

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

**MINUTES**

**January 30, 2024**

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**On this 30<sup>th</sup> day of January, 2024 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  
Glenda O'Neal  
Arnold Gray  
Tyrell Hobbs  
Kent Wilson

**MEMBERS ABSENT**

None

**OTHERS PRESENT**

Larry Price  
Michael Williams  
Natasha Noel  
Shelton Chapman  
Courtney Harryman  
Misty Hutchison  
Brandy Kennedy  
Allec Lincoln  
Michelle Mullinnix  
Adrianne Rettig

Sissie Roark  
Linda Rojas  
Corey Tunnell  
Hope Wallace  
Robert Walters  
Lonah Walters  
Julie Wilson  
Jean Wragge  
Robert York  
Cathy Knouse

**CALL TO ORDER, ESTABLISH QUORUM**

The meeting was called to order by Mr. Danny Hewitt at 3:00 p.m. A quorum was present.

**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**

Mrs. Lonah Walters addressed the Board of Directors concerning the Hospital's Motor Vehicle Accidents policy and procedures. Mrs. Walters conveyed the recent experience that she and Mr. Robert Walters had in the Emergency Room. Mrs. Walters requested that consideration be given reviewing this policy and especially for individuals with insurance to wait until insurance denies or pays the claim before filing a lien. Mr. Walters expressed his appreciation to Mr. Larry Price for responding to their concerns. Mr. Walters recognized Mr. Mike Thompson for immediately sending a radio transmission to alert the emergency response teams about the accident. Mr. and Mrs. Walters expressed their appreciation for having the opportunity to speak to the Board and for the review of the policy and procedures. They added that everyone was very nice to them.

### **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**

Mr. Arnold Gray received the Congressional Veteran Commendation and was recognized Monday, November 11, 2023 by Representative Pete Sessions.

Christmas cards were received from Hospital departments namely Business Office, Environmental Services, IT, Medical Records, Nursing Informatics, Pharmacy and Rettig Family Health Care.

A note was received from Ms. Margarita Sanchez commending the doctor and the care she received at Limestone Medical Center.

A letter was received from Ms. Susan Green expressing her appreciation for Laboratory employee, Mrs. Judy Taylor, phlebotomist.

Kosse Community Health Clinic staff received a Christmas gift from Mr. and Mrs. Dale Carpenter expressing appreciation and happy holidays.

A Christmas card was sent from Ms. Sabrina Gilbert to the Emergency Room staff for the wonderful care that was provided during a very scary time.

A letter was received from Mrs. Elizabeth Swick's family expressing appreciation for the care provided to Mrs. Swick.

A letter was received from Ms. Sandra Blanton expressing appreciation for the Emergency Room doctors and Mr. George Black, R.N. who treated her.

Ms. Amy Eskew, Chief Executive Officer and President, Texas Healthcare Trustees, has written to congratulate Danny Hewitt for successfully completing the renewal of his Certified Healthcare Trustee designation. He will serve as a certified trustee from February 20, 2024 through February 19, 2027.

**PRESENTATION OF INFORMATION CONCERNING LMC FOUNDATION FUNDRAISER**

Mrs. Sharon Fredriksson did not attend the meeting.

**CONSENT AGENDA ITEMS**

The Board minutes, Accounts Receivable report, Family Medicine Center report, Infectious Disease report, Kosse Community Health Clinic report, Marketing report, Medical Staff minutes, Nursing Home Maintenance and Operations report, Nursing report, Physician Credentialing Committee minutes, Plant Operations Report, Rettig Family Health Care report, Rucker Clinic report and Inservice were presented. Motion was made by Mr. Arnold Gray, seconded by Mrs. Glenda O'Neal and carried to approve the consent agenda.

**AUTHORIZE RESOLUTION SUPPORTING MAINTAINING OF THE LEVEL IV TRAUMA DESIGNATION**

A resolution supporting the maintaining of the Level IV trauma designation was reviewed and Mr. Kent Wilson made the motion to adopt this resolution:

BE IT RESOLVED that the Board of Directors do hereby fully support to maintain the Level IV Trauma Designation for Limestone Medical Center. The trauma performance improvement program is under the direction of the Trauma Medical Director as delegated by the Medical Staff. The trauma service has the authority to monitor all events that occur during trauma related care.

The motion was seconded by Mr. Gray and was approved. By resolution the Board of Directors fully support action to maintain the Level IV trauma designation.

**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” Various changes were made reflecting codes that were renamed and description for auditing reasons.

- “Employee Billing for Medical Services” In the best interest Of South Limestone Hospital District Changes were made to policy stating effective March 1<sup>st</sup>, 2024 all insurance claims for employees will be billed and employees will be responsible for any co-pays and or deductibles. Employee will be allowed to enroll in payroll deduction. Various discounts may be given as offered to all patients.
- “Quality Assurance” changes were made to state that QAPI findings will be reported according to the QAPI policy and procedure. Any indicator change request will be presented to the QAPI coordinator for approval.

#### Emergency Room

The Sexual Assault Forensic Exam policy and procedures are being updated to comply with Senate Bill 1401 relating to the rights of victims of sexual assault and to certain procedures and reimbursements occurring with respect to a sexual assault or other sex offense. In addition the policy and procedures are updated with provisions for pediatric patients.

#### Family Medicine Center

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

#### Medical Records

Discharge Summary policy and procedures are being updated to reflect that all inpatients must have a Discharge Summary completed by the physician who discharged the patient within 48 hours of patient discharge.

#### Quality Improvement

There are no changes to the Quality Improvement policies and procedures

#### Quality Improvement Program

The Limestone Medical Center Quality Improvement Plan has been updated for 2024 to comply with standards and guidelines established. The program serves as the foundation of the commitment of the Hospital to continuously improve the quality of the treatment and service provided.

#### Records Retention

There are no changes to the Records Retention policies and procedures

#### Specialty Clinic

The Specialty Clinic Endoscope Drying and Storage Cabinet policy and procedures are being added.

The Swingbed Coordination policy and procedures have been updated with current verbiage.

The Swingbed provider list has been updated.

There are no changes to the CHF Clinic policies and procedures

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

The members of the Board examined each policy and procedure and the motion was made by Mr. Tyrell Hobbs to approve the revised and existing policies and procedures as presented. The motion was seconded by Mr. Wilson and approved.

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

The January 10, 2024 minutes of the Quality Improvement Committee and the Patient Safety/Risk Management/Workplace Violence Committee were presented and reviewed. All departments were required to submit the Specific, Measurable, Achievable, Relevant and Time bound (SMART) worksheet for all the indicators identified for the first quarter of 2024. Departments will submit written quality assessment and performance improvement (QAPI) reports on a quarterly basis according to the established schedule. All department managers successfully completed the required QAPI indicator and SMART worksheet training in December. A call was made to Groesbeck police to assist with a patient. Staff members were educated on the use of the panic button. Signage has been posted in the Hospital according to the Senate Bill that addresses workplace violence. There was one patient fall in the Emergency Room, one inpatient fall and one fall in the Business Office. All three were isolated incidents.

### **COMPLIANCE OFFICER REPORT**

There are no policy and procedure updates.

None of the Hospital associates are listed in the Office of Inspector General (OIG) Exclusion Database and none of the Hospital associates are listed with the Texas Health and Human Services Commission OIG.

Chart audits conducted include 100 clinic charts and there were no problems noted. Mr. Jeremy Molnar, Cyber Trust Alliance, introduced the CEBA software program to track compliance with HIPAA security and privacy rules. The Hospital has purchased this program through Texas Organization of Rural and Community Hospitals (TORCH) and has contracted for the performance of a HIPAA Gap Analysis. This analysis will provide a baseline and identify areas that require attention. Plans are in process to begin transferring Hospital policies and procedures to this platform. An environmental risk assessment was conducted December 15-20, 2023 and there were no issues identified.

All department managers signed off on receiving individual training regarding the QAPI program and tools to assist with developing meaningful indicators. The new employee orientation packet was revised in November. The annual employee skills fair was completed in January.

A CPSI programming error was discovered whereby the system attempted to display incorrect Clinic narrative document in the patient portal of a different patient at another facility. This is actively being investigated and a final report will be provided by CPSI to Hospital management. Wellcare Informed identified an insurance concern.

A review of the 340B Program reveals 100% compliance of the claims reviewed. The 340B second sight report has been uploaded to 340Besp website for review. The Health Resource and Services Administration (HRSA) audit of the 340B Program was successful and the audit paperwork is being submitted to Office of Pharmacy Affairs for review. A final report is forthcoming. A contract has been executed with FORVIS for the performance of the 340B audits. The main issue identified in that audit is the need to add verbiage to the split billing policies. Wellcare by Allwell requested copies of a patient's medical record in response to a complaint concerning an Emergency Room visit. The Emergency Room manager and medical director reviewed the information and there were no issues identified.

Mrs. Julie Wilson attended a webinar recently regarding machine readable file templates and formatting.

### **FINANCIAL REPORT**

Mr. Williams presented the Financial Report for the month ending November 30, 2023. Total inpatient revenues for the month of November were \$222,752.87 and the amount budgeted was \$293,174 which is 24.02% less than budget. The prior year inpatient revenues were \$213,947.85. Swingbed revenues for the month of November were \$203,960.10 and the amount budgeted was \$256,975 which is 20.63% less than budget. The prior year Swingbed revenues were \$228,191.69. Outpatient revenues for the month of November were \$5,656,334.27 and the amount budgeted was \$5,130,413 which is 10.25% more than budget. The prior year outpatient revenues were \$4,706,877.57. The total revenues for the month of November were \$7,656,631.80 and the amount budgeted was \$6,679,015 which is 14.64% more than budget. The prior year total revenues were \$6,011,257.73. Total revenue deductions for the month of November were \$3,846,535.11 and the amount budgeted was \$4,040,753 which is 4.81% less than budget. The prior year deductions from revenue were \$3,308,656.28. Expenses for the month of November were \$2,300,111.05 and the amount budgeted was \$2,346,111 which is 1.96% less than budget. The prior year expenses were \$2,247,806.73. The actual net operating profit for the month of November was \$1,509,985.64 and the amount of 292,151 was budgeted which is 416.85% more than budget. The prior year net operating profit was \$454,794.72. Special items affecting the profit and loss statement include recording Medicaid Dispro-Net receipts in the amount of \$284,413.88. The prior year Medicaid Dispro Net receipts were recorded in the amount of \$177,047.78. The net operating profit without the special item is \$1,225,571.76. A report of collections and expenses reflects that in the past twelve months collections total \$25,279,270.84 and expenses total \$27,119,752.51 and that 93.21% of Hospital expenses are covered by collections.

Mr. Williams presented the Financial Report for the month ending December 31, 2023. Total inpatient revenues for the month of December were \$456,375.45 and the amount budgeted was \$293,412 which is 55.54% more than budget. The prior year inpatient revenues were \$491,303.02. Swingbed revenues for the month of December were \$295,954.42 and the amount budgeted was \$257,005 which is 15.16% more than budget. The prior year Swingbed revenues were \$254,909.97. Outpatient revenues for the month of December were \$5,524,895.20 and the amount budgeted was \$5,130,828 which is 7.68% more than budget. The prior year outpatient revenues were \$4,306,904.39. The total revenues for the month of

December were \$7,533,902.48 and the amount budgeted was \$6,679,698 which is 12.79% more than budget. The prior year total revenues were \$6,016,448.31. Total revenue deductions for the month of December were \$3,985,770.38 and the amount budgeted was \$4,040,753 which is 1.36% less than budget. The prior year deductions from revenue were \$3,380,293.33. Expenses for the month of December were \$2,519,205.37 and the amount budgeted was \$2,363,063 which is 6.61% more than budget. The prior year expenses were \$2,209,029.25. The actual net operating profit for the month of December was \$1,028,926.73 and the amount budgeted was \$275,882 which is 272.96% more than budget. The prior year net operating profit was \$427,125.73. There were no special items that affected the profit and loss statement. A report of collections and expenses reflects that in the past twelve months collections total \$25,906,784.59 and expenses total \$27,429,928.63 and that 94.45% of Hospital expenses are covered by collections.

#### **DISCUSSION AND ACTION ON PURCHASE OF GOLF CART FOR FMC**

The golf card currently being used by Family Medicine Center for staff and patient transports has reached end of life for safely transporting patients. Management is requesting approval to purchase a 2023 AE Advent 4 passenger black golf cart. This golf cart is larger than the one presently being used and has enclosure capability. The cost of the golf cart is \$13,100. The motion was made by Mr. Gray, seconded by Mr. Wilson and approved to purchase the 2023 AE Advent four passenger black golf cart for use at Family Medicine Center.

#### **CRITICAL ACCESS EVALUATION FYE 2023**

A review of the Critical Access Program Evaluation for the period October 2022 through September 2023 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 Mrs. O'Neal, seconded by Mrs. Martha Stanton and carried to approve the Critical Access Program Evaluation.

#### **RURAL HEALTH PROGRAM AND MEDICAL CLINIC EVALUATIONS FYE 2023**

A review of the Rural Health Program Evaluations for the period October 2022 through September 2023 was conducted for Family Medicine Center, Kosse Community Health Clinic and Rettig Family Health Care. A review of the Medical Clinic Evaluation for same time period was conducted for Rucker Clinic. The Clinic managers were commended for their compilation of the data reported. The motion was made by Mr. Hobbs, seconded by Mr. Wilson and unanimously carried to approve the Rural Health Program and Medical Clinic Evaluations.

Swaim-Gause-Rucker Foundation has received a bid to renovate the science building that Mart Independent School District donated to the Foundation to relocate the Rucker Clinic. Renovation of the science building will include sewer improvements and new HVAC system. The Waco office of Women, Infants and Children (WIC) is interested in leasing space in the science building when renovated. The indigent care program in McLennan County is also interested in leasing space in the science building.

The roof on the existing clinic building leaks when it rains and it is in need of repair. Cen-Tex Roof Systems patched the roof but the roof needs to be replaced.

### **LMC FOUNDATION REPORT**

Mr. Price reported that the LMC Foundation members met on Monday, January 22, 2024. The Foundation members were photographed with one of the new trauma stretchers purchased for the Emergency Room. LMC Foundation members donated \$3,500 to underwrite the costs of the annual Employee Recognition Banquet and Awards Ceremony. LMC Foundation members are planning to host a cash raffle fundraiser in April. Foundation members hope to sell 250 tickets for \$100 apiece. There will be the option to purchase \$30 insurance on the tickets. The event will be held at Groesbeck Convention Center with a meal for two individuals and games. Stretch tickets will be sold.

### **ADMINISTRATIVE REPORT**

Mark G. Goss, M.D., general surgeon, visited with Mr. Price and Mrs. Leeann Freeman on Wednesday, December 20, 2023. Dr. Goss is interested in conducting surgical clinics at Limestone Medical Center. Mr. Mark Massey, Parkview Regional Hospital interim Chief Executive Officer will meet with Mr. Price and Mrs. Freeman on Thursday, February 1, 2024.

Change of Ownership for two Fundamental Properties nursing homes namely Terra Bella Health and Wellness Suites in Houston and Crimson Heights Health & Wellness in Humble became effective January 1, 2024.

The Health Resource and Services Administration (HRSA) audit of the 340B Program was conducted Monday and Tuesday, January 8-9, 2024 and was very successful. Mr. Price recognized Mrs. Julie Wilson for her hard work. The surveyor stated that Mrs. Wilson is an exceptional driving force for the 340B Program, he recognized Ms. Hope Wallace who has done an excellent job and Ms. Veronica Alonso who has also done an excellent job performing the in house audits.

The COLA survey was conducted in the Laboratory on Monday, January 9, 2024, and achieved two year certification renewal. The surveyor completed the inspection in one day. This is a testimony to the Laboratory staff to have completed this survey in one day. The surveyor conveyed to Mr. Price that Laboratory staff is doing an excellent job.

Mr. Price reported concerning the progress of the TORCH vaccine grant. Grant funds are being utilized to purchase equipment and supplies for the Rural Health Clinics.

Mrs. Julie Wilson received notification from Centers for Medicare and Medicaid on Friday, January 12, 2024, that Rucker Clinic will qualify as a Rural Health Clinic.

Change of Ownership for Gulf Coast LTC Partners nursing home Panola County Nursing and Rehabilitation in Carthage became effective January 15, 2024. The Hospital District now owns 22 nursing homes.



The contractors working on the expansion of Kosse Community Health Clinic caused some damages that Hospital maintenance crew members had to repair. The construction company was billed for these services and parts and has reimbursed the Hospital.

Eight Hospital beds that were no longer being utilized were sold to Windsor Healthcare Residence. These beds are no longer needed as new beds were purchased for the Hospital with grant funds.

Kody Yerger, M.D. worked his last day at Family Medicine Center yesterday. Eduardo Gonzalez-Fernandez, M.D. will be joining Limestone Medical Center in August. Christian Jacobsen, M.D. has expressed his interest in working in the Limestone Medical Center Emergency Room beginning in six months.

Emergency Medical Services will undergo a compliance survey on Tuesday, February 6, 2024.

Limestone County Dialysis Center is now complete. The first phase of certifying the facility has been completed. Kidney 360 team members will soon begin the hiring process for this facility. A ribbon cutting ceremony will be scheduled.

#### **AUTHORIZE RESOLUTION SUPPORTING SAFE READY FACILITIES PROJECT GRANT**

Ms. Sissie Roark provided the Board of Directors with information concerning the Sexual Assault Forensic Exam (SAFE) Ready Facilities FY 2024 grant application. Ms. Roark conveyed management's request to apply for the grant in order to purchase needed equipment namely an examination table, colposcope and hand held camera for the program and continuing education for the staff to maintain certification.

**WHEREAS**, the Board of Directors of Limestone Medical Center finds it in the best interest of the citizens of Freestone, Limestone, McLennan and Robertson Counties that the SAFE Ready Facilities Project be operated for the Fiscal Year 2024; and

**WHEREAS**, the Board of Directors agrees that in the event of loss or misuse of the Criminal Justice Division funds, the Board of Directors assures that the funds will be returned to the Criminal Justice Division in full.

**WHEREAS**, the Board of Directors designates the Chief Executive Officer as grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency.

**NOW THEREFORE, BE IT RESOLVED** that the Board of Directors approves submission of the grant application for the SAFE Ready Facilities Project to the Office of the Governor, Criminal Justice Division

The motion was made by Mr. Gray seconded by Mr. Wilson and approved to authorize the resolution supporting the SAFE Ready Facilities Project Grant.

**DISCUSSION OF 2024 ELECTION FOR BOARD POSITIONS 3, 4, 6 AND 7 AND ORDER ELECTION**

South Limestone Hospital District Board of Directors Positions 3, 4, 6 and 7 are expiring this year. Currently Mr. Tyrell Hobbs holds Hospital District Position 3, Mrs. Martha Stanton holds Hospital District Position 6 and Mr. Kent Wilson holds Hospital District Position 7. Hospital District Position 4 is currently vacant. The motion was made by Mr. Gray, seconded by Mrs. O’Neal and approved to authorize the order for general election, the notice of the election and naming Herbert D. “Danny” Hewitt, President, and Mrs. Cathy Knouse, Administrative Assistant, as agents for the election.

**EXECUTIVE SESSION**

The Board of Directors of South Limestone Hospital District did not enter into Executive Session pursuant to Section 551.071 of the Texas Government Code “Consultation with Attorney.”

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 27, 2024, at 3:00 p.m. in the Hospital’s Board Room.

**ADJOURN**

There was no further business and the meeting adjourned at 4:30 p.m.

\_\_\_\_\_/s/  
Glenda O’Neal  
Secretary/Treasurer