

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

**MINUTES**

**August 30, 2022**

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**On this 30<sup>th</sup> day of August, 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.**

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**MEMBERS PRESENT**

Danny Hewitt  
Martha Stanton  
Arnold Gray  
Ken Wilson

**MEMBERS ABSENT**

Glenda O'Neal  
Jennifer Mackey

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Pam Armstrong  
Debbie Brewer  
Linda Chambers  
Shelton Chapman  
Staci Doyle  
Leeann Freeman  
Courtney Harryman  
Jennifer Haynie  
Misty Hutchison  
Emily Jones  
Brandy Kennedy  
Allec Lincoln  
Michelle Mullinnix  
Adrienne Rettig  
Melanie Richard  
Linda Rojas  
Tami Taylor  
Corey Tunnell  
Hope Wallace  
Julie Wilson  
Jean Wragge  
Kody Yerger, M.D.  
Robert York  
Cathy Knouse

### **CALL TO ORDER, ESTABLISH QUORUM AND EXCUSE ABSENTEES**

The meeting was called to order by Mr. Danny Hewitt at 3:06 p.m. A quorum was present.

The motion was made by Mr. Arnold Gray to excuse the absences of Mrs. Jennifer Mackey and Mrs. Glenda O'Neal. The motion was seconded by Mr. Kent Wilson and 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**

Mr. Hewitt reminded the directors that all employees are required to wear a simple mask or respirator when in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors). He continued by stating that all members of the Board of Directors will abide by the same requirements concerning masks as the employees.

Mr. Kent Wilson expressed his congratulations to the staff following the recent Texas Department of State Health Services hospital survey.

### **CORRESPONDENCE**

Mr. Kevin Reed, Ms. Jennifer Claymon and Mr. Robert Spurck have been honored for inclusion in the 2023 edition of The Best Lawyers in America for Health Care Law.

Quality improvement submissions from the patient satisfaction comments were reviewed along with Press Ganey inpatient Consumer Assessment of Healthcare Providers and Systems (HCAPS) survey outcomes.

Centers for Medicare and Medicaid Services (CMS) has approved Limestone Medical Center's BioVigil success story that was submitted to the Data Validation Audits (DVA). Texas Medical Foundation (TMF) Hospital Quality Improvement Initiative (HQIC) Limestone Hand Hygiene blog will be shared on the August 31, 2022 Quality Improvement Times.

Mrs. Jean Bosch wrote a note in appreciation for Mrs. Linda Anders and the information she provided concerning Hospital programs for children and adults diagnosed with autism at the Angels on the Porch book signing on Saturday, August 27, 2022.

### **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 Home Maintenance and Operations report, Nursing report, semi-annual Nurse Staffing Committee report, Plant Operations report, Rettig Family Health Care report and Inservice were presented. The motion was made by Mr. Gray, seconded by Mr. Wilson and carried to approve the consent agenda.

### **COMMITTEE REPORT**

On Thursday, August 25, 2022 the Finance Committee members met with management and departmental managers to review the proposed budgets for the new fiscal year beginning October 1, 2022. Each department manager presented the budget requirements as compiled during the individual meetings with Administration. The Board members commended the managers for being well-prepared and knowledgeable concerning their departments.

### **ADOPTION OF FY2023 HOSPITAL BUDGET**

Those present reviewed the summary profit and loss budget for fiscal year 2023. Capital equipment items requested total \$1,228,400 and include: golf cart/vehicle for the Maintenance Department in the amount of \$30,000; new domain controller for the IT Department in the amount of \$10,000; scope cabinet/reprocessor in the amount of \$84,000 for Specialty Clinic; a new ambulance in the amount of \$223,000 and a Stryker stretcher in the amount of \$25,000 for Emergency Medical Services; a ventilator in the amount of \$14,000, a PFT screening test machine in the amount of \$13,500 and blood gas machine in the amount of \$20,000 for the Respiratory Therapy Department; a treadmill in the amount of \$20,000 for Cardiopulmonary; Omnicell medication dispensing cabinets in the amount of \$245,000 for Pharmacy; DEXA bone density machine in the amount of \$80,000 for the Radiology Department; a refrigerator in the amount of \$5,700 for the Laboratory; an E-Stim machine in the amount of \$8,200 for Rehabilitation and Spacelabs Telemetry Monitoring System in the amount of \$450,000 for the Nursing Department.

The Finance Committee has recommended that the budget include providing all full-time employees up to a five percent (5%) salary increase at the discretion of Mr. Price and the department managers at the time of annual evaluation. Full time employees will also receive longevity pay at the rate of \$100 per year of most recent effective full time date.

The motion was made by Mrs. Martha Stanton to adopt the budget as presented for fiscal year 2023. The motion was seconded by Mr. Gray and unanimously approved.

### **DISCUSSION AND ACTION ON PROPOSED TAX RATE**

The members present reviewed the proposed 2022 tax rate calculation documents.

Last year's tax rate was set at \$0.3218. There was general discussion concerning the 2022 tax rate. The no new revenue tax rate is \$0.3087; and the voter approval tax rate is \$0.3696. If the no new revenue rate or a lower rate is proposed, the Board of Directors do not have to hold a public hearing. If a rate is proposed above the no new revenue rate the Board will only need to schedule one public hearing at the time of proposal. The Board may adopt the rate directly following the hearing. The notice of hearing must be published at least five days prior to the hearing. If a hearing is necessary and the Board chooses not to adopt the rate immediately following the hearing, there will be the need to schedule the adoption within seven days of the hearing date. The rate must be adopted no later than September 30, 2022.

The motion was made by Mr. Gray to propose the tax rate of \$0.3087/\$100 of property value. The motion was seconded by Mrs. Stanton and approved.

**VOTE**

The members of the governing body voted on the proposal to decrease the current tax rate of \$0.3218/\$100 of property value to the tax rate of \$0.3087/\$100 of property value as follows:

**For:** Danny Hewitt, Martha Stanton, Arnold Gray and Kent Wilson

**Against:** None

**Present and not voting:** None

**Absent:** Glenda O'Neal and Jennifer Mackey

**SET DATE AND TIME OF PUBLIC HEARING ON PROPOSED 2022 TAX RATE**

The proposed tax rate of \$0.3087/\$100 of property value does not exceed the notice and hearing limit.

**DISCUSSION AND ACTION ON POLICIES AND PROCEDURES**

Charity Care

The Charity Care policy is being updated to include the Sliding Scale Monthly Poverty Guidelines based on 21%

Indigent Care

The Annual 2022 Federal Poverty Guidelines are being updated.

Infection Control

COVID Policy

- Healthcare personnel should adhere to Standard and Special Contact/Droplet precautions when caring for a patient with confirmed or suspected COVID-19.
  - a. A facemask with or without use of a cloth masks to be used in conjunction with a medical grade simple mask is to be worn at all times while at work.
    - i. **EXCEPTION:** HCW that are fully vaccinated with a single does vaccine or have received both doses in a two dose series may choose to not wear a mask or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
    - ii. Special precautions should be made for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission or who have:
      - 1. Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
      - 2. Had [close contact](#) (patients and visitors) or a [higher-risk exposure](#) (HCP) with someone with SARS-CoV-2 infection for

10 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or

3. Have [moderate to severe immunocompromise](#); or
  4. Have otherwise had source control and physical distancing recommended by public health authorities; this is required to be reported to infection control.
- b. All employees are required to wear a simple mask or respirator when in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).

#### Medical Records

The Discharge Summary Policy is being amended to add the requirements of the Attending Physician for dictation when transferring a patient into the care of Hospice from a hospital stay.

#### Physical, Occupational and Speech Therapy

The Discharge Summary policy is being updated with current procedures for patients being discharged from rehabilitation services but remain in the Hospital.

The Reassessment of Therapy Patients policy is being updated with current procedures for outpatient new prescriptions when there is a change in functional status or the re-evaluation form must be completed prior to continuation of therapy

The Physical Therapy treatment Provided for Inmates policy is being updated to provide for designated areas of treatment in the therapy gym.

The Plan of Treatment for Outpatient Rehabilitation policy is being updated to provide for e-forms located in the downtime procedures.

The Soft Tissue Mobilization policy is being updated with current techniques.

The Facility Profile is being updated with current staff and department information.

The Evaluation of Observation Patients policy is being updated with current Morse Fall Scale scoring.

The Screening for Rehabilitation policy was reviewed.

The Consent Forms policy was reviewed.

The Informed Consent policy was reviewed.

The Patient Registration and Consent for Insurance policy was reviewed.

The Risk Management for PT, OT and ST policy was reviewed.

The Staff Termination Responsibilities policy was reviewed.

The Clinical Supervision policy was reviewed.

The Aide Orientation and Training Checklist policy was reviewed.

The Required Clinical Documentation policy was reviewed.  
The Documentation Guidelines II policy was reviewed.  
The Documentation Guidelines III policy was reviewed.  
The Documentation Guidelines IV Special Tests The Ankle policy was reviewed.  
The Documentation Guidelines V Special Tests The Shoulder policy was reviewed.  
The Documentation Guidelines VI Progression of Patients policy was reviewed.  
The Speech-Language Treatment of Minors policy was reviewed.

#### Rettig Family Health Care

- *Policy 101 Health Services*
  - Updated Hours of Operation to reflect current hours
- *Policy 201 Cleaning Schedule*
  - removed that windows will be washed annually
- *Policy 202 Exposure Control Plan*
  - Took out all information and put a statement referring to LMC Infection Control Policy as they have policies covering all exposure control aspects
- *Policy 202a Hepatitis Consent Form*
  - Removed as it is no longer listed as an attachment in the exposure control plan
- *Policy 203 Failure of Essential Services*
  - Changed location from GLTC to FMC for where we would take refrigerated contents in the event of a lengthy power outage
- *Policy 204 Hazardous Material Right to Know*
  - Removed all references to OSHA as we do not fall under OSHA regulation
- *Policy 205 Medical Waste Plan*
  - Removed reference to OSHA as we do not fall under OSHA regulation
- *Policy 206 Pest Control*
  - Updated pest control company
- *Policy 207 Physical Plan and Environment*
  - Added that state and local personnel inspection reports shall be accessible for review within Limestone Medical Centers Environmental Services Department.
  - Removed sentence stating that lawn care was done on a subcontracted basis.
  - Removed sentence stating that an electrician will be contracted annually to check ground fault interrupters and cords.
- *Policy 208 Preventive Maintenance*
  - Changed medical assistant to clinical staff when listing who inspected equipment prior to each use
- *Policy 302a Organizational Chart*
  - Updated to include all current staff
- *Policy 406a Authorization for Consent*

- Removed policy as we would not allow a minor to be seen without a parent or guardian present
- *Policy 408 Emergency Care*
  - Changed “Heimlich Maneuver” to Abdominal Thrust
- *Policy 408a Emergency Care*
  - Updated crash cart list
- *Policy 409 Established Patient*
  - Added statement that if a patient has been seen in the past three years but has since changed providers, they have to be re-accepted prior to being able to schedule an appointment
- *Policy 409a Consent to Treat*
  - Updated signature portion of the consent form to reflect the current consent form being used
- *Policy 412 Work In*
  - Created this policy to define our work-in policy
- *Policy 506 Stool Occult Blood*
  - Changed policy to reflect that these specimens are taken to LMC to be tested
- *Policy 506a Stool Occult Blood Log*
  - Removed as Stool Occult Blood is no longer a test done at the clinic
- *Policy 511 Rapid RSV Testing*
  - Added policy as this is a test done in house at the clinic
- *Policy 511a RSV Quick Reference Instructions*
  - Added policy stating how to perform the rapid RSV testing
- *Policy 603a Informed Consent Form*
  - Updated informed consent form
- *Policy 613 Universal Precautions*
  - Changed OSHA form reference to reference Texas DSHS website
  - Removed reference to exposure control plan
- *Policy 616 Patient Transportation*
  - Re-worded the first sentence to read that the clinic would arrange for patient transport when medically necessary, rather than stating the clinic would transport patients when medically necessary
- *Policy 617 Incident Reporting*
  - Added verbiage to show we report incidents through The Safety Net online reporting system
- *Policy 617a Incident Report Form*
  - Removed as it is no longer used
- *Policy 801 Advisory Committee*
  - Changed advisory committee review from biennially to annually

- Removed sentence stating the advisory committee reviewed program improvement plans – these are a part of our participation with LMC’s QI program
  - Removed sentence stating the advisory committee reviewed patient satisfaction surveys – we do not have patient satisfaction surveys
- *Policy 802 Corporate Compliance Plan*
  - Removed policy procedure portion and put reference to LMC’s Corporate Compliance Plan
- *Policy 803 Amending the Corporate Compliance Plan*
  - Removed
- *Policy 804 Quality Assessment*
  - Changed to Policy 803 since 803 was removed
  - Changed to state we participate in LMC’s QI program
- *Policy 1001 Nondiscrimination Policy*
  - Removed sentence stating we provide written information in audio, electronic, and other formats
  - Removed sentence stating we will provide written information in other languages
  - Added reference to the Language Line
- *Policy 1005 Grievance Procedure Policy*
  - Removed sentence stating that we would provide interpreters, taped cassettes, etc...
- *Policy 1006 Limited English Proficiency Policy*
  - Changed to refer to LMC’s Language Line Policy
- *Policy 1006a Language Interpreter Form*
  - Removed – with staff changes possible at any time, who we have qualified to interpret is a fluid situation
- *Policy 1007a Sign Language Interpreter Form*
  - Removed – we have no staff who is a qualified sign language interpreter
- *Policy 1008 Program Accessibility*
  - Removed that we provide assistive and communication aids to deaf, hard of hearing, and blind individuals
  - Removed that we provide off-street parking for handicap individuals
  - Updated list of handicap accessible areas of the clinic

#### Emergency Plan

- *901 Program Description*
  - Changed to be reviewed annually instead of biennially
- *Attachment D: Organizational Chart*
  - Updated to include all current staff
- *Attachment E: External Contacts*
  - Updated TDEM Coordinator



- Updated Texas Commission on Environmental Quality Executive Director
- *Attachment F: Notification Call List*
  - Updated to include all current staff
- *Attachment I: Exercise Documentation*
  - Updated drill list
- *Attachment Id: Active Shooter After Action Report*
  - Added to reflect the 2022 Table Top Drill

The members of the Board examined each policy and procedure and the motion was made by Mr. Wilson to approve the revisions to the Charity Care, Indigent Care, Infection Control, Medical Records, Physical, Occupational and Speech Therapy and Rettig Family Health Care policies and procedures. The motion was seconded by Mr. Gray and unanimously approved.

#### **DISCUSSION AND ACTION ON APPOINTMENT OF PATIENT SAFETY OFFICER**

Ms. Julie Wilson has replaced Ms. Staci Doyle as Safety/Risk Manager and it was requested that Ms. Wilson be officially appointed to this position. The motion was made by Mr. Wilson, seconded by Mrs. Stanton and approved to appoint Ms. Julie Wilson as Safety/Risk Manager.

#### **QUALITY, RISK AND REGULATORY DISCUSSION AND ACTION**

The August 10, 2022 minutes of the Quality Assurance and Performance Improvement Committee and the Risk Management/Safety Committee were reviewed. The Quality Assurance and Performance Improvement Committee has approved the requests for indicator changes submitted by Business Office, Infection Control and Nursing. Ms. Wilson commented that staff is using the online occurrence reporting effectively which allows for trending.

#### **COMPLIANCE OFFICER REPORT**

There are no policy and procedure updates and none of the Hospital associates are listed on the Office of the Inspector General (OIG) exclusion database or Texas Health and Human Services Commission (HHSC) OIG data base.

There were 20 inpatient charts reviewed for completeness and accuracy. All were documented, coded and billed appropriately. Mr. Gordon Lee's chart review for documentation is 100%.

There were only four minor deficiencies noted in the Texas Department of State Health Services hospital survey. Plans of correction have been initiated. Two of the issues have been added indicators for monitoring through the quality assessment and performance improvement program. Optum conducted a survey of the Behavior Health Program. There were only minor deficiencies noted in human resources files. The issue is in the process of being corrected.

The providers were educated concerning the difference between CPT codes for Hepatitis B pregnant and non-pregnant patients. Most of the South Limestone Hospital District Board and the Compliance officer attended 2022 Texas Healthcare Trustee Health Care Governance virtually in the Hospital Board Room. During the post survey managers' meeting staff was educated on deficiencies and near misses. Corrective actions have been put in place in all areas.

One complaint from an employee that was a patient at the time was received. After further discussion and a day had passed the complaint was withdrawn. The patient said they had found out more information about the issue and felt they may have over reacted. Issue was discussed with department manager to remind staff that all patient conversations heard while they are on their cell phones are private. No further action needed.

A 340B compliance review was conducted and 100% of claims reviewed were in compliance. The 340B second sight report has been uploaded to 340Besp website for review.

There were no issues reported with regard to price transparency compliance.

### **HOSPITAL BOARD ORIENTATION VIDEO PRESENTATION**

The Texas Healthcare Trustees 2022 Healthcare Governance Conference was hosted July 28-30, 2022. During that conference, Mr. Kevin Reed and Mr. Fletcher Brown, Hospital Attorneys, Reed, Claymon, Meeker & Hargett, PLLC provided the Hospital Board Orientation. The directors in attendance viewed “Ten Things Successful Boards Do” from that presentation.

### **DISCUSSION AND ATTESTATION THAT NO PHYSICIANS HAVE ANY OWNERSHIP OF HOSPITAL**

As part of the conditions of participation for Critical Access Hospitals, Limestone Medical Center must attest that none of the physicians or any members of their families have ownership in the Hospital. The motion was made by Mr. Gray, seconded by Mr. Wilson and approved that the Board of Directors do hereby attest that no physicians on staff or their immediate family members have any ownership of the Hospital.

### **INVESTMENT REPORT**

The South Limestone Hospital District invested funds report was presented by Mr. Michael Williams. The Hospital has a total of \$52,326,199.88 invested in texpools and certificates of deposit as of July 31, 2022. Currently the Hospital has three texpool accounts, two for the general fund and one for the ambulance. The Hospital has five certificates of deposit in terms of 12 months or less. It was noted that interest rates are increasing. The year-to-date interest is calculated beginning with the first day of the Hospital’s fiscal year October 1. The Hospital is in compliance with its investment strategy and the Public Funds Investment Act.

### **DISCUSSION AND ACTION ON APPROVED BROKERS FOR PUBLIC FUNDS INVESTMENT ACT COMPLIANCE**

A list of approved brokers is required for the investment of public funds. Morgan Stanley, Wells Fargo Advisors, Merrill Lynch, Ameriprise and Edward Jones are recommended as approved brokers for the Hospital. Other brokers can be added to the list as the need arises to do business with a brokerage firm. The motion was made by Mrs. Stanton to approve the brokerage firms on the list of approved brokers. The motion was seconded by Mr. Gray and approved.

## **FINANCIAL REPORT**

Mr. Michael Williams presented the Financial Report for the month ending July 31, 2022. Total inpatient revenues for the month of July were \$286,900.44 and the amount budgeted was \$325,100 which is 11.75% less than budget. The prior year inpatient revenues were \$449,564.19. Swingbed revenues for the month of July were \$405,920.41 and the amount budgeted was \$320,685 which is 26.58% more than budget. The prior year Swingbed revenues were \$143,686.66. Outpatient revenues for the month of July were \$4,382,376.57 and the amount budgeted was \$4,401,409 which is 0.43% less than budget. The prior year outpatient revenues were \$4,899,278.03. The total revenues for the month of July were \$5,817,815.95 and the amount budgeted was \$6,023,083 which is 3.41% less than budget. The prior year total revenues were \$6,746,066.90. Total revenue deductions for the month of July were \$3,621,786.19 and the amount budgeted was \$3,301,184 which is 9.71% more than budget. The prior year deductions from revenue were \$4,046,557.16. Expenses for the month of July were \$2,111,162.47 and the amount budgeted was \$2,231,268 which is 5.38% less than budget. The prior year expenses were \$2,128,025.29. The actual net operating profit for the month of July was \$84,867.29 and the amount of \$490,631 was budgeted which is 82.70% less than budget. The prior year net operating profit was \$571,484.45. 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 \$22,265,698.86 and expenses total \$26,049,033.62 and that 85.48% of Hospital expenses are covered by collections.

## **DISCUSSION AND ACTION ON NURSING HOME MANAGEMENT AGREEMENT**

Transition Health managers of the Briarcliff Health Center and Chandler Nursing Center nursing homes are requesting an amendment to the management agreement. The motion was made by Mr. Wilson, seconded by Mrs. Stanton to table this matter until the next meeting or a special called meeting. Mr. Gray opposed the motion indicating his desire for Mr. Price to handle the amendment negotiations. It was agreed that Mr. Price will convey the decision to table action at this time. The motion carried.

## **LMC FOUNDATION REPORT**

The LMC Foundation met Monday, August 15, 2022. LMC Foundation members discussed plans for the upcoming fundraiser. LMC Foundation members approved the additional purchase of SciFit Pro 2 and boots, hydraulic work table, parallel bars, parallel bars balance beam, Hydracollator-Hydra Therm Moist Heat Therapy and PhysioTrainer Pro and hydraulic table for Rehabilitation and the Stryker Ob/Gyn stretcher for Nursing.

## **ADMINISTRATIVE REPORT**

In July Limestone Medical Center's 340B Program profit was \$23,832.76.

Texas Mutual has provided the Hospital with a safety group dividend in the amount of \$3,467.17.

Texas Mutual has awarded the 2022 Safety Grant and the Hospital has received \$1,500. The grant monies will be used to purchase wet floor signs for use in the facilities and an automated external defibrillator (AED) for Respiratory Therapy.

*Groesbeck Journal* has published the Best of the Best in Groesbeck and Limestone Medical Center received recognition as best hospital, best employer, best doctor - Sissie Roark, FNP, best customer service – Family Medicine Center, best nurse – Rachel Thornton, best clinic staff at Family Medicine Center – Rosa Gonzalez, best EMT – Catlin Samuels and best paramedic – Catlin Samuels.

Management has responded with the plans of correction following the Texas Department of State Health Services (TDSHS) hospital survey. A separate CMS/TDSHS survey team will present in the future to review COVID-19 mandates. That review will include policies, signage and vaccine records. A hand written COVID-19 staff status for providers report will include the staff members name, direct facility hire, title, position, assigned work area, partially vaccinated, completely vaccinated, booster dosage, pending or granted medical exemption, pending or granted non-medical exemption, temporary delay per CDC/new hire and not vaccinated without exemption/delay. It is anticipated that the survey team will review a portion of the vaccine exemption forms on file for the Hospital and Clinics. Surveyors will go to departments to see if employees are adhering to the policies and wearing masks. It is not known at this time if this survey will be scheduled or unscheduled.

Optum conducted a survey of the Behavior Health Program on Tuesday, August 2, 2022. The program scored 98 and is being re-credentialed for three years. Mr. Price recognized Mrs. Linda Chambers for her program leadership.

GE Healthcare Breast Imaging Roadshow stopped at Limestone Medical Center on Monday, August 8, 2022. Staff had the opportunity to tour the truck containing GE's newest breast imaging equipment. There was general discussion concerning 2-D and 3-D mammography platforms and the cost of the equipment. Facilities that provide mammograms are held accountable to Texas Department of State Health Services and American College of Radiology rules and regulations. GE Healthcare currently provides a mobile unit in the Dallas/Fort Worth area, but not in the rural communities.

On Friday, August 12, 2022, the Emergency Room physician was required to travel to Waco in the ambulance with a patient. Mr. Price recognized Jeffrey Rettig, D.O. for covering the Emergency Room during that time.

Management has signed a contract with Goldfish Medical Staffing for the recruitment of a physician to work at Family Medicine Center. Ms. Kim Sullivan, recruiter, visited with management on Friday, August 26, 2022, and toured the Hospital and Clinic. She then met with Ms. Kara McLelland, realtor.

Lochridge-Priest notified management on Thursday, August 25, 2022, that Roof Top Unit -1 and RTU-6 would be scheduled for installation on Monday, August 29, 2022. These units service the Nursing Department and Specialty Clinic. Portable cooling units were provided for each occupied patient room during the installation.

Creative Solutions currently manages the nursing home Villa Toscana at Cypress Woods, located at 15015 Cypress Woods Medical Drive, Houston, Texas. Creative Solutions has requested the assignment and amendment of Sublease between South Limestone Hospital District to West Wharton County Hospital District effective Thursday, September 1, 2022.

The environmental review for Kosse Community Health Clinic is almost complete. The environmental team is just awaiting the Phase I ESA to be completed. The Phase I firm cannot be engaged until an administrative contract is in place. A draft contract is being prepared to submit to City of Kosse. Once the administrative contract is fully executed, a notice to proceed can be issued and subcontracted to the Phase I firm already chosen to perform the work. It is expected that Phase I will be completed in the next four to five, with the request to release funds to be submitted in mid to late October. There is not an updated timeline at this time. A milestone schedule will be included in the state contract.

The annual employee picnic will be held Saturday, September 10, 2022, from 11:00 a.m. to 4:00 p.m. at Thornton Community Center. This event is hosted and sponsored by the Hospital Employee Recreation Committee.

#### **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"

#### **EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District entered into Executive Session at 5:15 p.m.. This closed session is held pursuant to Section 551.085 of the Texas Government Code "Governing Board of Certain Providers of Health Care Services".

#### **RETURN TO REGULAR SESSION**

The Board of Directors adjourned from closed session at 5:43 p.m. and returned to open session. There was no action.

#### **SETTING OF NEXT REGULAR BOARD MEETING**

The next regular meeting of South Limestone Hospital District Board of Directors was set for Tuesday, September 27, 2022, at 3:00 p.m. in the Hospital's Board Room.

#### **ADJOURN**

There was no further business and the meeting adjourned at 5:45 p.m.

\_\_\_\_\_/s/  
Danny Hewitt  
President