

**SOUTH LIMESTONE HOSPITAL DISTRICT
LIMESTONE MEDICAL CENTER
701 McCLINTIC, GROESBECK, TX 76642**

MINUTES

January 25, 2022

On this 25th day of January, 2022 the Board of Directors of South Limestone Hospital District convened at the regular meeting place of said District. The meeting, open to the public, and notice of said Board in said District giving the date, place and subject thereof, has been posted as described by Article 6252-17, Section 3A,V.A.T.C.

MEMBERS PRESENT

Danny Hewitt
Martha Stanton
Glenda O'Neal
Arnold Gray
Jennifer Mackey
Kent Wilson

MEMBERS ABSENT

Jack Milstead

OTHERS PRESENT

Larry Price
Michael Williams
Debbie Brewer
Ericka Brown
Shelton Chapman
Staci Doyle
Leeann Freeman
Wade Gent
Stacy Hall
Jennifer Haynie
Misty Hutchison
Brandy Kennedy
B. C. Lee
Allec Lincoln

Michelle Mullinnix
Adrianne Rettig
Melanie Richard
Linda Rojas
Mike Thompson
Corey Tunnell
Hope Wallace
Julie Wilson
Jean Wragge
Sarah Wyatt
Kody Yerger, M.D.
Robert York
Cathy Knouse

CALL TO ORDER, ESTABLISH QUORUM

The meeting was called to order by Mr. Danny Hewitt at 3:08 p.m. A quorum was present.

The motion was made by Mrs. Glenda O'Neal to excuse the absence of Mr. Jack Milstead. The motion was seconded by Mrs. Martha Stanton and unanimously approved.

INVOCATION

Mr. Larry Price offered the invocation.

PLEDGE TO THE FLAG

Those present recited the Pledge of Allegiance to the United States flag.

COMMENTS FROM CONCERNED CITIZENS

There were no concerned citizens in attendance.

**EXECUTE CONFLICT OF INTEREST AND CONFIDENTIALITY STATEMENTS
BY BOARD MEMBERS**

The Board members executed conflict of interest and confidentiality statements as required for the current year.

CORRESPONDENCE

In the December 23, 2021 edition of *Groesbeck Journal* Mr. Kyle Reeves is featured in an article detailing his recovery from a tragic car accident. The care that he received at Limestone Medical Center and specifically the Physical Therapy Department and Specialty Clinic Wound Care Clinic are recognized in the article.

In that same newspaper publication Mr. Sam LeNoir included a letter to the editor and recognized the Hospital services, physicians and staff with appreciation for the care that was extended to him.

A note from a patient recognizing the Physical Therapy Department staff was read.

Mrs. Nancy Brown McSwane, Regent, Jonathan Hardin Chapter, National Society Daughters of the American Revolution, sent a letter expressing gratitude to the Hospital for flying the American Flag and a letter expressing gratitude to the Hospital for flying the Texas flag.

The Betty Martin Chapter of the National Society of the Daughters of the American Revolution sent a card extending a sincere thank you to all Waco area first responders for their service.

Mrs. Dori Sims wrote a letter of gratitude for the Christmas bonus and for the monogrammed blanket.

The Kosse Community Health Clinic staff wrote a letter of appreciation for the Christmas bonus. Ms. Scarlett Lloyd also included a personal note of appreciation for the Christmas bonus.

A card of appreciation for the Board of Directors from the Respiratory Therapy staff was read.

CONSENT AGENDA ITEMS

The Board minutes, Executive Committee minutes, Accounts Receivable report, Family Medicine Center report, Infection Control report, Kosse Community Health Clinic report, Marketing report, Nursing report, Plant Operations Report, Rettig Family Health Care report and Inservice were presented.

Mr. Arnold Gray recognized Mrs. Leeann Freeman for the advertisements that are included in *Mexia News*. Mr. Gray raised a question concerning the laboratory water and Mrs. Corey Tunnell referenced the infection control report provided in the consent agenda and stated that water samples resubmitted after corrective actions made to shower hoses in patient rooms revealed no legionella growth. Routine flushing by City of Groesbeck has shown improvements to the disinfectant levels through the facility. City of Groesbeck has agreed to purchase and install an auto-flusher. Mrs. Jennifer Mackey raised a question concerning the implementation of the BioVigil hand hygiene compliance monitoring system with Mrs. Tunnell responding that a pre-implementation meeting was conducted with the Hospital managers last week. Badges are being built to use with the system and IT ports have been identified. Consideration is being given to installing computers to assist with the work flow. Mrs. Tunnell will meet with the BioVigil representative every Wednesday. Internal and external communications and advertisements for the public are being prepared. The project timeline provides for installation on Saturday, February 26, 2022, training beginning Monday, February 28, 2022 and implementation Thursday, March 3, 2022.

Motion was made by Mr. Gray, seconded by Mrs. O'Neal and unanimously carried to approve the consent agenda.

APPOINTMENT AND OATH OF OFFICE FOR POSITION 7

Statement of Elected/Appointed Officer was given to Mr. Wilson and he was given the oath of office and sworn into position 7 on the Board of Directors.

DISCUSS, CONSIDER AND TAKE ACTION ON APPROVAL OF AN AGREEMENT WITH THE LAW FIRM OF LINEBARGER GOGGAN BLAIR & SAMPSON, LLP AS SPECIAL COUNSEL TO PERFORM ALL LEGAL SERVICES NECESSARY TO COLLECT DELINQUENT PROPERTY TAXES PURSUANT TO SECTION 6.30 OF THE TEXAS TAX CODE, AUTHORIZING ADDITIONAL PENALTIES PURSUANT TO SECTIONS 33.07, 33.08, 33.11 AND 33.48 OF THE TEXAS TAX CODE AND AUTHORIZING THE EXECUTION OF SUCH AGREEMENT AS SET OUT IN THE NOTICE OF PUBLIC MEETING

Ms. Stacy Hall, Limestone County Tax Assessor-Collector introduced Mr. Wade Gent and Mr. Ron Capehart Attorneys, Linebarger Goggan Blair & Sampson, LLP. Linebarger Goggan Blair & Sampson currently collects property taxes for South Limestone Hospital District and has represented the Hospital District for many years. Mr. Gent expressed the firm's desire to update and provide a general refresher of the service agreement between the Hospital District and the law firm.

Approval of an agreement with the law firm of Linebarger Goggan Blair & Sampson, LLP as special counsel to perform all legal services necessary to collect delinquent property taxes and authorizing the execution of such agreement is being requested. The agreement to be considered is necessary for the delinquent taxes owed to South Limestone Hospital District to be collected in the most effective manner. The delinquent taxes, penalties and interest are to be collected as provided in the Texas Tax Code.

The Linebarger Goggan Blair & Sampson, LLP firm is fully qualified to provide this representation, being the largest delinquent tax collection law firm in the State of Texas, as well as the United States and having been engaged in this specialized legal service for more than 40 years. In addition, the Linebarger Goggan Blair and Sampson, LLP firm possesses infrastructure and technology, such as call center technology, that the Hospital District does not currently possess. The specialized legal services required by this agreement cannot be adequately performed by the attorneys and supporting personnel of the Hospital District due to the high cost of implementing the appropriate infrastructure and technology and employing sufficient in-house attorneys and staff with the level of experience and competence necessary to perform these activities. Linebarger will be compensated on a contingent fee basis as provided in the Texas Tax Code Sections 6.30, 33.07, 33.08, 33.11, and 33.48. These Texas Tax Code sections specifically provide for an additional penalty on delinquent taxes to compensate collection attorneys. A contract to pay inside or outside attorneys on an hourly basis would represent an additional cost to the Hospital District. Entering into the proposed agreement is in the best interests of the residents of the Hospital District because the delinquent taxes will be professionally and competently collected without the additional costs to the Hospital District of implementing infrastructure and technology, and employing in-house personnel or paying outside counsel on an hourly fee basis which would otherwise be required. The motion was made by Mr. Gray to approve the agreement with the law firm of Linebarger Goggan Blair & Sampson, LLP as special counsel to perform all legal services necessary to collect delinquent property taxes pursuant to Section 6.30 of the Texas Tax Code, authorizing additional penalties pursuant to Sections 33.07, 33.08, 33.11 and 33.48 of the Texas Tax Code and authorizing the execution of such agreement. The motion was seconded by Mrs. Mackey and unanimously approved.

DISCUSSION AND ACTION ON NEWLY CREATED AND REQUESTED CHANGES TO POLICIES AND PROCEDURES

Administration

There are no changes to the Administration policies and procedures

Critical Access Hospital

There are no changes to the Critical Access Hospital policies and procedures

Business Office

Adjustment Log policy was updated. Some adjustment codes names were changed and some new codes were added due to the S-10 reporting requirements.

Admissions Forms policy was updated to list all the correct forms and literature placed within the Inpatient and Swing Bed packets.

Charity Care policy has been renamed Financial Assistance policy.

Daily Mail Deposit had wording adding stating the secretary, CEO or Accountant can designate another personal to assist with opening and processing mail.

Discount policy was changed to reflect adjustment codes changes outlined in the Adjustment Log policy.

Presumptive Charity policy was changed to reflect adjustment codes changes outlined in the Adjustment Log policy.

Emergency Room Bad Debt/Charity policy was changed to reflect adjustment codes added and changes outlined in the Adjustment Log policy.

Presumptive Charity policy changes were made and update to reflect capture of presumptive charity balances. Wording was changed to reflect adjustment codes changes outlined in the Adjustment Log policy.

Quality Assurance. Wording was added “All indicator changes will be presented for Board approval.

Sliding Fee Procedures for South Limestone Hospital District was added to the Business Office Policies (in addition to where currently are kept).

Nursing/Emergency Room

A Sentinel Event is an unexpected event or occurrence involving death or serious physical or psychological injury or risk thereof. The sentinel event requires immediate action with in-depth examination of the event to determine why the incident occurred and how to reduce the likelihood of reoccurrence. As updates to the Sentinel Event policy and procedure and procedures were considered for the Nursing Floor and inclusion in the Emergency Room policies and procedures manual, it was determined that this is more appropriately categorized as a facility wide policy.

A new policy for discharge planning has been written to outline the discharge planning process for patients admitted to the medical floor and Swingbed unit.

Facility Wide

The COVID 19 Plan policy and procedure is updated to address employee isolation and exposure times to comply with recent CDC guidance.

The COVID 19 Vaccine Mandate policy and procedure has been updated to address student clinical rotations and the vaccine requirement or written documentation of medical contraindications

The Mass Critical Care Guidelines for Adult Hospital and ICU Triage policies and procedures are being added. This policy and procedures will be used to triage patients in the event of a pandemic or mass casualty event. The policy and procedures are approved by U.S. Department of Health and Human Services Office for Civil Rights.

The Sentinel Event policy and procedures have been updated and moved from the nursing policy and procedure book to the facility wide procedure book.

Family Medicine Center

There are no changes to the Family Medicine Center policies and procedures.

Finance

There are no changes to the Finance policies and procedures. Future reviews of the Finance policies and procedures will be conducted in April following the annual Public Funds Investment Act workshop. The development of new lease language is in process.

Specialty Clinic

There are no changes to the Specialty Clinic policies and procedures.

There are no changes to the CHF Clinic policies and procedures.

There are no changes to the Wound Care policies and procedures.

Swingbed policy and procedures deletions:

- Introduction to Swingbed is dated and not necessary
- Medical records is address in privacy and confidentiality
- Transfers are addressed in transfer and discharge rights
- CMS manual is address in individual policies
- Physical therapy involvement is dated and not necessary
- Patient responsibility is address on other policies
- Property is address in patient rights policy
- Patient care policies are address in other policies

Swingbed policy and procedures revisions:

- Swingbed coordination grammatical corrections
- Orientation to Swingbed grammatical corrections
- Physical abuse updated per CMS guidelines
- Resident rights addresses Swingbed patient's rights per CMS

Swingbed policy and procedures reviewed:

- Swingbed Criteria
- Swingbed Eligibility
- Guidelines for Skilled Service
- Discharge Planning

New Swingbed policies and procedures:

- Specialized Rehabilitative Services required by CMS to provide all required services including those that are specialized

- Freedom from Abuse, Neglect and Exploitation per CMS guidelines

Privacy and Confidentiality per CMS guidelines

Dental Services required by CMS to provide all Swingbed patients with routine and emergency dental services

Financial Obligations per CMS guidelines all Swingbed patients must be informed of any and all financial obligations

Choice of attending physician per CMS guidelines patients must be given the right to choose their attending physician

Comprehensive Care Plans provide that LMC will develop and implement a comprehensive person centered care plan for each Swingbed patient

Comprehensive Assessment will be completed by LMC on each patient

Transfer and Discharge Rights per CMS guidelines the patient's transfer and discharge rights

Discharge Summary will be completed on all Swingbed patients

Trauma Level IV

The Trauma Committee policy and procedure is being updated to include the Trauma Medical Director as the chairperson, and title changes to reflect current membership.

Mrs. Sarah Wyatt introduced Mrs. Staci Doyle as newly appointed Trauma Program Manager. Mrs. Doyle has been receiving orientation for this position and will assume full time responsibility effective Friday, January 28, 2022.

The members of the Board examined each policy and procedure and the motion was made by Mr. Gray to approve all of the new policies and all of the revisions being recommended by the department managers for Business Office, Emergency Room, Facility Wide, Nursing, Swingbed and Trauma Level IV. Additionally as there were no changes made to the Administration, Critical Access, Family Medicine Center, Finance, Specialty Clinic, CHF Clinic and Wound Care Clinic policies and procedures, those existing policies and procedures are approved as written. The motion was seconded by Mrs. Mackey and unanimously approved.

QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION

The December 8, 2021 and January 12, 2022 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were presented and reviewed.

Mrs. Debbie Brewer is requesting the deletion of Business Office indicators (1) level of care change on Emergency Room; (2) ensure room and observation charges post automatically and (4) collecting patient event notifications “PEN” information. Strong processes have been put in place for these indicators and will be maintained and reviewed appropriately. Mrs. Brewer is requesting the addition of Business Office indicators (1) calls received due to patients receiving statements in error; (2) ensuring patients with COVID symptoms are being sent through the Emergency Room to be placed in sick waiting and (4) incorrect phone numbers during Emergency Room admission process. There have been some system issues with posting contractual and non-covered services causing the patients to receive statements in error. Adding indicator (1) will assist with identifying and addressing these issues. Monitoring suspected COVID patients that are being sent from the Clinics to the Hospital for diagnostic services is being provided for by directing these patients to the Emergency Room screener to be placed in the sick waiting area rather than through the main Hospital entrance. This will also minimize contamination of other patients. There is the need to evaluate that staff is receiving updated information in the Emergency Room admission process ensuring correct telephone numbers are updated in the accounts for future patient contact.

Ms. Adrienne Rettig is requesting the deletion of Rettig Family Health Care indicator weekly monitoring of medication vials to ensure injection safety as this indicator has been consistently met at 100% for six months. This will continue to be monitored by the clinical staff to ensure compliance and maintaining injection safety. Ms. Rettig is requesting the addition of the indicator to ensure that the social security number is obtained from patients.

The motion was made by Mrs. Stanton to approve the quality improvement indicator changes for the Business Office and Rettig Family Health Care. The motion was seconded by Mr. Gray and unanimously approved.

COMPLIANCE OFFICER REPORT

The Compliance Committee met Wednesday, January 12, 2022.

There are no policy and procedure updates.

None of the Hospital associates are listed in the OIG Exclusion Database and none of the Hospital associates are listed with the Texas HHSC OIG.

An audit of 45 clinic charts were reviewed for completeness and accuracy and 100% of the charts were in compliance. A provider credentialing audit was performed to verify that all of the provider files contain all of the information required by regulation and 100% of the charts were in compliance. The chief of staff is not always signing off on charts reviewed by outside peer review. That step is being added to the peer review process. All charts reviewed for medical appropriateness will be signed by the chief of staff. The annual compliance program evaluation was completed. The plan is effective and there are no changes needed at this time.

Compliance information has been added to the annual skills training. Staff is educated on compliance hotline, HIPAA, incidental disclosures and reasonable precautions and culturally sensitive trauma informed care. Compliance officer met with Board of Directors for the annual evaluation of the chief executive officer. An audit tool for the annual evaluation of the Board of Directors has been prepared and was presented to the members of the Board for completion.

Compliance Risk Assessment Process-

- a. Completed Q3 – Develop Risk Assessment questions, compliance survey. Launch risk assessment process by sending Compliance Risk Assessment to all Hospital staff.
- b. Completed Q4 – Review and risk rank results of risk assessment and surveys. Develop internal audit plan, compliance monitoring plan and any action plans and present to Compliance Committee and Board of Directors for approval. Created scoring matrix and reviewed and rank results. Implemented corrective action as indicated.
- c. Q1- Launch Internal Audit plan, compliance monitoring plan and implement any action plans that have not already been implemented.
- d. Q2-Q4 – Conduct auditing and monitoring, implement action plans, assess action plans.
- e. Repeat cycle annually

There were no compliance complaints, investigation and remedial action this month.

A community needs assessment is being conducted at this time to survey and report the needs of the area the Hospital serves and to provide the opportunity for the Hospital to improve services. The assessment has been presented to various businesses and individuals in the community and has been added to the Hospital's website.

FINANCIAL REPORT

Mr. Michael Williams presented the Financial Report for the month ending November 30, 2021. Total inpatient revenues for the month of November were \$224,350.66 and the amount budgeted was \$325,410 which is 31.06% less than budget. The prior year inpatient revenues were \$185,297.16. Swingbed revenues for the month of November were \$265,243.86 and the amount budgeted was \$321,115 which is 17.40% less than budget. The prior year Swingbed revenues were \$323,748.60. Outpatient revenues for the month of November were \$4,436,774.26 and the amount budgeted was \$4,403,322 which is 0.76% more than budget. The prior year outpatient revenues were \$3,812,030.34. The total revenues for the month of November were \$6,158,875.51 and the amount budgeted was \$6,025,736 which is 2.21% more than budget. The prior year total revenues were \$5,039,276.79. Total revenue deductions for the month of November were \$3,348,625.04 and the amount budgeted was \$3,301,184 which is 1.44% more than budget. The prior year deductions from revenue were \$2,877,194.27. Expenses for the month of November were \$2,564,913.83 and the amount budgeted was \$2,307,862 which is 11.14% more than budget. The prior year expenses were \$2,065,967.15. The actual net operating profit for the month of November was \$245,336.64 and the amount of \$416,690 was budgeted which is 41.12% less than budget. The prior year net operating

profit was \$96,115.37. Special items affecting the profit and loss statement include recording Medicaid Dispro-Net receipts in the amount of \$35,204.72. The prior year Medicaid Dispro Net receipts were recorded in the amount of \$20,416.54. The net operating profit without the special item is \$210,131.92. A report of collections and expenses reflects that in the past twelve months collections total \$21,946,663.09 and expenses total \$25,155,122.48 and that 87.255% of Hospital expenses are covered by collections.

Mr. Williams presented the Financial Report for the month ending December 31, 2021. Total inpatient revenues for the month of December were \$345,086.37 and the amount budgeted was \$325,420 which is 6.04% more than budget. The prior year inpatient revenues were \$377,714.11. Swingbed revenues for the month of December were \$367,345.29 and the amount budgeted was \$321,085 which is 14.41% more than budget. The prior year Swingbed revenues were \$332,799.21. Outpatient revenues for the month of December were \$4,880,459.39 and the amount budgeted was \$4,403,447 which is 10.83% more than budget. The prior year outpatient revenues were \$4,128,456.75. The total revenues for the month of December were \$6,343,154.49 and the amount budgeted was \$6,025,841 which is 5.27% more than budget. The prior year total revenues were \$6,556,396.77. Total revenue deductions for the month of December were \$3,801,021.26 and the amount budgeted was \$3,301,184 which is 15.14% more than budget. The prior year deductions from revenue were \$3,521,567.03. Expenses for the month of December were \$2,069,126.50 and the amount budgeted was \$2,105,759 which is 1.74% less than budget. The prior year expenses were \$1,973,067.87. The actual net operating profit for the month of December was \$473,006.73 and the amount of \$618,898 was budgeted which is 23.57% less than budget. The prior year net operating profit was \$1,061,761.87. There were no special items affecting the profit and loss statement. A report of collections and expenses reflects that in the past twelve months collections total \$22,287,759.70 and expenses total \$25,251,181.11 and that 88.26% of Hospital expenses are covered by collections.

Mr. Williams stated that the audit and cost report will be progressing to the lead managers at BKD, LLP within the week. He added that management has started the single audit process and the Hospital is BKD's first client to do so.

CRITICAL ACCESS EVALUATION FYE 2021

A review of the Critical Access Program Evaluation for the period October 2020 through September 2021 was conducted. The evaluation was successful and the results are positive. Mr. Price and the managers were commended for their informational reporting. The motion was made by Mr. Gray, seconded by Mrs. Mackey and unanimously carried to approve the Critical Access Program Evaluation.

RURAL HEALTH PROGRAM EVALUATIONS FYE 2020

A review of the Rural Health Program Evaluation for the period October 2020 through September 2021 was presented for Family Medicine Center, Kosse Community Health Clinic and Rettig Family Health Care. The Clinic managers were commended for their compilation of the data reported. The motion was made by Mrs. O'Neal, seconded by Mrs. Mackey and unanimously carried to approve the Rural Health Program Evaluations.

LMC FOUNDATION REPORT

Mr. Price reported that the LMC Foundation members met on Monday, January 17, 2022. LMC Foundation members donated \$2,000 to underwrite the costs of the annual Employee Recognition Banquet and Awards Ceremony. The drawing was conducted for the Firman Portable Hybrid Series dual fuel generator. Mr. Murray Agnew held the winning raffle ticket. The raffle raised over \$7,000 in funds for LMC Foundation to purchase Hospital equipment. Photographs were taken of the Foundation members and Behavioral Health Program and Radiology Department staff and the equipment purchased by the Foundation.

ADMINISTRATIVE REPORT

Mr. Larry Price introduced Ms. Misty Hutchison, Interim Clinic Manager, Family Medicine Center.

The sale of Park Place Manor located in Belton was effective January 1, 2022. Mr. Monte Read, former Operating Officer, sold the facility to FourCooks Senior Care LLC. Change of Ownership documents for the Hospital District and FourCooks Senior Care were filed and the nursing home will remain in the Quality Incentive Payment Program (QIPP).

Reed, Claymon, Meeker & Hargett, PLLC has been awarded the prestigious Best Law Firm distinction from U.S. News & World Report for 2022.

Mr. Jim Miceli, Project Superintendent, for the Azuris Dialysis, has advised that the groundbreaking ceremony for Limestone County Dialysis Center is tentatively scheduled for Friday, February 11, 2022 from 1:00 p.m. to 1:30 p.m.

City of Kosse is participating in a grant to expand Kosse Community Health Clinic. Limestone Medical Center has indicated the willingness to provide equipment and staffing for the expanded areas as needed. If the grant application is successful, City of Kosse intends to double the size of the Clinic. The grant award is anticipated to be announced in March 2022.

On Tuesday, January 18, 2022, Mr. Price and Mrs. Brandy Kennedy met with staff from Advanced Pain Care, a pain management group that is looking for satellite clinic sites. Advanced Pain Care is hopeful of opening a surgical center in Waco and of seeing patients at Limestone Medical Center. A tour of the Hospital and Medical Arts Building was provided. Mr. Price recognized Mrs. Kennedy for making this contact on behalf of the Hospital. Advanced Pain Care is interested in leasing space and is considering the number of clinic days.

On Wednesday, January 19, 2022, Mr. Mike Thompson drove to Austin to receive 2,000 COVID home tests from Capital Area Trauma Regional Advisory Council (CATRAC) for Hospital employees. Today Mr. Thompson received another 1,000 COVID home tests.

Management is in receipt of additional COVID vaccine mandate information. There was general discussion concerning the Centers for Medicare and Medicaid Services (CMS) vaccine mandate and acceptable declinations.

Management has been advised to expect a significant increase in employee health insurance premiums at the time of renewal.

The annual employee recognition banquet will be held Saturday, February 19, 2022, at 5:00 p.m., at Central Baptist Church in Thornton.

Limestone Medical Center has received checks in the amount of \$5,000.48; \$4,566.21; \$5,846.30; \$5,985.72; \$8,647.58, \$3,629.50 and \$28,548.87 from SUNRx for the 340B program. For calendar year 2021, the Hospital has received the program profit amount of \$360,642.95

A retirement reception for Ms. Denise King will be held Wednesday, January 26, 2022 at 2:00 p.m. A farewell reception for Mrs. Sarah Wyatt will be held Thursday, January 27, 2022 at 2:00 p.m. Both receptions will be hosted in the Board Room.

ORDER GENERAL ELECTION FOR MAY 7, 2022

Board Positions 1, 2 and 5 are up for re-election in the general election to be held Saturday May 7, 2022. Position 1 is currently held by Mrs. Glenda O'Neal; Position 2 is currently held by Mr. Arnold Gray and Position 5 is currently held by Mr. Danny Hewitt. The first day to file for a place on the general election ballot was Wednesday, January 19, 2022. The last day to file for a place on the ballot is Friday, February 18, 2022. The motion was made by Mrs. Stanton to order a general election for May 7, 2022. The motion was seconded by Mr. Wilson and unanimously approved.

EXECUTIVE SESSION

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.074 of the Texas Government Code "Personnel Matters."

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.085 of the Texas Government Code "Governing Board of Certain Providers of Health Care Services."

SETTING OF NEXT REGULAR BOARD MEETING

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, February 22, 2022, at 3:00 p.m. in the Hospital's Board Room.

ADJOURN

There was no further business and the meeting adjourned at 4:22 p.m.

/s/
Glenda O'Neal
Secretary/Treasurer