~~30 days~~ 36 days
- (f) Year 10: 39 days
- (g) Year 20: 41 days

Regular part-time LVNs accrue PTO at a pro-rated basis.

Maximum Accrual. The maximum number of hours that may be accrued is three hundred and twenty (320) hours for employees with less than five (5) years of service and three hundred thirty (330) hours for employees with five (5) or more years of service. Once accrual maximum is achieved, the accrual will cease until the balance drops below the maximum.

Terminated LVN. Terminated LVNs will be paid for the balance of PTO hours earned but not used at the time of termination.

No Seasonal Ban: No PTO shall be unreasonably denied because of the season of the year. PTO will be granted in accordance with the staffing needs of the Hospital as determined by the Director of Nursing Services, who shall also give consideration to the needs of the LVN.

## B. Holidays

Schedule of Holidays.

- New Year's Day
- MLK Day
- President's Day
- Farmworkers Day
- Memorial Day
- Juneteenth Fourth of
- July Labor Day
- Thanksgiving Day
- Christmas Day

Work on a Holiday. LVN who work in the hospital on nationally recognized holidays listed above will be paid at a rate of time and one half for hours worked.

Definition of a holiday shift for pay purposes. A holiday shift is defined as a shift in which the major portion of the shift is worked on the holiday.

### **Bidding Procedure**

Each regular LVN qualifying for holiday pay shall be scheduled off work on at least one of the following holidays each year: Christmas Day and New Year's Day. The employer shall use its best efforts to rotate equitable holiday time off among regular nurses for each shift. To resolve conflicts on PTO requests for either Thanksgiving Day, Christmas Day, or New Year's Day, if a nurse had the substantially same time off last year, then the other nurse shall get the time off. If the previous section does not apply, then requests will be granted by seniority.

LVNs will participate in a PTO Bidding Process.

### **Bi-Annual Time Off Bidding Process**

Requests for Time off will be governed by the provisions described below:

Full time and part time nurses shall be grouped together for purposes of time off requests and use.

Bi Annual Time Off Bidding Process will occur two (2) times per year:

Cycle 1: September 1st – 30th for schedules January – December.

Cycle 2: March 1st – ~~30th~~ 31<sup>st</sup> for schedules July –December.

A calendar of granted Time Off requests will be posted no later than two (2) weeks after the close of the bidding process Requests for Time Off will be granted on a seniority basis. Each nurse shall indicate their time off request in an agreed upon form. Approved Time Off will be denied if the employee has insufficient PTO accrued when the schedule containing the time off requested is published.

In the event a nurse transfers or is promoted after his/her PTO request is approved, department needs may prevail. However, reasonable attempts will be made to honor the PTO requests.

### **Other PTO Requests**

Requests for Time Off that are not submitted during the Bi Annual Time Off bidding process shall be resolved as follows: These additional Time Off requests will be considered on a first come first served basis and cannot cross into the next bidding cycle. Any requests for duplicate time frames received on the same date will be determined by seniority. Such requests shall be granted or denied in writing within two (2) weeks of submission and the Time Off calendar will be updated. Once vacations have been granted, nurses cannot exercise his/her seniority to claim the same time. Unpaid Time Off requests will be granted only if the nurse has no accrued PTO or vacation at the Hospital's discretion.

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## **Article 18 – HEALTH INSURANCE**

The parties agree to maintain the benefits currently in effect for CLVNA members, as implemented effective August 1, 2023, and as modified herein.

Effective January 1, 2026, the parties agree to implement an aggregate deductible and out-of-pocket maximum across all benefit tiers. Under this approach, once an employee satisfies the deductible and out-of-pocket maximum under a higher-cost tier (e.g., Tier 2 or Tier 3), those amounts shall be deemed satisfied for any lower-cost tier services received during the same plan year. This enhancement reduces employees' overall financial responsibility when accessing care across multiple tiers.

Effective January 1, 2026, the parties further agree to reduce employee premium contributions for dependent coverage by replacing the current Employee +1, Employee +2, and Employee +3+ premium structure with a single Employee + Family tier. Under this structure, employees covering one or more dependents shall pay the same premium contribution, simplifying the plan structure and reducing costs for many CLVNA members and their families.

Effective January 1, 2026, the parties also agree to the following benefit enhancements:

- Reduce the specialty care office visit copayment to \$20.
- Reduce the emergency room copayment from \$100 to \$75.

These changes are intended to enhance employee benefits while maintaining current premium contributions and supporting the long-term sustainability of the health plan.

The parties further agree to incorporate the former Eligibility language (Section A) into the Health Insurance section (Section B) and to remove the separate Dental Insurance and Pharmacy Discount sections (Sections C and D), as those provisions either no longer apply or are addressed elsewhere within the health insurance and cost-sharing structure.

The parties further agree to remove outdated retiree prescription service language that no longer applies. Section F shall remain unchanged.

The parties acknowledge that additional non-substantive conforming revisions may be necessary throughout the Agreement to update section references, numbering, and related provisions to ensure consistency with the modifications agreed to herein.

**HEALTH INSURANCE**

Health, dental, and vision insurance shall be provided for all regular Full-time and regular Part-time employees working twenty (20) hours or more per week on the first of the month following sixty (60) calendar days of continuous employment in the District. The parties agree that eligible employees shall contribute toward the cost of health, dental, and vision coverage in accordance with the premium contribution schedule set forth below:

Coverage	Cost Per Pay Period
Full-time Employee Single Coverage	<del>\$92.31</del> <b>\$70.00</b>
<b>Full-time Employee + Family Coverage</b>	<b>\$115.00</b>
<del>Full-time Employee + 1 or more</del>	<del>\$138.46</del>
<del>Full-time Employee + 2 or more</del>	<del>\$161.54</del>
<del>Full-time Employee + 3 or more</del>	<del>\$184.62</del>

Part-time Employee Single Coverage	<del>\$115.38</del> \$90
Part-time Employee + Family Coverage	\$135.00
Part-time Employee + 1 or more	\$161.54
Part-time Employee + 2 or more	\$184.62
Part-time Employee + 3 or more	\$207.69

**RETIREE PRESCRIPTION SERVICE (Section E)**

For LVNs retiring from Hazel Hawkins Hospital, the Hospital shall provide prescription service under the following conditions:

1. The LVN must have completed ten (10) years of continuous benefited service at Hazel Hawkins Hospital.
2. The LVN must retire between age 55 and Medicare eligibility.
3. The Hospital will provide prescription service at cost.
4. The pharmacy will use the Blue Cross formulary.
5. The LVN must pay for the prescription at the time of pickup.
6. LVNs will be covered until Medicare prescription eligibility.
- ~~7. The prescription service is one that must be filled at the Hospital pharmacy.~~
- ~~8. This benefit covers only LVNs who have retired from Hazel Hawkins Hospital.~~
- ~~9. Mail order prescriptions are not provided.~~

**ARTICLE 20 — RETIREMENT PROGRAM**

The parties agree to revise Article 20 to reflect the freeze of the Defined Benefit Pension Plan effective July 1, 2023, and to incorporate the District’s current 401(a) Defined Contribution Plan.

The parties further agree to include the terms outlined below regarding eligibility, immediate vesting, plan administration, distribution provisions, and a District-funded employer contribution of up to four percent (4%), provided the employee contributes at least one percent (1%) of compensation to the District’s Deferred Compensation Plan, consistent with the terms of the applicable plan documents.

**DEFINED CONTRIBUTION PLAN ELIGIBILITY**

Effective October 1, 2024, a defined contribution plan 401(a) was established. In order to be eligible to participate in the District’s Defined Contribution Plan, an employee must be a benefited Full-time or Part-time employee and have passed their probationary period.

**ELIGIBILITY**

The eligibility period for non-excluded employees shall be ninety (90) days of employment. Upon ratification, eligible employees will enter the plan as of the next full payroll period after satisfying the eligibility requirements.

**VESTING**

The Plan shall provide for 100% immediate and full vesting as of the date of entry into the Plan.

**MATCH**

The Plan shall provide for a District-funded Employer match, based on a participant's deferrals into the District's Deferred Compensation Plan (457b). The Employer match shall be determined and funded on a payroll by payroll basis at the rate of 4% of the participant's compensation, provided that the participant defers at least 1% of their compensation into the Deferred Compensation Plan. In no event shall the District's obligation for matching exceed 4% of participants' Plan compensation for such payroll.

**PLAN DISTRIBUTIONS**

Plan distributions will be limited to single sums and direct/indirect rollovers.

**PLAN ADMINISTRATORS**

The CEO and CFO shall be the co-plan administrators of the Plan and shall have the right and authority to make reasonable and necessary amendments to the Plan.

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**ARTICLE 21 — LEAVES of ABSENCE**

**K. LEAVES WITH PAY**

**1. Bereavement Leave**

A leave with pay not to exceed ~~three (3)~~ **five (5)** working days will be granted for bereavement due to a death in the immediate family. Immediate family will include the LVN's mother, father, sister, brother, child, step-child, (including when standing in loco parentis), grandparent, grandchild, step-grandchild, spouse, mother-in-law, father-in-law, sister-in-law, and brother-in-law. If such bereavement requires the LVN to travel in excess of 250 miles, unpaid leave time of up to three (3) additional days may be granted.

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**ARTICLE 28 — SENIORITY**

**A. DEFINITION**

Subject to conditions set forth in this Memorandum, seniority is defined as the length of service since a LVN's most recent employment date with the District **as a regular Full-Time or Part-Time employee**. Seniority lists will be maintained and posted monthly.

Signature: *Drew Tartala*  
Drew Tartala (Jun 8, 2026 11:56:57 PDT)  
Drew Tartala, HR Director  
San Benito Health Care District dba Hazel Hawkins Hospital  
Dated: 08/06/2026

Signature: *James Voelzow*  
James Voelzow, Union Representative  
California Licensed Vocational Nurses' Association, Inc.  
Dated: 08/06/2026








# Tentative Agreement - CLVNA

Final Audit Report

2026-06-08

Created:	2026-06-08
By:	Drew Tartala (dtartala@hazelhawkins.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAfH9JpHMEBUdhY0XdPtSWkv1IK2KmlFiC

## "Tentative Agreement - CLVNA" History

-  Document created by Drew Tartala (dtartala@hazelhawkins.com)  
2026-06-08 - 6:38:45 PM GMT
-  Document emailed to James Voelzow (jbvelz@gmail.com) for signature  
2026-06-08 - 6:38:51 PM GMT
-  Document emailed to Drew Tartala (dtartala@hazelhawkins.com) for signature  
2026-06-08 - 6:38:51 PM GMT
-  Document e-signed by Drew Tartala (dtartala@hazelhawkins.com)  
Signing Link is created by Drew Tartala (dtartala@hazelhawkins.com)  
Signature Date: 2026-06-08 - 6:56:57 PM GMT - Time Source: server - Signature Appearance Selected: TYPE
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2026-06-08 - 11:28:24 PM GMT
-  Document e-signed by James Voelzow (jbvelz@gmail.com)  
Signature Date: 2026-06-08 - 11:34:41 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
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2026-06-08 - 11:34:41 PM GMT