



# Agenda

## Mangum City Hospital Authority

### January 27, 2026 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on January 27, 2026, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### **CALL TO ORDER**

#### **ROLL CALL AND DECLARATION OF A QUORUM**

#### **CONSENT AGENDA**

*The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.*

1. Approve December 16, 2025, regular meeting minutes as present.
2. Approve November 2025 Medical Staff Meeting Minutes
3. Approve December 2025 Medical Staff Meeting Minutes
4. Approve December 2025 Clinic Report.
5. Approve November 2025 Quality Meeting Minutes
6. Approve December 2025 Quality Meeting Minutes
7. Approve December 2025 CCO Report.
8. Approve December 2025 CEO Report.
9. Approve the following forms, policies, appointments, and procedures previously approved on 1/15/2026 by Quality Committee and on 1/22/2026 by Medical Staff

Discussion and Possible Action to Approve the Policy and Procedure: MRMC-IV Line Management

Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Oklahoma Physician Orders for Life-Sustaining Treatment (POLST) Form

Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Information for Patients and Their Families- Your Medical Treatment Rights Under Oklahoma Law

Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Indwelling Urinary Catheter Insertion/Removal Protocol

Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Advance Directives Policy

Discussion and Possible Action to Approve the Policy and Procedure: MRMC- Foley Catheter Line Insertion/Removal Policy  
Discussion and Possible Action to Approve the MRMC Blood Product Administration Policy.  
Discussion related to HIM Delinquencies-none to report.

## **FURTHER DISCUSSION**

### **REMARKS**

*Remarks or inquiries by the audience not pertaining to any item on the agenda.*

### **REPORTS**

- [10.](#) Financial Report for December 2025

### **OTHER ITEMS**

- [11.](#) Discussion and Possible Action to Approve the Master Affiliation Agreement Between Oklahoma Baptist University and Mangum Regional Medical Center
- [12.](#) Discussion and Possible Action to Approve the Meraki Quote 37803 for a new access point for wireless connectivity with Port53 Technologies
- [13.](#) Discussion and Possible Action to Approve the Meraki Quote 37894 for a new 48-port switch with license with Port53 Technologies
- [14.](#) Discussion and Possible Action to Approve Amendment No.3 to 340B Contract Pharmacy Services Agreement with Puckett Discount Drug
- [15.](#) Discussion and Possible Action to Approve the MRMC 2026 Budget
16. Discussion and Possible Action to Approve Meghan Smith as the MRMC Infection Preventionist
17. Discussion and Possible Action to Approve Mark Chapman as the MRMC Safety Officer
18. Discussion regarding the Big Beautiful Bill (Information Only)

### **EXECUTIVE SESSION**

19. Discussion and possible action to enter into executive session for the review and approval of medical staff privileges/credentials/contracts for the following providers pursuant to 25 O.S. § 307(B)(1):
  - Credentialing
    - DIA Schedule 1 List of Providers 01/2026
  - Re-Credentialing
    - David Arles, APRN-Courtesy Privileges

**OPEN SESSION**

20. Discussion and possible action in regard to executive session.

**EXECUTIVE SESSION**

21. Discussion and possible action to enter into executive session for the review and approval of discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law pursuant to 25 O.S. § 307(B)(7):

- Trizetto Provider Solutions-Security Data Breach

**OPEN SESSION**

22. Discussion and possible action in regard to executive session.

**STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, Hospital CEO, City Attorney or Hospital Employees*

**NEW BUSINESS**

*Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)*

**ADJOURN**

*Motion to Adjourn*

Duly filed and posted at 12:30 p.m. on the 22nd day of January 2026, by the Secretary of the Mangum City Hospital Authority.

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*Brittany McClintock Secretary*



# Minutes

## Mangum City Hospital Authority Session

### December 16, 2025 at 5:30 PM

City Administration Building at 130 N Oklahoma Ave.

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*The Trustees of the Mangum City Hospital Authority will meet in regular session on December 16, 2025, at 5:30 PM, in the City Administration Building at 130 N. Oklahoma Ave, Mangum, OK for such business as shall come before said Trustees.*

#### CALL TO ORDER

Chairman Vanzant called the meeting to order at 5:30 p.m.

#### ROLL CALL AND DECLARATION OF A QUORUM

##### PRESENT

Trustee Michelle Ford  
Trustee Carson Vanzant  
Trustee Lisa Hopper  
Trustee Ronnie Webb

##### ABSENT

Trustee Cheryl Lively

#### CONSENT AGENDA

*The following items are considered to be routine and will be enacted by one motion. There will be no separate discussion of these items unless a Board member (or a community member through a Board member) so requests, in which case the item will be removed from the Consent Agenda and considered separately. If any item involves a potential conflict of interest, Board members should so note before adoption of the Consent Agenda.*

For item 3, trustee Ford stated that the Nurse Practitioner having the whole month off is excessive.

Motion to approve the consent agenda as presented.

Motion made by Trustee Webb, Seconded by Trustee Vanzant.

Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

1. Approve November 18, 2025, regular meeting minutes as presented
2. Approve October 2025 Medical Staff Meeting Minutes
3. Approve November 2025 Clinic Report
4. Approve October 2025 Quality Meeting Minutes
5. Approve November 2025 CCO Report
6. Approve November 2025 CEO Report
7. Discussion related to HIM Delinquencies-none to report

## FURTHER DISCUSSION

None.

## REMARKS

*Remarks or inquiries by the audience not pertaining to any item on the agenda.*

None.

## REPORTS

### 8. Financial Report for November 2025

The average daily census for the month was 7.7. That's down 2 days from October and 2 days from the year-to-date monthly average. The acute payer mix for November is 85% for Medicare and Medicare Managed Care with the prior month being 71%. The swing bed payer mix for November was 84% for Medicare and 16% for Medicare Managed care. The year-to-date for Medicare is 78% and Medicare Managed Care is 20%. The operating loss for November was \$164,000, which is down \$88,000 from October. The year-to-date operating margin is a loss of \$325,000. Net patient revenue was \$1.2 million for the month, which is a decrease of \$270,000 from last month and an decrease of \$231,000 from the year-to-date monthly average. 340B revenue was \$12,000 for November and expenses were \$9,000. Operating expenses were at \$1.38 million for November, which is down \$200,000 from the prior month and down \$111,000 from the year-to-date monthly average. Patient days for November were at 231. That's down 61 days from October. Cash receipts for the month were \$2.05 million. That's an increase of \$437,000 from the year-to-date monthly average and a decrease of \$230,000 from October. Cash disbursements were at \$1.3 million. Cash balance at the November month end was \$2.2 million giving us about 48 days of cash on hand. We received \$822,000 from our 2025 8-month IRR which is why that so high right at the end of November. On December 1<sup>st</sup> we paid down Cohesive AP right about the same amount. The clinic average daily visits were 9 The year-to-date revenue for the clinic is \$534,000. Operating \$828,000 with a year-to-date net loss of \$209,000.

## OTHER ITEMS

### 9. Discussion and Possible Action to Approve a carport proposal for the Strong Minds Van.

It was stated that they were looking for grants for this but right now is the reward time. There are possibilities for grants, but they don't open back up until April or May of next year. It was stated that they are still working on quotes there is a gentleman from Mangum he does the weld up so there will be a quote for that. We have also reached out to a contractor here also, but he stated that he does not do car ports. Mr. Martinez stated that he has also reached out to another company and they will be coming up to give a quote as well. It was stated that there will be 3 quotes presented at the next meeting. Chairman Vanzant questioned if they could just make a vote to try to get this approved without the other quotes because he is weary that the 2025 prices will not be good next month. The agenda item was voted down last month.

Motion to approve the previous month's quote from the company in Blair.

Motion made by Trustee Vanzant, Seconded by Trustee Ford.  
 Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper  
 Voting Nay: Trustee Webb

There were concerns that they should still wait for the other quotes and how to go about going back on the approval.

A motion was made to strike the first vote.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

A motion was made to authorize Kelley Martinez to accept the best and most reasonable bid that does not exceed \$6,000.

Motion made by Trustee Webb, Seconded by Trustee Vanzant.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

### **STAFF AND BOARD REMARKS**

*Remarks or inquiries by the governing body members, Hospital CEO, City Attorney or Hospital Employees*

Kelley has an update on lab damage they have received three quotes to repair the lab, two local gentlemen and one company out of Texas that has worked with cohesive. As soon as the bids come in, they will be sent to the insurance company, and the insurance company will decide who they are going to hire.

### **NEW BUSINESS**

*Discussion and possible action on any new business which has arisen since the posting of the Agenda that could not have been reasonably foreseen prior to the time of the posting (25 O.S. 311-10)*

No new business.

### **ADJOURN**

*Motion to Adjourn*

Motion to adjourn at 6:02 p.m.

Motion made by Trustee Vanzant, Seconded by Trustee Hopper.  
Voting Yea: Trustee Ford, Trustee Vanzant, Trustee Hopper, Trustee Webb

Duly filed and posted at **3:00 p.m. on the 12th day of December 2025**, by the Secretary of the Mangum City Hospital Authority.

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*Carson Vanzant, Chairman*

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*Brittany McClintock, Interim City Clerk*

Mangum Regional Medical Center  
Medical Staff Meeting  
Thursday  
November 20, 2025

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director  
Laura Gilmore, MD  
Absent:  
Guest:

ALLIED HEALTH PROVIDER PRESENT

Mary Barnes, APRN-CNP  
David Arles, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO  
Chelsea Church, PharmD  
Nick Walker, RN, CCO  
Meghan Smith, RN – Infection Control  
Denise Shaw, RN – Quality  
Chasity Howell, RN – Utilization Review  
Karli Banker, LPN – Drug Tech

1. Call to order
  - a. The meeting was called to order at 12:37 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the October 23, 2025, Medical Staff Meeting were reviewed.  
**i.Action:** Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
  - a. None.
4. Report from the Chief Executive Officer
  - o Operations Overview -  
Roof has been completed.
  - o Room remodeling is continuing.

- Looking at clinic collections for October, we collected a total of \$576.36 up from \$314.00 at time of service.
- Hospital upfront collections were at \$985.00 for the month of October down from \$1,190.20 in September.
- Patient rounds continue to provide positive feedback on patient care
- We continue to look for new revenue streams for the hospital.
- We did 15 patients transports with the Strong Minds van: 4 for the program, 5 for outpatient wound care, 2 to Dr Office, 1 for outpatient radiology, 1 transport from the ER to home, and 2 back to the nursing home.
- We are meeting with ARC Architecture about Lab/OR renovations.
- We are awaiting Koontz roofing to come to the facility and complete the awning repair.
- We have planned a Soup Kitchen Day on Wednesday for the Community during the Government Shutdown.
- We took donations from staff for meal bags for people in need, we raised enough money for 25 meal bags.
- We are planning what we call the MRMC 2025 Toy Run. This is where we are taking donations from staff and others to buy gifts for kids and place under our Christmas Tree and a parent can come to the hospital and get a gift for their child. Written report remains in the minutes.

## 5. Committee / Departmental Reports

### a. Medical Records –

#### 1. September – ER – 150 ER all notes completed

OBS – 2 OBS note completed

Acute – 15 Acute all notes completed

SWB – 23 SWB all notes completed

All notes were completed according to Hospital By Laws.

Written report remains in the minutes.

### b. Nursing

#### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Skills Fair 2025 underway with-it scheduled October 14-16 with a phenomenal turn out!
- MRMC Emergency Department reports 2 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).

- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 0 HAI, and 0 MDRO for the month of October, 2025.

#### Client Service

- Total Patient Days for September 2025 were 290. This represents an average daily census of 9.
- October 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 29 Antigen) with 1 positive.

#### Preserve Rural Jobs and Culture Development

- One-PM House Supervisor RN position is open.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

#### c. Infection Control –

- Old Business
    - a. None
  - New Business
    - a. N/A
  - Data:
    - a. N/A
  - Policy & Procedures Review:
    - a. Completed July, 2024
  - Education/In Services
    - a. Skills fair to be completed October 14<sup>th</sup> – 16<sup>th</sup>
  - Updates: None at this time.
  - N95 Fit Tests – 4: N95 Fit Test
    - Annual Items:
      - a. Construction Risk Assessment - ICRA completed for OR to Lab conversion. Submitted to state by K. Martinez, CEO. No start date on this project at this time. Roof has been completed. ICRA for June 2024 completed.
      - b. Linen Services – No issues reported with new linen company.
- Written report remains in minutes.

#### d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans
  - i.i. Old Business - -
    - a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.

- b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.
- c. Stained ceiling tile throughout facility from leaking roof – Replacement Started 9-15-2025.
- d. Damaged wall and ceiling in X-Ray due to leaking roof – Repaired 9-15-2025 --- Ready for paint.
- e. Damaged ceiling in OR2 due to leaking roof.
- f. Stained Ceiling tile in x-ray control room and office area due to leaking roof. – Complete 9-15-2025
- g. New Hope Roof – Leak in Physical Therapy office after hail storm.
- h. New Hope Window - - Window in south end of lobby broken from hail storm. – Replacement Ordered.
- i. Ceiling in CT area damaged due to leaking room.- Repaired 9-15-2025 - -- Ready for Paint.
- i.i.i. New Business
  - a. Remove Velcro strips from data drops and replace with zip ties.
  - b. Temperature Log on blanket warmer not current.
  - c. Camera Outside Pharmacy not working.
  - d. Alarm system and panic button for Pharmacy needing installed.
  - e. Opened items in Kitchen Pantry need the date it was opened written on packaging --- Complete 10-06-2025.

Written report remains in the minutes.
- e. Laboratory
  - i. Tissue Report – No tissue report for the month of October, 2025.
  - i.i. Transfusion Report – Approved
 

Written report remains in minutes.
- f. Radiology
  - i. There was a total of – 220 X-Rays/CT/US
  - i.i. Nothing up for approval
  - i.i.i. Updates:
    - o Update completed on X-Ray Room
    - o PM was completed on CT and Xray Room

Written report remains in minutes.
- g. Pharmacy
  - i. Verbal Report by Clinical Pharmacist
  - i.i. P & T Committee Meeting –
 

The next P&T Committee Meeting will be held December, 2025.
  - i.i.i. Lorazepam injectable is on national backorder and is unavailable to order. Will ask the providers to save lorazepam for seizure treatment only. Please use oral lorazepam or diazepam Injectable for anxiety/agitation.
 

At this time, Lorazepam IV and Demerol IV are unavailable.
  - i.v. Reviewing Policies & Procedures to be presented at a later date.

Written report remains in the minutes.

- h. Physical Therapy
  - i. No report.
- i. Emergency Department
  - i. No report
- j. Quality Assessment Performance Improvement
  - Risk Management
    - Grievance – 0
    - Fall with no injury – 1
    - Fall with minor injury – 0
    - Fall with major injury – 0
    - Death – 2
    - AMA/LWBS – 0-In Pt – 3 ER AMA -  
1 OBS – 1 SWB
  - Quality – Minutes are in the minutes of Medical Staff Meeting.
  - HIM – ED discharge instructions - Compliance  
100% - D/C Note Compliance  
100% - Progress Notes  
100% - ED DC Instructions  
100% - ED Provider Dx
  - Med event – 1
  - After hours access was – 54

Written report remains in the minutes.

- k. Utilization Review
  - i. Total Patient days for August: 419
  - i.i. Total Medicare days for August: 293
  - i.i.i. Total Medicaid days for August: 18
  - iv. Total Swing Bed days for August: 357
  - v. Total Medicare SB days for August: 275

There wasn't a report for this month.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for October, 2025.

## 6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: MRMC: – Patients Rights and Responsibilities
  - i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: Patients Rights and Responsibilities..
- bReview & Consideration of Approval of Policy & Procedure: MRMC – OB Emergency Medication Chart



Mangum Regional Medical Center  
Medical Staff Meeting  
Thursday  
December 18, 2025

MEMBERS PRESENT:

John Chiaffitelli, DO, Medical Director  
Laura Gilmore, MD  
Absent:  
Guest:

ALLIED HEALTH PROVIDER PRESENT

Mary Barnes, APRN-CNP  
David Arles, APRN-CNP

NON-MEMBERS PRESENT:

Kelley Martinez, RN, CEO  
Nick Walker, RN, CCO  
Meghan Smith, RN – Infection Control  
Chasity Howell, RN – Utilization Review  
Lynda James, LPN – Drug Tech

1. Call to order
  - a. The meeting was called to order at 12:47 pm by Dr. John Chiaffitelli, Medical Director.
2. Acceptance of minutes
  - a. The minutes of the November 20, 2025, Medical Staff Meeting were reviewed.  
**i.Action:** Dr. Chiaffitelli, Medical Director, made a motion to approve the minutes.
3. Unfinished Business
  - a. None.
4. Report from the Chief Executive Officer
  - o Operations Overview -  
Roof has been completed.
    - o Patient room remodeling continues
    - o Looking at clinic collections for November, we collected a total of \$416.44 up from \$575.36 at time of service.

- Hospital upfront collections were at \$827.00 for the month of November down from \$985.00 in October.
- We did 12 patient transports with the Strong Minds van: 2 for the program, 4 for outpatient wound care, 1 to Dr Office, 3 for outpatient radiology, 1 transport from the hospital to home, and 1 back to the nursing home.
- We met with ARC Architecture, and they are working on plans for the lab renovation, second site visit is scheduled for 12/5/2025.
- Hospital awning repair is completed.
- We will take donations for our first toy drive at MRMC up until 12/10/2025 and then we plan on handing presents out on 12/18/2025
- As of January 6, 2026, providers will be doing rounds on Swing Bed patients three times a week; Tuesday, Thursday and Saturday.
- We are also getting quotes from area contractors for repair work on our current lab that was struck by a vehicle. Written report remains in the minutes.

## 5. Committee / Departmental Reports

### a. Medical Records –

#### 1. September – ER –

OBS -

Acute –

SWB -

All notes were completed according to Hospital By Laws.

There wasn't a report for November, 2025.

### b. Nursing

#### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Nurse meeting held November 19<sup>th</sup>.
- MRMC Emergency Department reports 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 0 contaminated blood culture set(s).
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 0 HAI, and 0 MDRO for the month of November, 2025.

#### Client Service

- Total Patient Days for November 2025 were 231. This represents an average daily census of 8.
- November 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 12 Antigen) with 0 positive.

Preserve Rural Jobs and Culture Development

- One-AM and PM House Supervisor RN position is open. Multiple interviews held for AM position.
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.

Written report remains in minutes.

c. Infection Control –

- Old Business
    - a. None
  - New Business
    - a. N/A
  - Data:
    - a. N/A
  - Policy & Procedures Review:
    - a. Completed July, 2024
  - Education/In Services
    - a. N/A
  - Updates: None at this time.
  - N95 Fit Tests – 5: N95 Fit Test
    - Annual Items:
      - a. Construction Risk Assessment - ICRA completed for OR to Lab conversion. Submitted to state by K. Martinez, CEO. No start date on this project at this time. Roof has been completed. ICRA for June 2024 completed.
      - b. Linen Services – No issues reported with new linen company.
- Written report remains in minutes.

d. Environment of Care and Safety Report

- i. Evaluation and Approval of Annual Plans
  - i.i. Old Business - -
    - a. Chrome pipe needs cleaned and escutcheons replaced on hopper in ER – could not replace escutcheons due to corroded piping in wall – capped off leaking pipe under the floor to stop leak – hopper will be covered – remodel postponed.—Talked to contractor 10-4-2025 about cover for hopper – contractor measured and is making quote for cover.
    - b. ER Provider office flooring needing replaced. Tile is onsite.- remodel is postponed.

- c. Stained ceiling tile throughout facility from leaking roof – Replacement Started 9-15-2025.
- d. Damaged wall and ceiling in X-Ray due to leaking roof – Repaired 9-15-2025 – Ready for paint.
- e. Damaged ceiling in OR2 due to leaking roof.
- f. New Hope Roof – Leak in Physical Therapy office after hail storm.
- g. New Hope Window - - Window in south end of lobby broken from hail storm. – Replacement Ordered. Complete 10-27-2025
- h. Ceiling in CT area damaged due to leaking room.- Repaired 9-15-2025 - -- Ready for Paint.
- i. Remove Velcro strips from data drops and replace with zip ties.
- j. Temperature Log on blanket warmer not current.
- k. Camera Outside Pharmacy not working.
- l. Alarm system and panic button for Pharmacy needing installed.
- i.i.i. New Business
  - a. Regulator on reserve oxygen manifold has small leak and needs replaced.

Written report remains in the minutes.

- e. Laboratory
  - i. Tissue Report – No tissue report for the month of November, 2025.
  - i.i. Transfusion Report – No transfusion report for November, 2025.  
Written report remains in minutes.
- f. Radiology
  - i. There was a total of – 168 X-Rays/CT/US
  - i.i. Nothing up for approval
  - i.i.i. Updates:
    - o No updates

Written report remains in minutes.
- g. Pharmacy
  - i. Verbal Report by Clinical Pharmacist
  - i.i. P & T Committee Meeting –  
The P&T Committee Meeting was held on Tuesday, December 23, 2025.
  - i.i.i. Lorazepam injectable is available for order.  
Demerol IV is unavailable.
  - i.v. Reviewing Policies & Procedures to be presented at a later date.  
Written report remains in the minutes.
- h. Physical Therapy
  - i. No report.
- i. Emergency Department
  - i. No report

- j. Quality Assessment Performance Improvement
- Risk Management
    - Grievance – 1
    - Fall with no injury – 2
    - Fall with minor injury – 0
    - Fall with major injury – 0
    - Death – 2
    - AMA/LWBS – 2-In Pt – 1- ER AMA -  
OBS – SWB
  - Quality – Minutes are in the minutes of Medical Staff Meeting.
  - HIM – ED discharge instructions - Compliance  
100% - D/C Note Compliance  
100% - Progress Notes  
97% - ED DC Instructions  
100% - ED Provider Dx
  - Med event –
  - After hours access was –
- Written report remains in the minutes.

- k. Utilization Review
- i. Total Patient days for September: 350  
Total Patient days for October: 290
  - i.i. Total Medicare days for September: 308  
Total Medicare days for October: 236
  - i.i.i. Total Medicaid days for September: 2  
Total Medicaid days for October: 0
  - iv. Total Swing Bed days for September: 319  
Total Swing Bed days for October: 247
  - v. Total Medicare SB days for September: 288  
Total Medicare SB days for October: 212
- Written report remains in the minutes.

Motion made by Dr. John Chiaffitelli, Medical Director to approve Committee Reports for October, 2025.

#### 6. New Business

- a. Review & Consideration of Approval of Policy & Procedure: MRMC: –  
Oklahoma Physician Orders for Life-Sustaining Treatment (POLST) Form  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC:  
Oklahoma Physician Orders for Life Sustaining Treatment (POLST) Form.
- b. Review & Consideration of Approval of Policy & Procedure: MRMC Information for  
Patients and Their Families – Your Medical Treatment Rights Under Oklahoma Law  
**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the  
MRMC – Information for Patients and Their Families – Your Medical Treatment  
Rights Under Oklahoma Law.

c. Review & Consideration of Approval of Policy & Procedure: MRMC – Indwelling Urinary Catheter Insertion/Removal

**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC: - Indwelling Urinary Catheter Insertion/Removal Protocol.

d. Review & Consideration of Approval of Policy & Procedures: MRMC – Advance Directives Policy

**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC - Advance Directives Policy.

e. Review & Consideration of Approval of Policy & Procedures: MRMC – Foley Catheter Line Insertion/Removal Policy

**i.Motion:** made by John Chiaffitelli, DO, Medical Director, to approve the MRMC - Foley Catheter Line Insertion/Removal Policy.

7, Adjourn

a, Dr Chiaffitelli made a motion to adjourn the meeting at 1:15 pm

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Medical Director/Chief of Staff

Date



# Clinic Operations Report

Mangum Family Clinic

December 2025

Monthly Stats	December 24	December 25
Total Visits	166	214
Provider Prod	93	172
RHC Visits	166	192
Nurse Visits	0	2
Televisit	0	0
Swingbed	15	28

Provider Numbers	RHC	TH	SB
Ogembo	186		
Sanda	28		
Chiaffitelli			28

Payor Mix	
Medicare	81
Medicaid	65
Self	7
Private	61

Visits per Geography	
Mangum	162
Granite	22
Altus	6
Duke	

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Visits	187	183	183	210	205	176	177	218	218	200	145	214	2316

**Clinic Operations:**

- Clinic was closed for Christmas.
- Clinic did not have a provider on 12/26/2025.
- Dr. Sanda was on PTO two of his normal scheduled days.

**Quality Report:**

Improvement Measure	Actual	Goal	Comments
Reg Deficiencies	1	0	Missing HIPAA form
Patient Satisfaction	6	5	4—Excellent; 2—Good
New Patients	22	10	Impressive
No Show	6.48%	<12%	33 No Shows for the month
Expired Medications	0	0	None noted.

**Outreach:****Summary :**

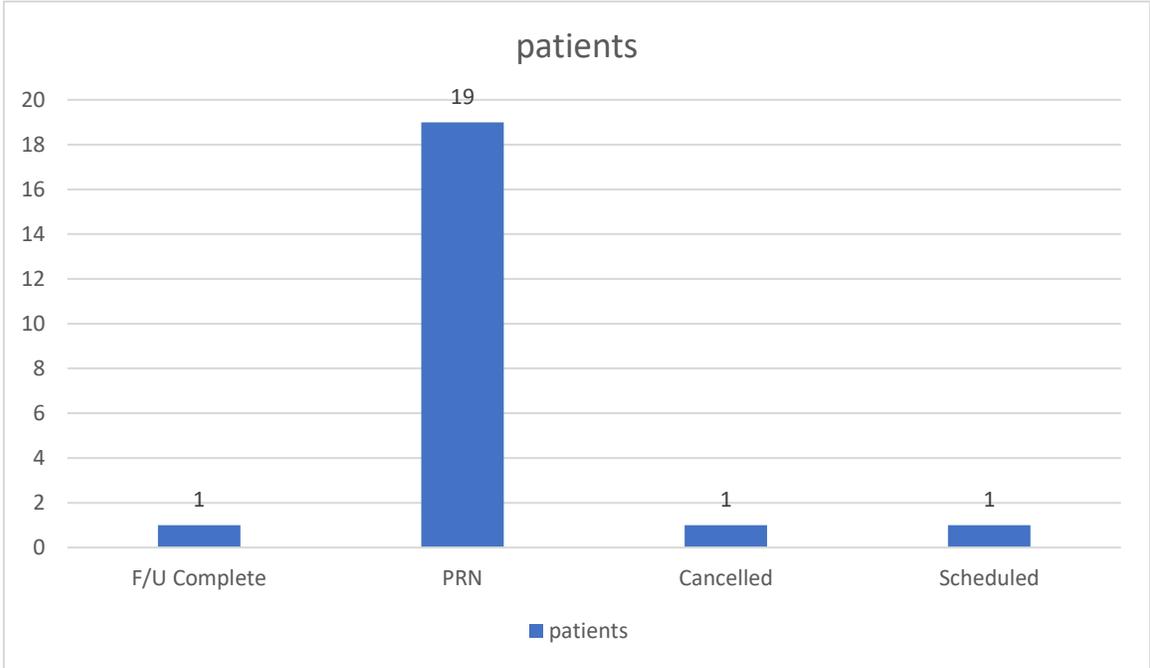
MFC looks forward to the new year and looks forward to assessing and implementing service lines to accommodate our patient's healthcare needs.

*"You love, you serve, and you show people you care. It's the simplest, most powerful, greatest, success model of all time." Joe Gordon.*

# MANGUM FAMILY CLINIC

## NEW PATIENT TRACKING

### DECEMBER 2025



**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2025 and Meeting Minutes for Nov 2025**

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

<b>Meeting Location: OR</b>	<b>Reporting Period: Oct 2025</b>	
<b>Chairperson: Dr Gilmore</b>	<b>Meeting Date: 11/13/2025</b>	<b>Meeting Time: 14:00</b>
<b>Medical Representative: Dr Gilmore</b>	<b>Actual Start Time: 1400</b>	<b>Actual Finish Time: 1436</b>
<b>Hospital Administrator/CEO: Kelley Martinez</b>	<b>Next Meeting Date/Time: tentatively 12/11/2025 @ 14:00</b>	

**Mission: To provide our Mangum community and surrounding counties with convenient, gold-standard “dependable and repeatable” patient care, while assisting and supporting all their medical healthcare needs.**

*\* Items in blue italics denote an item requiring a vote*

<b>I. CALL TO ORDER</b>				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Call to Order	QM	<b>1 min</b>	Called to order at 1400	Approval: First – Treva , Second– Meghan
<b>II. COMMITTEE MEETING REPORTS &amp; APPROVAL OF MINUTES</b>				

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Nov 2025 and Meeting Minutes for Nov 2025**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee 1. <i>Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – Oct 2025	Approval: First – Tonya, Second – Treva
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Oct 2025	Approval: First – Tonya, Second – Dr G
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – Oct 2025	Approval: First – Jessica, Second – Tonya
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – None Next P&T – Dec 2025/Jan 2026	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Meeting Minutes – Oct 2025	Approval: First – Nick, Second – Tonya
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Sept/Oct 2025	Approval: First – Pam, Second – Jessica Approval: First – Pam, Second – Jessica

**III. DEPARTMENT REPORTS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Blood utilization – 8 Code Blue – 1, unsuccessful resulting in patient expiring  restraint - 0	Nurse meeting scheduled for 11/19/2025
B. Radiology	Pam Esparza	2 min	2 repeats for the month, both had clipped anatomy repeated with no further issues	PM completed 10/28/25 Xray system updated – 10/27/2025 State License renewed – 10/05/2025
C. Laboratory	Tonya Bowan	8 min	51 – repeated labs, 51 were critical results	Machine mantaince completed this month

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			ID now taken out of service, BD vector for flu/covid and strep put Inservice	
D. Respiratory Care	Heather Larson	<b>2 min</b>	0 vent day 19 neb changes	No resp issues for this reporting period
E. Therapy	Chrissy Smith	<b>2 min</b>	Total # of Sessions Performed 207 -PT 157 -OT 0 -ST Improved Standard Assessment Scores: 9 - PT 9 - OT 0 - ST	Out patient remains busy
F. Materials Management	Waylon Wigington	<b>2 min</b>	4 back orders - (Ultrasound Probe Covers, Telfa 8x3, Alligator Forceps, 10mL Syringe (LAB))  0 late orders  0 Recalls	
G. Business Office	Desarae Clinesmith	<b>2 min</b>	DL – 72% Cost Share – 62%	BOM and CEO to discuss trend noted with missing data.
H. Human Resources	Stephanie Hughes	<b>2 min</b>	Director out – will defer until next month	
I. Environmental Services	Mark Chapman	<b>2 min</b>	100% terminal room cleans	

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J. Facility/Plant Operations	Mark Chapman	2 min	24 extinguishers checked  1 boiler checks  1 generator/transfer switch inspection  15 – filter checks  6 egress inspections	Boiler on for the season, no issues  No noted issues with inspections/check for the reporting period
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	One employee out for medical related issues
L. Information Technology	Desirae Galmore	2 min	Back up battery for lab completed Cubes – putting in new access point due to not staying connected to internet	New corporate IT director began in Sept
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min	Director out – will defer until next month	

**IV. OLD BUSINESS**

**V. NEW BUSINESS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See policy/procedures below  **Policy Review email sent out 11/05/2025, Review due 12/01/2025 - requires provider feedback**	

**VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	AMA – 3 (2 inpt/1ER)  1.) Inpt – Patient to the ER with c/o, admitted to inpatient care for treatment	1.) Provider was notified and Risks/benefits were discussed with patient as well as the need for ongoing treatment for symptom management (provider

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			<p>. Kept NPO, with IV fluids and meds. During the first night patient demanded to leave.</p> <p>2.) Inpt - Pt admitted to SBW on via the ER for dx. pt decided that they were feeling better and wanted to go home, pt called family to pick them up and family arrived to the facility to pick up patient. Patient remained adamant that they wanted to go home.</p> <p>1.) ER - Patient to the ER for c/o . Pt was seen and evaluated by provider. Testing without definitive dx and treatment in the ER unsuccessful. Provider recommended transfer to higher level of care for ongoing testing and dx, patient declined.</p>	<p>discussion), AMA signed with education to follow up with PCP</p> <p>2.) Provider notified and Risks/Benefits were discussed with patient and family member (provider discussion) , AMA signed by patient</p> <p>1.) Risks/Benefits discussed, AMA signed. Patient educated on returning to ED as needed</p>
B. Case Management	CM	<b>8 min</b>	Readmit: Patient admitted to Acute IP and transitioned to SWB status with dx: left AMA with family. Patient then returned to ER with same dx d/t not getting better faster. Patient readmitted to SWB status	
C. Risk Management	QM	<b>10 min</b>	<b>Deaths - 2 (1 inpt/1ER)</b> 1 SWB – Patient to the ER and admitted to SWB for c/o. Multiple dx Hx. Pt admitted to inpatient care and transitioned to SWB status . During the course of	<b>Complaints</b> - Patient was advised by CEO that they are able to request an amendment to the chart though HIM but it would be up to the provider if they can change the documentation per the patient’s request.

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		<p>hospitalization patient continued to decline as expected due to diagnosis/prognosis. Patient expired while inpatient as expected death.</p> <p>1 ER – Patient to the ER with c/o. Medical Hx of multiple dx. Treatment course provided. Provider decision to intubate to maintain airway prior to transfer to higher level of care. Post intubation, patient became pulseless and CRP initiated. Multiple rounds of epi and CPR were unsuccessful with patient remaining pulseless despite ongoing CRP efforts. Patient was pronounced in the ER .</p> <p><b>Complaints – 1</b> Patient was seen in the ER , called CEO on October 17, 2025. Patient complaint about what was documented by the provider in the ER chart and demanding it be changed.</p> <p><b>Grievances – 1</b> Family brought pt to the er for eval, staff met patient at the ER door. There was a call to the facility prior to arrival by the family advising that they were coming to the facility so staff was await arrival. Family called CEO and reported concerns that due to poor communication between all parties at time of request for care, they</p>	<p>Patient remained upset and demanded it be changed to want they wanted at this very moment even if that required calling the provider in to correct it. CEO again reiterated the process to the patient. Patient upset and argumentative with CEO, he again advised patient of the process that would need to occur for the request to be completed.</p> <p><b>Grievances</b> CEO/QM interviewed all family parties and staff involved in the incident. CEO met 1:1 with nursing staff for education, EMTALA nursing education to be set up for all nursing staff at a later date, awaiting completion of EMTALA education. Grievance extension letter mailed out, grievance final letter mailed out</p> <p><b>Falls</b> 1.) Immediate actions taken – assisted up and to the bed, assessment preformed, pt educated on using call light for help with transfers, post fall assessment completed by nursing staff. Post fall precautions added – CEO/CNO spoke with staff about ensuring the bed/chair alarms are on and in use at all times, pt to be at nurse station while up during the day or a sitter at bedside if not at the nurse station QM reviewed incident/post fall assessment</p>
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		<p>were not able to get help from ER staff. Family states that they felt there were alot of conflicting concerns with the patient needs, including the potential need for higher level of care and the family ultimately went to another hospital for care as they felt MRMC were not able to help them.</p> <p><b>Workplace Violence Events - 0</b></p> <p><b>Falls - without injury x 2</b></p> <p>1.) Pt found on the floor, denies any pain or injury. Reports sitting in the chair prior to fall. Fall precautions in place prior to fall – non-skid socks, bed alarm, bed in low position, routine rounding, call light in reach, pt/family education, room free of obstructions, chair alarm, non-slip pad in chair, transfers x 2 assist, staff with pateint at all times during BSC use Risk factors – antidepressants, hx of falls, greater than 60 yo, physical impairment</p> <p>2.) Patient was assisted to the BSC, nurse remained in the room with patient. Patient leaned forward while still sitting on the BSC and fell forward on to the floor. Hitting head. Fall precautions in place prior to fall – non-skid socks, routine rounding, call light in reach,</p>	<p>2.) Immediate actions taken – assisted up and to the bed, assessment preformed, pt educated on using call light for help with transfers, post fall assessment completed by nursing staff. Post fall precautions added – CEO/CNO spoke with staff about ensuring the bed/chair alarms are on and in use at all times, pt to be at nurse station while up during the day or a sitter at bedside if not at the nurse station QM reviewed incident/post fall assessment</p> <p><b>Other</b></p> <p>Other - Contraband - CNO spoke with staff regarding visitor restriction and visitor check in for all visitors at nurses station after hours and on weekends</p> <p>1.) BOM and Local FD staff witnessed fall, pt was assisted up. Pt denied injuries, CEO and IP verified that patient did not have any pain or injuries and declined the need for ER eval. 2.) CEO spoke with Corporate and local IT, local IT visited each department individually to assist with gaining access to all systems affected</p>
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			<p>pt/family education, room free of obstructions Risk factors – antihypertensives, benzos, high fall risk, greater than 60 yo, physical impairment, behavioral issues</p> <p><b>Other –</b></p> <p>Contraband –</p> <p>1.) Patient noted to have increased drowsiness, reported to have told family that patient took a sedative last night. Pt reported that a visitor brought the medication into the patient. Reports that money is missing from wallet as well. Charge nurse notified provider with UDS ordered, visitors to check in with nurses station, pt refused to lock up valuables in lockbox.</p> <p>Other 2 –</p> <p>1.) Outpatient fall without injury - Patient in front lobby here to check in for outpatient services. Patient fell off rolling scooter as they were turning the corner in the lobby, falling backwards into a chair.</p> <p>2.) Near miss - IT implemented a change where all user names/passwords could be recalled from the browser. Staff were not notified about this change prior</p>	
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			to implementation. Due to this function being changed and locking users out of systems vital in patient care (lab/radiology) a near miss occurred and could have caused delay in care to all patients	
D. Nursing	CCO	<b>2 min</b>	Med reconciliation – 100% Preferred Pharmacy – 100% Hospital Formulary – 100%	
E. Emergency Department	CCO/QM	<b>5 min</b>	1.) ER log compliance – 99%  2.) EDTC Data – 89%  1 packet did not include provider note 1 packet did not include ER notes  --CNO notified of missing data and the need for 1:1 with nurse as well as the potential for additional training to HS for transfers as this is not a routine task for HS	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	Next P&T – Dec 2025/Jan 2026  After hours access -  ADR -  Med errors –  Dose omissions –	Director out – will defer until next month

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G. Respiratory Care	RT	<b>2 min</b>	0 unplanned decannulation 100% resp assessments 100% on Chart checks	
H. Wound Care	WC	<b>2 min</b>	No wound development for the month	
I. Radiology	RAD	<b>2 min</b>	100% No critical reports for the period	
J. Laboratory	LAB	<b>5 min</b>	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	0 – Inpt HAIs 0 – MRDO 0 – VAE 0 – Cdiff 0 – CAUTI 0 - CLASBI	Incidental finding for the reporting period – pt with an infection classification however it does not classify as an inpatient infection/hospital acquired infection
L. Health Information Management (HIM)	HIM	<b>2 min</b>	100% - D/C Note Compliance  100% - Progress Notes  97% - ED DC Instructions  100% - ED provider Dx	
M. Dietary	Dietary	<b>2 min</b>	100%	
N. Therapy	Therapy	<b>2 min</b>	Gait belt usage – 100%	
O. Human Resources (HR)	HR	<b>2 min</b>	Director out – will defer until next month	
P. Business Office	BOM	<b>2 min</b>	Med Necessity Verification – 100%	

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Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Electronic Requisitions – 100%	
S. Life Safety	PO	2 min	Fire extinguisher Inspections -100% Egress checks – 100%	
T. Emergency Preparedness	EP	2 min	1 - new hires for the month all educated on EP plan	
U. Information Technology	IT	2 min	67 – IT events	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Director out – will defer until next month	

**VII. POLICIES & PROCEDURES**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Review and <i>Approve</i>	QM	10 min	1.) Patient Rights and Responsibilities 2.) OB Emergency Medication Chart	1.) Approval: First –Pam, Second – Meghan  2) Approval: First – Nick , Second – Meghan

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**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

**IX. OTHER**

**X. ADJOURNMENT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1436 by Nick seconded by Meghan	

**MEMBERS & INVITED GUESTS**

<b>Voting MEMBERS</b>				
Tonya Bowen	Nick Walker	Treva Derr	Meghan Smith	Jessica Pineda
D. Clinesmith	Chrissy Smith	Heather/Carlos	Pam Esparza	Mark Chapman
Dr Gilmore (teams)	Kaye Hamilton (teams)	Dianne (teams)	Waylon Wigington	Kelley Martinez (teams)
D Galmor (teams)				
<b>Non-Voting MEMBERS</b>				

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Denise Jackson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other		
Other		
Other		

Meeting Location: OR	Reporting Period: Nov 2025	
Chairperson: Dr Gilmore	Meeting Date: 12/11/2025	Meeting Time: 14:00
Medical Representative: Dr Gilmore	Actual Start Time: 1402	Actual Finish Time: 1432
Hospital Administrator/CEO: Kelley Martinez	Next Meeting Date/Time: tentatively 01/15/2026 @ 14:00	

**Mission: To provide our Mangum community and surrounding counties with convenient, gold-standard “dependable and repeatable” patient care, while assisting and supporting all their medical healthcare needs.**

*\* Items in blue italics denote an item requiring a vote*

I. CALL TO ORDER				
Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Call to Order	QM	1 min	Called to order at 1402	Approval: First – Stephanie, Second– Tonya
II. COMMITTEE MEETING REPORTS & APPROVAL OF MINUTES				

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Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Quality and Patient Safety Committee 1. <i>Approval of Meeting Minutes</i>	Denise Jackson	2 min	Meeting minutes – Nov 2025	Approval: First – Chasity, Second – Meghan
B. Environment of Care (EOC) Committee 1. <i>Approval of Meeting Minutes</i>	Mark Chapman	2 min	Meeting minutes – Nov 2025	Approval: First – Chasity, Second – Tonya
C. Infection Control Committee 1. <i>Approval of Meeting Minutes</i>	Meghan Smith	2 min	Meeting minutes – Nov 2025	Approval: First – Chasity, Second – Tonya
D. Pharmacy & Therapeutics (P&T) Committee 1. <i>Approval of Meeting Minutes</i>	Chelsea Church/ Lynda James	2 min	Meeting minutes – None Next P&T – Jan 2026?	
E. Health Information Management (HIM)/Credentialing Committee 1. <i>Approval of Meeting Minutes</i>	Jessica Pineda/ Kaye Hamilton	2 min	Director out – will defer until next month	
D. Utilization Review (UR) Committee 1. <i>Approval of Meeting Minutes</i>	Chasity Howell	2 min	Meeting Minutes – Oct 2025/Nov 2025	Approval: First – Stephanie, Second – D. Clinesmith Approval: First – Tonya, Second – D. Clinesmith

**III. DEPARTMENT REPORTS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Nursing/Emergency Department	Nick Walker	5 min	Blood utilization – 0 Code Blue – 0  restraint - 0	
B. Radiology	Pam Esparza	2 min	4 repeats; 1 – hip, anatomy clipped 2 – abd; artifact 3 – Chest ,anatomy clipped 4 – c-spine, patient position	Repeats completed with no further issues. Radiology repairs completed and operational as normal

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C. Laboratory	Tonya Bowan	<b>8 min</b>	37 – repeated labs, all critical repeats	Dimension wheel not spinning, service out to fit it. Working around some operational issues due to trauma to the lab, waiting on insurance for repairs.
D. Respiratory Care	Heather Larson	<b>2 min</b>	0 vent day 12 neb changes	EKG machine is having issues with time/date resetting. Director is monitoring this issue.
E. Therapy	Chrissy Smith	<b>2 min</b>	Total # of Sessions Performed 251-PT 105 -OT 16 -ST Improved Standard Assessment Scores: 8 - PT 7 - OT 0 - ST	No issues to report, Out patient services is picking up
F. Materials Management	Waylon Wigington	<b>2 min</b>	back orders - 3; foam electrodes, Jloops, 10ml syringes  0 late orders  0 Recalls	Still working on removing unneeded items from the charge master
G. Business Office	Desarae Clinesmith	<b>2 min</b>	DL – Cost Share –	
H. Human Resources	Stephanie Hughes	<b>2 min</b>		Competencies have been caught up, with all current at this point
I. Environmental Services	Mark Chapman	<b>2 min</b>	100% terminal room cleans	
J. Facility/Plant Operations	Mark Chapman	<b>2 min</b>	24 extinguishers checked	

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			1 boiler checks 1 generator/transfer switch inspection 15 – filter checks 6 egress inspections	No noted issues with inspections/check for the reporting period
K. Dietary	Treva Derr	2 min	Daily meal count – 100%	Oven issues, currently looking at resolutions for this
L. Information Technology		2 min	Director out – will defer	
M. Strong Minds	Brittany Nelms/Brittany Niles	2 min		1 active patient currently, there have been 4 denials. Look at SM tech going to PAWs meetings for community outreach.

**IV. OLD BUSINESS**

**V. NEW BUSINESS**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. New Business	QM	2 min	See policy/procedures below	

**VI. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT DASHBOARD REPORT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Volume & Utilization	CM	5 min	AMA – ER 2/ inpatient 3  ER 1.) Patient to the ER for c/o. Eval/assessment by provider who felt there were no further concerns; pt requested a head ct due concern for head injury. The provider was agreeable to head CT then the patient refused CT and	ER 1-2; risks and benefits discussed with patient by nurse/provider. AMA forms signed. Patients advised to return to ER as needed. ER patient 2 advised to follow d/c directions at home.  Inpatient 1&3; risks and benefits discussed with patient by nurse/provider. AMA forms

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			<p>any further monitoring. The patient wanted to leave. Left ER AMA.</p> <p>ER 2.) Patient to the ER for c/o. Eval and assessment by provider with dx of pancreatitis with recommendations of inpatient admission. Patient did not want admission and requested to go home. Provider felt the best course of action was admission for treatment; however, pt remained adamant against admission. Left AMA.</p> <p>INpt 1.) Patient admitted to inpatient. Patient expressed desire to go home, felt being in the hospital was not good for them. Patient adamant about going home.</p> <p>INpt 2.) Patient admitted for SWB status for therapy services and participated per orders. patient stated that they had to leave the hospital due to Family emergency.</p> <p>INpt 3.) Patient admitted to inpatient status via the ER. Upon admission pt became upset due to family issue. Patient calmed for the night with no further issues. On the next morning the Patient became upset and wanted to leave the facility and go home.</p>	<p>signed. Advised to continue medications as prescribed at home. Patients advised to return to ER as needed.</p> <p>Inpatient 2; risks and benefits discussed with patient by nurse. AMA forms signed. Advised to continue medications and treatment plans as prescribed at home. Patients advised to return to ER as needed.</p>
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B. Case Management	CM	<b>8 min</b>	<p>CAH readmits – 2</p> <p>1. Patient admitted for c/o. Patient discharged to home pending specialty consult. Readmitted with ongoing symptoms. Patient discharged to home for upcoming appointment.</p> <p>2. Patient admitted with dx. Patient discharged to home d/t family request. Physician agrees with discharge to home. Patient readmitted with ongoing c/o and ABT began.</p>	
C. Risk Management	QM	<b>10 min</b>	<p><b>Deaths - 0</b></p> <p><b>Complaints – 0</b></p> <p><b>Grievances – 0</b></p> <p><b>Workplace Violence Events - 0</b></p> <p><b>Falls - fall w/o injury</b>          HS heard chair/bed alarm going off, upon entering patient room, noted patient ambulating and beginning to stumble, pt was assisted to the floor. HS noted red mark on patient arm where HS grabbed pt to keep them from falling. Follow up on red mark with no residual noted.</p>	<p>Fall -          Immediate actions taken – assisted up and back to the chair, assessment preformed, ,post fall assessment completed by nursing staff          Post fall precautions added – prompt response to pt alarm by staff, unable to educate patient on calling for assistance due to cognitive state          QM reviewed incident/post fall assessment</p> <p>Other -          Hospital staff promptly responded to the incident and visitor was taken to the ER for</p>

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			<p>Fall precautions in place prior to fall – chair/bed alarm, non-skid socks, routine rounding, room free of obstructions, call light in reach</p> <p>Risk factors - &gt;60 years, impaired cognition, physical impairment (unsteady gait)</p> <p><b>Other –</b>          Visitor incident – Family member returning to the facility. Upon arrival, visitor ran into the front of the lab department (building) by hitting the ramp and the front door of the lab building. There was an employee in the building at the time of the incident who did not sustain any injuries.</p>	<p>eval, and the visitor was additionally admitted to OBS for monitoring. Lab staff declined eval and reported to EH for incident reporting. Lab was placed on divert until the safety and securement of the building could be determined and repairs made. CEO made arrangements with a nearby facility for lab work until MRMC lab was operational again. Visitor interactions with family marked concerns with staff and appropriate referrals made as deemed necessary by staff.</p>
D. Nursing	CCO	<b>2 min</b>	<p>Med reconciliation – 100%</p> <p>Preferred Pharmacy – 100%</p> <p>Hospital Formulary – 100%</p>	1 inpatient transferred out to higher level of care from SWB to Neurology Services
E. Emergency Department	CCO/QM	<b>5 min</b>	<p>1.) ER log compliance – 99%</p> <p>2.) EDTC Data – 100%</p> <p>3.) LWBS – 0</p>	
F. Pharmacy & Therapeutics (P&T)	Pharmacy	<b>2 min</b>	<p>Next P&amp;T – Dec 2025/Jan 2026</p> <p>After hours access - 36</p>	<p>Med errors -</p> <p>1) Both nurses received counseling/education on the 5 rights of medication administration.</p>

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**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2025 and Meeting Minutes for Dec 2025**

			<p>ADR - 0</p> <p>Med errors – 3</p> <p>1) The patient was scheduled to receive 1 gram of Vancomycin IV at 1000 and instead received 200 mg of Ciprofloxacin IV. The nurse reports that she was distracted at the pyxis, reached in, and grabbed the wrong medication. The nurse scanned the patient, did not scan the medication, and a second nurse signed off without verifying the medication. The provider was notified when the error was found. The nurses involved have not had any recent med errors. (CM, SM travel.)</p> <p>2) The patient was scheduled to receive Clinimix E 4.25/5 via IV and received Clinimix E 5/15. The bag had an auxiliary label for 4.25/5E on bag.</p> <p>3) Upon review, 4 bags of Clinimix E 5/15 were found to be mislabeled as Clinimix E 4.25/5.</p> <p>Dose omissions – 1  Breo inhaler, not carried in house buy ordered from the wholesaler</p>	<p>2) Four Clinimix 5/15E bags were found to be mislabeled in the Pyxis. The nurses involved were educated on the process to scan the barcode on the bags of Clinimix so it will work correctly. The nurses were educated on visually verifying that they have the correct medication.</p> <p>3) All of the Clinimix bags that were mislabeled were removed from the pyxis and auxiliary labels were removed by Pharmacy. An RCA was completed by the CCO and CEO for the Clinimix error. It was determined within the RCA that the error originated from the Clinimix not being scanned in when arrived in the pharmacy.</p>
G. Respiratory Care	RT	<b>2 min</b>	<p>0 unplanned decannulation</p> <p>100% resp assessments</p> <p>100% on Chart checks</p>	
H. Wound Care	WC	<b>2 min</b>	No wound development for the month	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2025 and Meeting Minutes for Dec 2025**

I. Radiology	RAD	<b>2 min</b>	Pt site verification - 100% 1 - critical report for the period, reported within the 1 hour time period	
J. Laboratory	LAB	<b>5 min</b>	0 – Blood culture contaminates	
K. Infection Control/Employee Health	IC/EH	<b>5 min</b>	0 – Inpt HAIs 0 – MRDO 0 – VAE 0 – Cdiff 0 – CAUTI 0 - CLASBI	Employee Health – 1 incident; employee was in the lab when it was hit by a vehicle. Employee denied any injuries at the time and declined ER eval. EH incident form completed with incident review by EH.
L. Health Information Management (HIM)	HIM	<b>2 min</b>	100% - D/C Note Compliance  100% - Progress Notes  100% - ED DC Instructions  100% - ED provider Dx	
M. Dietary	Dietary	<b>2 min</b>	97% - daily meal count	2 meals not recorded, Director has scheduled a meeting with all dietary staff for reeducation on maintaining the logs accurately
N. Therapy	Therapy	<b>2 min</b>	Gait belt usage – 100%	
O. Human Resources (HR)	HR	<b>2 min</b>	90 day evals – 100% Annual evals – 100%	All evaluations are caught up and current
P. Business Office	BOM	<b>2 min</b>	Cost Share Collections – 63% 11 – were after BO hours 1 – self pay did not sign payment plan 1 – refused to pay copay  Med Necessity Verification – 100%	

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2025 and Meeting Minutes for Dec 2025**

			Drivers Licenses – 77% 3 – were after BO hours 61 – attempts were made but pt did not give DL	
Q. Environmental Services	EVS	2 min	10/10 on room cleans	
R. Materials Management	MM	2 min	Electronic Requisitions – 100%	
S. Life Safety	PO	2 min	Fire extinguisher Inspections -100% Egress checks – 100%	
T. Emergency Preparedness	EP	2 min	No new hires for the month	
U. Information Technology	IT	2 min	Director out – will defer	
V. Outpatient Services	Therapy	2 min	Temp logs – 100%	
W. Strong Minds	SM	2 min	Scheduled appointments 4/7, attempts are being made to reschedule	Tech is continuing out reach to help increase patient numbers
<b>VII. POLICIES &amp; PROCEDURES</b>				
<b>Agenda Item</b>	<b>Presenter</b>	<b>Time Allotted</b>	<b>Discussion/Conclusions</b>	<b>Decision/Action Items</b>
A. Review and <i>Approve</i>	QM	10 min	1.) Oklahoma Physician Orders for Life-Sustaining Treatment (POLST) Form 2.) Information for Patients and Their Families – Your Medical Treatment Rights Under Oklahoma Law 3.) Indwelling Urinary Catheter Insertion/Removal Protocol	1. Approval: First – Pam, Second–D. Clinesmith 2. Approval: First – Chasity, Second–Stephanie 3. Approval: First – Meghan, Second–Chasity 4. Approval: First – Chasity, Second–Heather

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2025 and Meeting Minutes for Dec 2025**

			4.) Advance Directives Policy 5.) Foley Catheter Line Insertion/Removal Policy  *6) IV Line Management Policy	5. Approval: First – Meghan, Second–Chasity 6. TABLED – K. Martinez
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**VIII. PERFORMANCE IMPROVEMENT PROJECTS**

**IX. OTHER**

**X. ADJOURNMENT**

Agenda Item	Presenter	Time Allotted	Discussion/Conclusions	Decision/Action Items
A. Adjournment	QM	1 min	There being no further business, meeting adjourned at 1432 by Pam seconded by Dr G	

**MEMBERS & INVITED GUESTS**

**Mangum Regional Medical Center**  
**Quality and Patient Safety Committee Meeting**  
**Agenda for Dec 2025 and Meeting Minutes for Dec 2025**

<b>Voting MEMBERS</b>				
Nick Walker	Heather Larson	Lynda James	Chrissy Smith	Treva Derr
Chasity Howell	D. Clinesmith	Meghan Smith	Pam Esparza	Waylon Wigington
Tonya Bowen	Stephanie Hughes	Brittany Niles	Dr. G (teams)	Kelley Martinez (teams)
<b>Non-Voting MEMBERS</b>				
Denise Shaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Chief Clinical Officer Report December 2025

### Patient Care

- MRMC Education included:
  1. Nursing documentation updates are communicated to nursing staff weekly.
  2. Next nurse meeting to be held January 21.
  
- MRMC Emergency Department reports that there are 0 patients Left Without Being Seen (LWBS).
- MRMC Laboratory reports 1 contaminated blood culture set(s).
  - With education completed on 01/02/26 with the lab tech by T. Bowen, Lab Director.
- MRMC Infection Prevention reports 0 CAUTI.
- MRMC Infection Prevention report 0 CLABSI.
- MRMC Infection Prevention reports 1 HAI and 0 MDRO for the month of December 2025.
  - Antibiotic associated C. Diff

### Client Service

- Total Patient Days for December 2025 were 268. This represents an average daily census of 9.
- December 2025 COVID-19 statistics at MRMC: Swabs (0 PCR & 41 Antigen) with 1 Positive.

Mangum Regional Medical Center												
Monthly Census Comparison												
	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Inpatient acute	22	13	16	21	12	11	16	17	8	13	11	21
Swing Bed	20	11	9	18	10	7	16	14	10	14	10	12
Observation	1	2	1	2	3	2	3	7	1	2	3	3
Emergency Room	146	142	134	148	135	140	169	149	136	150	132	136
Lab Completed	2343	2069	1988	2345	2156	1745	2159	2298	2157	2128	1505	2217
Rad Completed	178	174	170	236	198	192	231	207	164	220	168	183
Ventilator Days	0	0	0	0	0	0	0	0	0	0	0	0

### Preserve Rural Jobs and Culture Development

- One- PM House Supervisor RN position is open. AM House Supervisor position is filled and is a great fit!
- Patients continue to voice their praise and appreciation for the care received at MRMC. We continue to strive for excellence and improving patient/community relations.



## Chief Executive Officer Report December 2025

### Operations Overview

- Patient room remodeling continues.
- Looking at clinic collections for November, we collected a total of \$416.44 down from \$575.36 at time of service.
- Hospital upfront collections were at \$621.15 for the month of December down from \$827.00 in November.
- Our toy drive concluded on 12/18/2025. We had a great turnout, all gifts donated were handed out.
- We are also getting quotes from area contractors for repair work on our current lab that was struck by a vehicle.
- We are now offering a breakfast and lunch menu to staff and the public.
- We continue to work towards building a stronger reputation with our community.
- We have quotes to repair our signs.
- Starting January 6<sup>th</sup>, 2026, rounds on swing bed patients will be completed 3 times a week by providers. This is to continually improve our patient care and satisfaction as well as staff satisfaction.
- We are continually looking for new service lines to provider our community at the hospital and the clinic.

# Mangum Board Meeting Financial Reports December 31, 2025

REPORT TITLE	
1	Financial Summary (Overview)
2	Cash Receipts - Cash Disbursements - NET
3	Financial Update (page 1)
4	Financial Update (page 2)
5	Stats
6	Balance Sheet Trend
7	Cash Collections Trend
8	Medicare Payables (Receivables)
9	Current Month Income Statement
10	Income Statement Trend
11	RHC YTD Income Statement
12	AP Aging Summary

Mangum Regional Medical Center  
 Financial Summary  
 December 31, 2025

	Current Month	Dec-25 Year-to-Date	Mthly Avg Prior Year	Variance
<b>ADC (Average Daily Census)</b>	<b>8.65</b>	<b>9.73</b>	<b>10.13</b>	<b>-1.48</b>
<b>Payer Mix % (Acute):</b>				
MCR	61.67%	54.62%	53.01%	8.66%
MCR Mgd Care	23.33%	22.34%	24.05%	-0.72%
All Others	15.00%	23.04%	22.94%	-7.94%
Total	100.00%	100.00%	100.00%	0.00%
<b>Payer Mix % (SWB):</b>				
MCR	98.08%	79.71%	87.67%	10.41%
MCR Mgd Care	1.92%	19.35%	11.35%	-9.43%
All Others	0.00%	0.94%	0.98%	-0.98%
Total	100.00%	100.00%	100.00%	0.00%
Operating margin	(110,744)	(435,422)	(673,482)	
<i>Operating Margin (monthly average)</i>	(110,744)	(36,285)	(56,124)	19,838
NPR (Net Patient Revenue)	1,369,353	17,161,266	16,708,837	
<i>NPR (monthly average)</i>	1,369,353	1,430,106	1,392,403	37,702
Operating Expenses	1,516,521	17,902,547	17,611,634	
<i>Operating Expense (monthly average)</i>	1,516,521	1,491,879	1,467,636	24,243
NPR % of Oper Exp	90.3%	95.9%	94.9%	
Patient Days	268	3,550	309	(41)
Oper Exp / PPD	\$ 5,659	\$ 5,043	\$ 4,752	\$ 291
# of Months	1	12	12	
Cash Receipts (rnd)	1,407,450	19,097,911	15,058,468	
<i>Cash Receipts (monthly average)</i>	1,407,450	1,591,493	1,254,872	336,620
Cash as a % of NPR (s/b 100% min)	102.8%	111.3%	90.1%	
<b>Days Cash-On-Hand (Net of MCR Pay / Restrictions):</b>				
Calendar Days	31	365	366	
Operating Exp / Day	\$ 48,920	\$ 49,048	\$ 48,119	\$ 801
Cash - (unrestricted)	1,161,872	1,161,872	418,015	743,856
Days Cash-On-Hand	23.8	23.7	8.7	
Days Cash-On-Hand: Minimum during month	12.6	12.6	4.6	7.9
MCR Rec (Pay) - "as stated - but to be adjusted"	92,857	92,857	176,300	(83,443)
AP & Accrued Liab	16,244,681	16,244,681	16,520,455	(275,774)
Accounts Receivable (at net)	1,192,826	1,192,826	1,316,379	(123,553)
Per AP aging schedule (incl. accruals)	Dec-25	Dec-25	Prior FYE	Net Change
Account Payable - Cohesive	14,084,830	14,084,830	14,328,203	(243,373)
Account Payable - Other	1,267,128	1,267,128	1,299,528	(32,401)
Total	15,351,958	15,351,958	15,627,731	(275,774)
Cohesive Loan	4,528,447	4,528,447	4,900,648	(372,201)

Mangum Regional Medical Center  
 Cash Receipts - Cash Disbursements Summary  
 12/31/25

	Current Month	COVID	Total Less COVID
Cash Receipts	\$ 1,407,450	\$ -	\$ 1,407,450
Cash Disbursements	\$ 2,482,755	\$ -	\$ 2,482,755
NET	\$ (1,075,305)	\$ -	\$ (1,075,305)

	Year-To-Date	COVID	Year-To-Date Less COVID
Cash Receipts	\$ 19,097,911	\$ -	\$ 19,097,911
Cash Disbursements	\$ 18,360,249	\$ -	\$ 18,360,249
NET	\$ 737,662	\$ -	\$ 737,662

	Prior Month	COVID	Total Less COVID
Cash Receipts	\$ 2,045,662	\$ -	\$ 2,045,662
Cash Disbursements	\$ 1,298,783	\$ -	\$ 1,298,783
NET	\$ 746,879	\$ -	\$ 746,879

	Prior Month YTD	COVID	Prior Month YTD Less COVID
Cash Receipts	\$ 17,690,461	\$ -	\$ 17,690,461
Cash Disbursements	\$ 15,877,494	\$ -	\$ 15,877,494
NET	\$ 1,812,967	\$ -	\$ 1,812,967



**Board of Directors  
Mangum Regional Medical Center**

January 27, 2026

December 2025 Financial Statement Overview

- **Statistics**
  - The average daily census (ADC) for November 2025 was **8.65**– (PY fiscal year end of **10.12**).
  - Year-To-Date Acute payer mix was approximately **77%** MCR/MCR Managed Care combined.
  - Year-To-Date Swing Bed payer mix was **80%** MCR & **20%** MCR Managed Care. For the prior year end those percentages were **88%** & **11%**, respectively.
  
- **Balance Sheet Highlights**
  - The cash balance as of December 31, 2025, inclusive of both operating & reserves, was **\$1.16M**. This decreased **\$1.08M** from November 30, 2025.
  - Days cash on hand, inclusive of reserves, was **23.8** based on December expenses.
  - Net AR decreased by **\$51K** from November.
  - Payments of approximately **\$2.48M** were made on AP (prior 3-month avg was **\$1.7M**).
  - Cash receipts were **\$638K** less than in the previous month (**\$2.04M vs \$1.41M**).
  - The Medicare principal balance was completely paid off in the month of August 2024.



- Income Statement Highlights

- Net patient revenue for December 2025 was **\$1.37M**, which is approximately a decrease of **\$165K** from the prior month.
- Operating expenses, exclusive of interest & depreciation, were **\$1.48M**.
- 340B revenue was **\$24K** in December, this is an increase of **\$12K** from the prior month.

- Clinic (RHC) Income Statement Highlights - actual & projected (includes swing bed rounding):

- Current month's average visits per day = **13.0**
- YTD Operating revenues = **\$597K**
- YTD Operating expenses = **\$910K**
- YTD Operating loss = **-\$313K**

**MANGUM REGIONAL MEDICAL CENTER**

**Admissions, Discharges & Days of Care**

**Fiscal Year 2025**

Item 10.

12/31/2025

	January	February	March	April	May	June	July	August	September	October	November	December	YTD
<b>Admissions</b>													
Inpatient	22	13	16	21	12	11	16	17	8	13	11	21	181
Swingbed	20	11	9	18	10	7	16	14	10	14	10	12	151
Observation	1	2	1	3	2	2	3	5	1	2	5	3	30
	43	26	26	42	24	20	35	36	19	29	26	36	362

<b>Discharges</b>													
Inpatient	23	13	15	22	13	9	17	13	11	13	12	21	182
Swingbed	19	12	9	13	15	10	6	16	13	16	10	9	148
Observation	2	2	1	3	2	2	3	5	1	2	5	3	31
	44	27	25	38	30	21	26	34	25	31	27	33	361

<b>Days of Care</b>													
Inpatient-Medicare	54	27	25	25	13	17	33	18	21	24	19	37	313
Inpatient-Medicare Managed Care	11	4	7	27	9	8	17	13	0	8	10	14	128
Inpatient-Other	12	12	8	10	9	9	4	31	10	13	5	9	132
Swingbed-Medicare	205	191	157	200	159	117	199	276	287	212	166	204	2,373
Swingbed-Medicare Managed Care	51	59	14	85	138	53	21	82	3	35	31	4	576
Swingbed-Other	0	0	0	0	0	0	0	0	28	0	0	0	28
Observation	4	7	2	4	4	6	6	7	1	7	6	4	58
	337	300	213	351	332	210	280	427	350	299	237	272	3,608

Calendar days	31	28	31	30	31	30	31	31	30	31	30	31	365
ADC - (incl OBS)	10.87	10.71	6.87	11.70	10.71	7.00	9.03	13.77	11.67	9.65	7.90	8.77	9.88
ADC	10.74	10.46	6.81	11.57	10.58	6.80	8.84	13.55	11.63	9.42	7.70	8.65	9.73

ER	146	142	134	148	135	140	169	149	136	150	130	136	1,715
Outpatient	108	146	140	154	150	126	151	153	149	172	107	147	1,703
RHC	197	187	188	243	229	201	197	253	249	252	184	267	2,647

**MANGUM REGIONAL MEDICAL CENTER**

Comparative Balance Sheet - Unaudited

Fiscal Year 2025

Item 10.

	January	February	March	April	May	June	July	August	September	October	November	December	12/31/24
<b>Cash And Cash Equivalents</b>	<b>521,074</b>	<b>481,402</b>	<b>519,779</b>	<b>682,095</b>	<b>1,120,535</b>	<b>1,044,262</b>	<b>2,291,727</b>	<b>1,189,862</b>	<b>996,337</b>	<b>1,488,937</b>	<b>2,237,756</b>	<b>1,161,872</b>	418,015
<b>Patient Accounts Receivable, Net</b>	<b>1,820,581</b>	<b>1,879,646</b>	<b>1,633,200</b>	<b>1,745,633</b>	<b>1,863,436</b>	<b>1,462,513</b>	<b>1,437,669</b>	<b>1,931,061</b>	<b>1,807,882</b>	<b>1,491,526</b>	<b>1,244,215</b>	<b>1,192,826</b>	1,316,379
<b>Due From Medicare</b>	<b>1,317,110</b>	<b>1,378,146</b>	<b>1,578,007</b>	<b>1,643,160</b>	<b>1,764,926</b>	<b>1,979,459</b>	<b>909,623</b>	<b>705,645</b>	<b>652,541</b>	<b>827,018</b>	<b>146,790</b>	<b>92,538</b>	1,317,110
Inventory	207,642	192,025	230,062	222,929	231,085	231,146	232,065	232,917	238,692	237,637	236,183	230,865	222,062
Prepays And Other Assets	1,641,776	1,625,020	1,627,535	1,633,615	1,626,547	1,634,364	1,738,858	1,724,058	1,686,450	1,549,234	1,555,488	1,570,019	1,642,491
Capital Assets, Net	1,488,310	1,460,407	1,430,979	1,403,182	1,375,384	1,348,587	1,338,168	1,518,293	1,519,766	1,496,929	1,467,153	1,454,496	1,516,213
<b>Total Assets</b>	<b>6,996,493</b>	<b>7,016,647</b>	<b>7,019,562</b>	<b>7,330,613</b>	<b>7,981,913</b>	<b>7,700,330</b>	<b>7,948,111</b>	<b>7,301,836</b>	<b>6,901,668</b>	<b>7,091,281</b>	<b>6,887,584</b>	<b>5,702,615</b>	<b>6,432,269</b>
Accounts Payable	16,097,892	16,261,884	16,459,679	16,792,515	17,284,593	17,166,550	17,448,563	16,806,827	16,467,230	16,215,526	16,300,662	15,351,958	15,627,731
AHSO Related AP	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724	892,724
Deferred Revenue	154,761	114,589	-	170,667	85,334	-	30,994	15,497	-	187,436	93,718	-	0
<b>Due To Medicare</b>	<b>(319)</b>												
Covid Grant Funds	-	-	-	-	-	-	-	-	-	-	-	-	0
Due To Cohesive - PPP Loans	-	-	-	-	-	-	-	-	-	-	-	-	0
Notes Payable - Cohesive	4,869,631	4,838,614	4,807,598	4,776,581	4,745,564	4,714,547	4,683,531	4,652,514	4,621,497	4,590,480	4,559,463	4,528,447	4,900,648
Notes Payable - Other	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948	17,948
Alliantz Line Of Credit	-	-	-	-	-	-	-	-	-	-	-	-	0
Leases Payable	257,371	256,837	256,300	255,759	255,214	254,666	254,114	254,830	253,077	252,438	251,872	251,087	258,209
<b>Total Liabilities</b>	<b>22,290,008</b>	<b>22,382,278</b>	<b>22,433,929</b>	<b>22,905,874</b>	<b>23,281,058</b>	<b>23,046,117</b>	<b>23,327,555</b>	<b>22,640,021</b>	<b>22,252,157</b>	<b>22,156,234</b>	<b>22,116,069</b>	<b>21,041,844</b>	<b>21,696,942</b>
Net Assets	(15,293,515)	(15,365,631)	(15,414,367)	(15,575,261)	(15,299,144)	(15,345,786)	(15,379,444)	(15,338,185)	(15,350,489)	(15,064,953)	(15,228,485)	(15,339,229)	(15,264,672)
<b>Total Liabilities and Net Assets</b>	<b>6,996,493</b>	<b>7,016,647</b>	<b>7,019,562</b>	<b>7,330,613</b>	<b>7,981,913</b>	<b>7,700,330</b>	<b>7,948,111</b>	<b>7,301,836</b>	<b>6,901,668</b>	<b>7,091,281</b>	<b>6,887,584</b>	<b>5,702,615</b>	<b>6,432,269</b>

**Mangum Regional Medical Center  
Cash Receipts & Disbursements by Month**

2023			2024			2025		
Month	Receipts	Disbursements	Month	Receipts	Disbursements	Month	Receipts	Disbursements
Jan-23	1,290,109	1,664,281	Jan-24	1,187,504	1,150,522	Jan-25	1,105,099	996,372
Feb-23	1,506,708	1,809,690	Feb-24	708,816	995,157	Feb-25	1,184,447	1,231,249
Mar-23	1,915,435	1,109,683	Mar-24	1,236,158	1,073,824	Mar-25	1,289,275	1,250,266
Apr-23	2,005,665	1,365,533	Apr-24	1,645,373	1,483,022	Apr-25	1,225,184	1,060,130
May-23	1,436,542	2,237,818	May-24	1,273,007	1,062,762	May-25	1,481,774	1,044,123
Jun-23	1,777,525	1,506,459	Jun-24	950,928	1,216,556	Jun-25	1,530,626	1,607,511
Jul-23	1,140,141	1,508,702	Jul-24	1,344,607	1,562,407	Jul-25	2,452,132	1,209,562
Aug-23	1,600,786	1,352,905	Aug-24	2,089,281	2,176,381	Aug-25	1,271,486	2,373,927
Sep-23	1,490,569	1,295,680	Sep-24	1,183,508	1,322,228	Sep-25	1,837,975	2,032,771
Oct-23	1,211,980	1,345,813	Oct-24	1,779,690	1,154,658	Oct-25	2,266,799	1,772,799
Nov-23	985,475	1,355,224	Nov-24	770,820	1,370,620	Nov-25	2,045,662	1,298,783
Dec-23	929,990	1,191,570	Dec-24	888,776	1,027,058	Dec-25	1,407,450	2,482,755
	<u>17,290,925</u>	<u>17,743,359</u>		<u>15,058,468</u>			<u>19,097,911</u>	
Subtotal FY 2023	<u><u>17,290,925</u></u>		Subtotal FY 2024	<u><u>15,058,468</u></u>		Subtotal FY 2025	<u><u>19,097,911</u></u>	

**Mangum Regional Medical Center  
Medicare Payables by Year**

	Original Balance	Balance as of 12/31/25	Total Interest Paid as of 12/31/25
2016 C/R Settlement	1,397,906.00	-	205,415.96
2017 Interim Rate Review - 1st	723,483.00	-	149,425.59
2017 Interim Rate Review - 2nd	122,295.00	-	20,332.88
2017 6/30/17-C/R Settlement	1,614,760.00	-	7,053.79
2017 12/31/17-C/R Settlement	(535,974.00)	(318.61)	269,191.14
2017 C/R Settlement Overpayment	3,539,982.21	-	-
2018 C/R Settlement	1,870,870.00	-	241,040.31
2019 Interim Rate Review - 1st	323,765.00	-	5,637.03
2019 Interim Rate Review - 2nd	1,802,867.00	-	277,488.75
2019 C/R Settlement	(967,967.00)	-	-
2020 C/R Settlement	(3,145,438.00)	-	-
<i>FY21 MCR pay (rec) estimate</i>	(1,631,036.00)	-	-
<i>FY22 MCR pay (rec) estimate</i>	(318,445.36)	-	-
2016 C/R Audit - Bad Debt Adj	348,895.00	-	16,927.31
2018 MCR pay (rec) Audit est.	(34,322.00)	-	-
2019 MCR pay (rec) Audit est.	(40,612.00)	-	-
2020 MCR pay (rec) Audit	(74,956.00)	-	-
<i>FY23 (8-month IRR) L4315598</i>	95,225.46	-	7,038.71
<i>FY23 (8-month IRR) L4315599</i>	1,918,398.00	-	155,799.09
<i>FY23 MCR pay (rec) remaining estimate</i>	-	-	-
<i>FY24 MCR pay (rec) estimate</i>	-	(176,300.00)	-
<i>FY25 MCR pay (rec) estimate</i>	-	83,762.00	-
<b>Total</b>	<b>7,009,696.31</b>	<b>(92,856.61)</b>	<b>1,355,350.56</b>

**Mangum Regional Medical Center**  
**Statement of Revenue and Expense**  
**For The Month and Year To Date Ended December 31, 2025**  
**Unaudited**

Item 10.

MTD					YTD			
Actual	Budget	Variance	% Change		Actual	Budget	Variance	% Change
433,178	303,779	129,399	43%	Inpatient revenue	3,774,988	3,542,058	232,929	7%
931,160	1,308,462	(377,302)	-29%	Swing Bed revenue	13,350,855	15,407,609	(2,056,754)	-13%
650,328	688,756	(38,429)	-6%	Outpatient revenue	8,110,165	8,038,356	71,808	1%
167,026	217,064	(50,038)	-23%	Professional revenue	2,080,210	2,545,200	(464,990)	-18%
<u>2,181,691</u>	<u>2,518,061</u>	<u>(336,370)</u>	<u>-13%</u>	Total patient revenue	<u>27,316,217</u>	<u>29,533,224</u>	<u>(2,217,007)</u>	<u>-8%</u>
720,042	1,154,333	(434,290)	-38%	Contractual adjustments	11,365,994	13,236,590	(1,870,596)	-14%
54,252	-	54,252	#DIV/0!	Contractual adjustments: MCR Settlement	(821,608)	-	(821,608)	#DIV/0!
(93,718)	(107,231)	13,513	-13%	SHOPP revenue	(1,121,916)	(1,286,774)	164,857	-13%
131,762	(102,057)	233,818	-229%	Bad debts	732,481	(1,224,679)	1,957,160	-160%
<u>812,338</u>	<u>1,159,507</u>	<u>(132,707)</u>	<u>-11%</u>	Total deductions from revenue	<u>10,154,951</u>	<u>13,298,685</u>	<u>(570,186)</u>	<u>-4%</u>
1,369,353	1,358,553	10,800	1%	Net patient revenue	17,161,266	16,234,539	926,728	6%
12,089	1,913	10,176	532%	Other operating revenue	71,834	22,953	48,881	213%
24,335	21,120	3,215	15%	340B REVENUES	234,025	240,447	(6,422)	-3%
<u>1,405,777</u>	<u>1,381,587</u>	<u>24,190</u>	<u>2%</u>	Total operating revenue	<u>17,467,126</u>	<u>16,497,939</u>	<u>969,187</u>	<u>6%</u>
				Expenses				
406,841	394,499	12,341	3%	Salaries and benefits	5,198,155	4,686,276	511,879	11%
121,212	74,173	47,039	63%	Professional Fees	994,541	883,914	110,627	13%
404,701	438,559	(33,858)	-8%	Contract labor	5,126,971	5,252,891	(125,920)	-2%
157,774	127,899	29,875	23%	Purchased/Contract services	1,528,251	1,534,789	(6,537)	0%
225,000	225,000	-	0%	Management expense	2,700,000	2,700,000	-	0%
79,189	90,952	(11,763)	-13%	Supplies expense	970,101	1,075,722	(105,621)	-10%
14,356	19,250	(4,894)	-25%	Rental expense	201,143	231,000	(29,857)	-13%
14,298	14,275	23	0%	Utilities	158,827	171,305	(12,478)	-7%
637	918	(282)	-31%	Travel & Meals	14,240	11,020	3,220	29%
10,321	11,219	(898)	-8%	Repairs and Maintenance	158,384	134,627	23,757	18%
15,462	14,251	1,211	9%	Insurance expense	204,672	171,012	33,660	20%
22,338	11,796	10,542	89%	Other Expense	148,823	141,549	7,274	5%
14,462	16,200	(1,738)	-11%	340B EXPENSES	156,576	184,439	(27,862)	-15%
<u>1,486,592</u>	<u>1,438,992</u>	<u>47,600</u>	<u>3%</u>	Total expense	<u>17,560,685</u>	<u>17,178,543</u>	<u>382,142</u>	<u>2%</u>
<u>(80,815)</u>	<u>(57,405)</u>	<u>(23,410)</u>	<u>41%</u>	EBIDA	<u>(93,559)</u>	<u>(680,604)</u>	<u>587,045</u>	<u>-86%</u>
<u>-5.7%</u>	<u>-4.2%</u>	<u>-1.59%</u>		EBIDA as percent of net revenue	<u>-0.5%</u>	<u>-4.1%</u>	<u>3.59%</u>	
64	-	64	#DIV/0!	Interest	1,168	-	1,168	#DIV/0!
29,865	26,392	3,473	13%	Depreciation	340,694	270,079	70,615	26%
<u>(110,744)</u>	<u>(83,797)</u>	<u>(26,947)</u>	<u>32%</u>	Operating margin	<u>(435,422)</u>	<u>(950,683)</u>	<u>515,261</u>	<u>-54%</u>
-	-	-		Other	-	-	-	
-	-	-		Total other nonoperating income	-	-	-	
<u>(110,744)</u>	<u>(83,797)</u>	<u>(26,947)</u>	<u>32%</u>	Excess (Deficiency) of Revenue Over Expenses	<u>(435,422)</u>	<u>(950,683)</u>	<u>515,261</u>	<u>-54%</u>
<u>-7.88%</u>	<u>-6.07%</u>	<u>-1.81%</u>		Operating Margin %	<u>-2.49%</u>	<u>-5.76%</u>	<u>3.27%</u>	

**MANGUM REGIONAL MEDICAL CENTER**

**Statement of Revenue and Expense Trend - Unaudited  
Fiscal Year 2025**

Item 10.

	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Inpatient revenue	525,995	250,434	351,806	383,704	182,461	177,026	370,138	381,902	202,916	294,843	220,585	433,178	3,774,988
Swing Bed revenue	1,203,067	1,237,078	722,978	1,261,902	1,321,036	745,121	1,008,771	1,539,770	1,339,663	1,192,698	847,612	931,160	13,350,855
Outpatient revenue	573,540	649,689	560,462	592,871	618,008	725,760	925,870	778,421	734,291	747,855	553,068	650,328	8,110,165
Professional revenue	206,082	179,651	147,487	193,268	145,315	172,089	216,173	169,608	183,979	175,714	123,818	167,026	2,080,210
<b>Total patient revenue</b>	<b>2,508,685</b>	<b>2,316,852</b>	<b>1,782,733</b>	<b>2,431,745</b>	<b>2,266,820</b>	<b>1,819,997</b>	<b>2,520,952</b>	<b>2,869,700</b>	<b>2,460,848</b>	<b>2,411,110</b>	<b>1,745,083</b>	<b>2,181,691</b>	<b>27,316,217</b>
Contractual adjustments	1,054,686	1,043,678	762,509	1,301,266	662,454	633,650	1,193,855	1,131,187	995,797	1,116,462	750,409	720,042	11,365,994
Contractual adjustments: MCR Settlement	-	(61,036)	(199,861)	(65,153)	(121,766)	(214,533)	(70,974)	121,523	53,104	(174,477)	(142,687)	54,252	(821,608)
SHOPP Revenue	(77,381)	(114,589)	(114,589)	(85,334)	(85,334)	(85,334)	(113,194)	(72,275)	(92,734)	(93,718)	(93,718)	(93,718)	(1,121,916)
Bad debts	106,576	113,834	(1,996)	73,791	29,918	75,657	80,325	82,864	(75,706)	88,678	26,777	131,762	732,481
<b>Total deductions from revenue</b>	<b>1,033,881</b>	<b>981,887</b>	<b>446,064</b>	<b>1,224,570</b>	<b>485,272</b>	<b>409,441</b>	<b>1,090,012</b>	<b>1,263,299</b>	<b>880,461</b>	<b>936,945</b>	<b>540,781</b>	<b>812,338</b>	<b>10,154,951</b>
Net patient revenue	1,424,804	1,334,965	1,336,670	1,207,175	1,781,548	1,410,556	1,430,940	1,606,401	1,580,387	1,474,165	1,204,302	1,369,353	17,161,266
Other operating revenue	15,410	(757)	4,171	2,632	17,751	2,173	(5,247)	2,701	13,292	8,943	(1,324)	12,089	71,834
340B REVENUES	23,868	18,212	22,824	15,161	23,471	15,315	22,073	13,727	23,341	19,613	12,085	24,335	234,025
<b>Total operating revenue</b>	<b>1,464,083</b>	<b>1,352,420</b>	<b>1,363,664</b>	<b>1,224,968</b>	<b>1,822,770</b>	<b>1,428,044</b>	<b>1,447,767</b>	<b>1,622,829</b>	<b>1,617,020</b>	<b>1,502,721</b>	<b>1,215,063</b>	<b>1,405,777</b>	<b>17,467,126</b>
	95.4%	93.7%	94.6%	87.1%	115.2%	95.7%	96.6%	101.6%	97.0%	93.4%	87.4%	90.3%	95.9%
<b>Expenses</b>													
Salaries and benefits	439,483	399,707	429,167	396,151	462,629	404,309	420,947	467,610	472,485	477,225	421,604	406,841	5,198,155
Professional Fees	65,648	65,452	70,812	77,625	88,531	73,881	84,210	116,142	78,253	78,925	73,850	121,212	994,541
Contract labor	428,978	404,116	416,774	403,022	420,060	416,853	446,206	456,729	510,178	464,418	354,934	404,701	5,126,971
Purchased/Contract services	107,620	108,704	127,775	101,833	150,387	132,591	125,792	114,954	148,054	129,816	122,952	157,774	1,528,251
Management expense	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,700,000
Supplies expense	98,866	101,239	65,720	74,156	72,166	106,426	75,544	87,145	73,311	79,125	57,213	79,189	970,101
Rental expense	17,598	13,094	21,026	15,207	19,248	15,677	16,968	13,783	17,707	19,622	16,856	14,356	201,143
Utilities	13,436	17,413	12,834	7,751	12,812	12,388	14,345	17,551	13,675	11,285	11,038	14,298	158,827
Travel & Meals	315	971	775	336	1,102	1,103	643	1,414	778	4,015	2,152	637	14,240
Repairs and Maintenance	11,240	10,981	12,906	14,947	11,645	14,123	10,526	15,897	18,006	14,918	12,875	10,321	158,384
Insurance expense	23,837	26,409	(12,321)	10,777	22,979	16,563	17,190	17,202	17,973	20,684	27,917	15,462	204,672
Other	18,752	11,003	(6,293)	20,999	16,959	10,823	8,596	10,669	9,942	11,403	13,632	22,338	148,823
340B EXPENSES	14,050	12,401	18,656	10,029	15,235	17,119	7,432	9,932	16,526	11,961	8,773	14,462	156,576
<b>Total expense</b>	<b>1,464,823</b>	<b>1,396,491</b>	<b>1,382,831</b>	<b>1,357,832</b>	<b>1,518,751</b>	<b>1,446,856</b>	<b>1,453,399</b>	<b>1,554,028</b>	<b>1,601,888</b>	<b>1,548,398</b>	<b>1,348,796</b>	<b>1,486,592</b>	<b>17,560,685</b>
<b>EBIDA</b>	<b>\$ (740)</b>	<b>\$ (44,070)</b>	<b>\$ (19,167)</b>	<b>\$ (132,865)</b>	<b>\$ 304,018</b>	<b>\$ (18,812)</b>	<b>\$ (5,633)</b>	<b>\$ 68,802</b>	<b>\$ 15,132</b>	<b>\$ (45,677)</b>	<b>\$ (133,733)</b>	<b>\$ (80,815)</b>	<b>\$ (93,559)</b>
<b>EBIDA as percent of net revenue</b>	<b>-0.1%</b>	<b>-3.3%</b>	<b>-1.4%</b>	<b>-10.8%</b>	<b>16.7%</b>	<b>-1.3%</b>	<b>-0.4%</b>	<b>4.2%</b>	<b>0.9%</b>	<b>-3.0%</b>	<b>-11.0%</b>	<b>-5.7%</b>	<b>-0.5%</b>
Interest	199	143	141	232	104	33	61	116	176	(124)	22	64	1,168
Depreciation	27,903	27,903	29,428	27,797	27,797	27,797	27,963	27,427	27,260	29,776	29,776	29,865	340,694
<b>Operating margin</b>	<b>\$ (28,843)</b>	<b>\$ (72,116)</b>	<b>\$ (48,736)</b>	<b>\$ (160,894)</b>	<b>\$ 276,117</b>	<b>\$ (46,642)</b>	<b>\$ (33,657)</b>	<b>\$ 41,259</b>	<b>\$ (12,304)</b>	<b>\$ (75,330)</b>	<b>\$ (163,532)</b>	<b>\$ (110,744)</b>	<b>\$ (435,422)</b>
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total other nonoperating income</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Excess (Deficiency) of Revenue Over Expenses</b>	<b>(28,843)</b>	<b>(72,116)</b>	<b>(48,736)</b>	<b>(160,894)</b>	<b>276,117</b>	<b>(46,642)</b>	<b>(33,657)</b>	<b>41,259</b>	<b>(12,304)</b>	<b>(75,330)</b>	<b>(163,532)</b>	<b>(110,744)</b>	<b>(435,422)</b>

**Mangum Family Clinic**  
For the Month Ended and Year To Date December 31, 2025

	Current			Last FYE	Net Change
	Month	Year-To-Date	12-Month Projected		
Gross Patient Revenue	33,945	342,640	342,640	217,497	125,143
Less: Revenue deductions	29,210	254,389	254,389	118,420	135,969
Net Patient Revenue	63,155	597,028	597,028	335,917	261,111
Other Income (if any)	-	-	-	-	-
Operating revenue	63,155	597,028	597,028	335,917	261,111
<b>Operating Expenses:</b>					
Leased Salaries	27,118	238,089	238,089	177,825	60,264
Contract labor	-	1,969	1,969	8,191	(6,222)
Benefits	3,188	44,085	44,085	49,899	(5,814)
Provider Fees	14,413	88,636	88,636	41,078	47,558
Purchased/Contract services	7,392	67,107	67,107	70,882	(3,775)
Management expense	11,250	135,000	135,000	135,000	-
Supplies expense	665	7,708	7,708	11,788	(4,080)
Rental expense	1,816	21,444	21,444	23,700	(2,256)
Utilities	411	7,335	7,335	8,567	(1,232)
Travel & Meals	-	811	811	987	(176)
Repairs and Maintenance	69	868	868	1,239	(371)
Insurance expense	-	2,845	2,845	2,705	140
Other expense	304	4,591	4,591	6,469	(1,878)
CAH Overhead Allocation	24,154	289,847	289,847	250,979	38,868
Total Operating Expenses	90,780	910,335	910,335	789,309	121,026
<b>Net Income (loss)</b>	<b>(27,624)</b>	<b>(313,307)</b>	<b>(313,307)</b>	<b>(453,392)</b>	<b>140,085</b>
<b>340B</b>					
Gross revenues	24,335.00	234,025	234,025	191,188	42,837
Operating expenses	14,462.08	156,577	156,577	149,534	7,043
Profit (loss)	<b>9,873</b>	<b>77,448</b>	<b>77,448</b>	<b>41,654</b>	<b>35,795</b>
<b>Net Income (loss) with 340B</b>	<b>(17,751)</b>	<b>(235,859)</b>	<b>(235,859)</b>	<b>(411,738)</b>	<b>175,879</b>
<b>Stats</b>					
Onsite Visits	211	2268	2,268	1,768	500
Swing Bed Visits	56	379	379	76	303
Telehealth, CCM, Nurse Visits	0	0	-	20	(20)
Total Visits	267	2647	2647	1864	783
Payor Mix based on Total Visits					
Medicare		34%	34%	28%	6%
Managed Medicare		6%	6%	4%	2%
Medicaid / Managed Medicaid		23%	23%	31%	-8%
Commercial/Other		37%	37%	37%	-1%
Total		100%	100%	100%	0%
Clinic Days	21	255	255	255	-
Average Visit Per Day	13	10	10	7	3
Cost Per Visit	\$ 340.00	\$ 343.91	\$ 343.91	\$ 423.45	\$ (79.54)
Medicare Visit Cap		\$ 292.54	\$ 292.54	\$ 282.65	
Over (Under) Cap		\$ 51.37	\$ 51.37	\$ 140.80	

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	12/31/2025	11/30/2025	10/31/2025	9/30/2025
AMERISOURCE RECEIVABLES (ARFC)	Pharmacy Supplies	4,641.12	-	-	-	4,641.12	2,445.89	14,501.84	5,496.82
APEX MEDICAL GAS SYSTEMS, INC	Supplies	-	-	-	-	-	-	-	900.00
AT&T	Fax Service	2,284.32	-	-	-	2,284.32	3,153.09	3,275.87	-
BADGE BUDDIES LLC	Office Supplies	-	-	-	-	-	-	127.97	-
BIO-RAD LABORATORIES INC	Lab Supplies	-	-	-	-	-	1,429.68	-	-
CARDINAL HEALTH 110, LLC	Patient Supplies	-	-	-	(144.30)	(144.30)	(144.30)	(144.30)	(144.30)
CAREFUSION	Rental Equipment	-	-	-	-	-	4,449.00	4,449.00	-
CITY OF MANGUM	Utilities	-	-	-	-	-	-	6,400.66	7,681.67
CLEAN THE UNIFORM HOLDING COMP	Linen Services	1,201.29	-	-	-	1,201.29	2,800.58	4,229.87	4,249.77
CLIFFORD POWER SYSTEMS INC	Repair and Maintenance	3,465.00	-	-	-	3,465.00	-	-	-
COHESIVE HEALTHCARE MGMT	Mgmt Fees	225,000.00	229,766.66	4,766.66	2,531,303.15	2,990,836.47	3,213,012.76	3,198,246.10	3,203,479.44
COHESIVE MEDIRYDE LLC	Patient Transportation Service	-	-	-	-	-	-	2,950.00	-
COHESIVE STAFFING SOLUTIONS	Agency Staffing Service	373,304.46	960,573.02	943,744.41	8,816,371.62	11,093,993.51	11,812,352.51	11,816,997.33	12,014,586.58
COMMERCIAL MEDICAL ELECTRONICS	Quarterly Maintenance	1,750.00	-	-	-	1,750.00	-	-	-
COONTZ ROOFING, INC.	Repair and Maintenance	8,500.00	-	-	-	8,500.00	-	-	-
CRITICAL ALERT	Software license	-	-	-	-	-	-	2,060.72	(3,906.00)
DAN'S HEATING & AIR CONDITIONI	Repairs/maintenance	-	-	-	-	-	1,434.09	-	-
DIAGNOSTIC IMAGING ASSOCIATES	Radiology Purch Svs	2,150.00	-	-	-	2,150.00	2,150.00	2,150.00	-
DIRECTV	Cable service	297.60	-	-	-	297.60	297.60	297.60	-
DTG MEDICAL ELECTRONICS	Patient Supplies	822.89	-	-	-	822.89	964.89	-	-
DYNAMIC ACCESS	Vascular Consultant	795.67	-	-	-	795.67	-	-	-
eCLINICAL WORKS, LLC	RHC EHR	3,427.66	-	-	-	3,427.66	3,170.94	-	942.90
FEDEX	Shipping	-	-	-	-	-	32.17	78.82	-
FFF ENTERPRISES INC	Pharmacy Supplies	-	-	-	-	-	-	-	1,913.10
FIRST DIGITAL COMMUNICATIONS	IT Support Services	-	-	-	-	-	-	(22.32)	-
FOX BUILDING SUPPLY	Repairs/maintenance	-	-	-	-	-	-	111.92	504.13
FUCHA RADIO, LLC	Advertising	110.00	-	-	-	110.00	-	-	110.00
GEORGE BROS TERMITE & PEST CON	Pest Control Service	-	-	-	-	-	-	200.00	200.00
GRAINGER	Maintenance Supplies	661.56	-	-	-	661.56	-	508.49	-
GREER COUNTY TREASURER	Insurance	-	9,360.00	-	-	9,360.00	-	-	-
HAC INC	Dietary Supplies	62.46	-	-	-	62.46	25.70	101.90	53.18
HENRY SCHEIN	Lab Supplies	-	-	-	-	-	1,307.35	-	-
HEWLETT-PACKARD FINANCIAL SERV	Computer Services	-	-	-	-	-	307.10	307.10	307.10
HSI	Materials Purch svs	-	-	-	-	-	-	3,150.00	-
IN BLOOM FLOWERS AND GIFTS, LL	Supplies	65.00	-	-	-	65.00	-	-	-
INTEGO SOFTWARE, LLC	Software license	153.49	-	-	-	153.49	3,906.00	-	-
JENTRY BROWN	Van Graphics	-	-	-	-	-	-	-	1,875.00
KELLEY MARTINEZ	Expense Reimbursement	-	-	-	-	-	-	613.16	-
LANDAUER	Radiology Purch Svs	1,847.40	-	-	-	1,847.40	-	-	-
LG PRINT CO	Advertising	165.00	-	-	-	165.00	-	-	-
LOCKE SUPPLY	Plant Ops supplies	-	-	-	-	-	-	1,737.20	-
LOWES	Patient Supplies	737.95	-	-	-	737.95	677.02	-	-
MCKESSON - 340 B	Pharmacy Supplies	-	-	-	937.45	937.45	937.45	937.45	937.45
MCKESSON / PSS - DALLAS	Patient Care/Lab Supplies	1,975.39	-	-	1.43	1,976.82	102.14	1,938.40	1.43
MEDLINE INDUSTRIES	Patient Care/Lab Supplies	19,889.89	7,785.94	-	-	27,675.83	13,782.29	23,914.09	29,224.06
MYHEALTH ACCESS NETWORK, INC	Compliance purch svs	758.95	-	-	-	758.95	758.95	758.95	758.95
NUANCE COMMUNICATIONS INC	RHC purch svs	-	-	-	-	-	123.00	123.00	-
OFMQ	Quality purch svs	360.00	-	-	-	360.00	-	-	-
OKLAHOMA BLOOD INSTITUTE	Blood Bank	-	(332.90)	-	-	(332.90)	-	-	-
OKLAHOMA HOSPITAL ASSOCIATION	License	16,103.00	-	-	-	16,103.00	-	-	-
ORGANOGENESIS INC	Patient Care/Lab Supplies	-	-	-	-	-	-	-	765.00
PHARMA FORCE GROUP LLC	340B purch svs	-	-	-	-	-	-	-	595.70
PHARMACY CONSULTANTS, INC.	PHARMACY CONSULTANTS, INC.	2,950.00	-	-	-	2,950.00	2,700.00	3,987.93	2,700.00
PHILADELPHIA INSURANCE COMPANY	OHA Insurance	3,215.58	-	-	-	3,215.58	3,215.58	3,215.58	-
PM BIOMEDICAL INC.	Repair and Maintenance	395.00	-	-	-	395.00	-	-	-
PURCHASE POWER	Postage Fees	-	-	-	-	-	-	-	200.00
REYES ELECTRIC LLC	COVID Capital	-	-	-	-	-	-	-	525.00

VENDOR NAME	DESCRIPTION	0-30 Days	31-60 Days	61-90 Days	OVER 90 Days	12/31/2025	11/30/2025	10/31/2025	9/30/2025
RUSSELL ELECTRIC & SECURITY	Repair and Maintenance	35.00	-	-	-	35.00	1,118.80	-	805.00
SIEMENS HEALTHCARE DIAGNOSTICS	Service Contract	-	-	-	-	-	28.58	-	-
SMAART MEDICAL SYSTEMS INC	Radiology interface/Radiologist provider	-	-	-	-	-	1,735.00	1,735.00	1,735.00
SPACELABS HEALTHCARE LLC	Telemetry Supplies	-	-	-	-	-	635.00	-	-
SPARKLIGHT BUSINESS	Cable service	-	-	-	-	-	-	-	137.43
STANDLEY SYSTEMS LLC	Printer lease	-	-	-	-	-	-	2,509.69	2,345.50
STAPLES ADVANTAGE	Office Supplies	-	-	-	-	-	2,234.22	949.59	618.41
STAPLES, INC.	Office Supplies	627.41	-	-	-	627.41	-	-	-
STERICYCLE / SHRED-IT	Waste Disposal Service	-	-	-	-	-	158.79	1,607.39	1,592.44
SUMMIT UTILITIES	Utilities	2,664.57	-	-	-	2,664.57	175.26	138.65	1,095.25
SYSMEX AMERICA INC	Repair and Maintenance	-	-	-	-	-	9,282.90	-	-
TECUMSEH OXYGEN & MEDICAL SUPP	Patient Supplies	-	-	-	-	-	2,902.03	-	2,710.80
TELEFLEX	Patient Supplies	-	-	-	-	-	-	900.00	-
TRIOSE INC	Freight	182.24	-	-	-	182.24	388.61	531.99	-
TRUBRIDGE	Software license	-	-	-	-	-	459.70	-	-
ULINE	Patient Supplies	-	-	-	-	-	-	-	546.50
US FOODSERVICE-OKLAHOMA CITY	Food and supplies	3,188.43	-	-	(37.86)	3,150.57	3,781.29	632.93	(7.84)
<b>Grand Total</b>		<b>683,788.33</b>	<b>1,207,152.72</b>	<b>948,511.07</b>	<b>11,348,431.49</b>	<b>14,187,883.61</b>	<b>15,098,291.66</b>	<b>15,106,209.57</b>	<b>15,285,535.47</b>
					Conversion Variance	13,340.32	13,340.32	13,340.32	13,340.32
					AP Control	14,533,513.95	15,443,922.00	15,451,839.91	15,631,165.81
					Accrued AP	1,711,167.31	1,749,463.93	1,656,409.73	1,728,787.75
					AHSO Related AP	(892,723.76)	(892,723.76)	(892,723.76)	(892,723.76)
					<b>TOTAL AP</b>	<b>15,351,957.50</b>	<b>16,300,662.17</b>	<b>16,215,525.88</b>	<b>16,467,229.80</b>
						15,351,957.50	16,300,662.17	16,215,525.88	16,467,229.80
						-	-	-	-



**MASTER AFFILIATION AGREEMENT  
BETWEEN  
OKLAHOMA BAPTIST UNIVERSITY  
AND  
Mangum Regional Medical Center**

This Master Affiliation Agreement by and between OKLAHOMA BAPTIST UNIVERSITY, Shawnee, OK, with its principal address located at 500 W. University, Shawnee, Oklahoma 74804, hereinafter referred to as the “University,” and Mangum Regional Medical Center, with its principle address located at 1 Wickersham, Mangum, OK 73554-9117, hereinafter referred to as the “Agency,” shall become effective as of 01/01/2027.

WHEREAS, the University operates various health profession programs (each a “Program”), as listed in Appendix A of this Agreement, that require experiential learning experiences as part of the professional curriculum of its accredited programs; and

WHEREAS, the University desires and the Agency offers clinical and/or educational facilities (each a “Facility”) which meet criteria required by the University and its health profession programs; and

WHEREAS, the Agency is willing to provide experiential learning experiences, including without limitation supervised clinical rotations, to students enrolled at the University;

NOW THEREFORE, in consideration of the foregoing premises and the mutual agreements set forth herein, the University and Agency, hereinafter referred to as the “Parties”, agree as follows:

**I. AGREEMENT STRUCTURE**

**A. Master Affiliation Agreement:**

1. **Umbrella Terms:** This agreement acts as the overarching document outlining general terms and conditions applicable across all the University's health profession programs. It ensures a standardized approach to managing the relationship between the University, its students, and the Agency.
2. **Scope:** This agreement covers all students and faculty members involved in these Programs, ensuring they are all subject to the same foundational terms, creating consistency and clarity in expectations and responsibilities.

**B. Additional Program Addendum:**

1. **Tailored Terms:** Recognizing that different health profession programs may have unique requirements, especially concerning accreditation, the structure allows for these specificities to be addressed separately in Appendix A for those Programs identified in this Agreement or in Additional Program Addendums for those

Programs added later.

2. **Integration and Hierarchy:** Each Additional Program Addendum is considered an integral part of the Master Affiliation Agreement, ensuring a seamless application of terms. However, the Master Agreement takes precedence in case of any conflict between the general terms and the program-specific ones. This hierarchy simplifies resolution of discrepancies, prioritizing the broader agreement's terms while still accommodating specific program needs.

## II. UNIVERSITY RESPONSIBILITIES:

- A. **Program Management and Oversight:** The University retains full control and responsibility for all aspects of the Program(s), encompassing the management of experiential learning experiences, the assignment of student grades, and ensuring compliance with the standards of experiential education as mandated by the Program(s) and their respective accreditation body.
- B. **Designation of Program Coordinators:** A designated faculty or professional staff member will oversee the experiential learning components for each Program, facilitating direct coordination with the Agency and its Preceptors (cf. Section III.B.). The University commits to notifying the Agency in writing should there be any changes in personnel responsible for this coordination.
- C. **Planning and Coordination:** The University agrees to work collaboratively with the Agency to organize experiential learning experiences, initiating planning discussions at least six months in advance of each experience. Any adjustments to arrangements will be mutually agreed upon by both parties.
- D. **Student Eligibility:** Only students formally enrolled at the University and who have successfully completed the prerequisite curriculum components of the Program will be assigned to the Agency for experiential learning.
- E. **Supervision of Students:** The University will ensure that all Preceptors (cf. Section III.B.) are qualified, in accordance with Program and accreditation body requirements, to provide appropriate student supervision during experiential learning experiences.
- F. **Program Orientation and Information:** The University commits to supplying the Agency and designated Preceptors with comprehensive orientation materials and detailed information about the Program and each specific experiential learning opportunity a minimum of weeks before the commencement of each experience. These materials shall include:
  1. Identification details of participating student(s), the timeframe of the experiential learning experience, and names of associated clinical instructional faculty.
  2. An overview of the Program, including its mission, goals, values; an outline of the

curriculum and teaching methodology; insights into academic preparation aligned with the curriculum; alongside grading and assessment frameworks. All pertinent forms related to the experiential learning experience and guidelines for their completion will also be included.

3. Detailed syllabi for each experiential learning encounter, highlighting instructional objectives and anticipated learning outcomes.
4. Any additional relevant information as may be requested by the Agency and agreed upon by both parties.

#### **G. Student Preparation and Compliance:**

1. **Student Responsibilities:** Inform students of their responsibility to acquire necessary items such as books, uniforms, and personal supplies as required by the Agency.
2. **Health Insurance and Documentation:**
  - a. Ensure all participating students possess health insurance, providing proof before training begins.
  - b. Mandate completion of a criminal background check and appropriate immunizations as per CDC guidelines. Inform students that a drug test or other similar screening tests may be required pursuant to the Agency's policies and practices, and that the cost of any such test, and any other testing required, will be paid by the student, if not the Agency. The University will provide documentation of these requirements as requested by the Agency.
3. **Agency Policies and Legal Compliance:**
  - a. Advise students to comply with all applicable Agency rules, regulations, and procedures and complete all training as required by Agency.
  - b. Instruct students on the confidentiality of client information and the legal standards established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §§1320d et seq., and regulations adopted under that act, as modified by the Health Information Technology for Economic and Clinical Health Act (HITECH) (P.L. 111-5), and regulations adopted under that act at 45 CFR Parts 160, 162, and 164, emphasizing the survival of these requirements beyond the completion of the experiential learning experience.
  - c. Instruct University students placed into a school setting for experiential

learning on the appropriate handling and privacy of student education records as established by the Family Educational Rights and Privacy Act of 1974, (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), and the survival of these requirements beyond the completion of the experiential learning experience.

#### 4. **Occupational Safety Training:**

- a. Provide training aligned with the Occupational Safety and Health Administration's (OSHA) Occupational Exposure to Blood borne Pathogens Final Rule 29 CFR Part 1910.1030, as published in the Federal Register Friday, December 6, 1991.
- b. Training will include the modes of transmission, epidemiology and symptoms of Hepatitis B virus (HBV) and Human Immunodeficiency (HIV) and other blood borne pathogens; methods of control that prevent or reduce exposure including universal precautions, appropriate engineering controls, work practices, and personal protective equipment; and information on the hepatitis B vaccine, its efficacy, safety, method of administration, and benefits of being vaccinated.

### III. **AGENCY RESPONSIBILITIES:**

- A. **Client Care and Standards:** The Agency holds complete responsibility for client care and adhering to established care standards. Students, considered as trainees, shall not replace Agency staff nor provide unsupervised care. All student services must be educationally valuable and aligned with University-defined learning outcomes, under the reasonable and appropriate supervision by the Agency.
- B. **Preceptor Designation:** An Agency employee, meeting the qualifications outlined by the Program and its respective accrediting body, will be designated as a Preceptor to oversee and evaluate the experiential learning at the Agency. The Agency will communicate to the University the names and credentials of personnel designated as Preceptors responsible for overseeing the students' experiences. Preceptors will be allocated adequate time for essential duties including planning, supervision, evaluation, and familiarization with the University's programs. Furthermore, they are obliged to review all preparatory materials provided by the University, complete evaluations as requested by the University, and engage in discussions with University faculty when reasonably required, considering time constraints. The University retains the right to verify Preceptor credentials and qualifications to serve in this capacity prior to the student beginning the experiential learning experience.
- C. **Student Capacity Notification:** The Agency will inform the University of the maximum number of students it can accommodate for each experiential learning opportunity at least six months before each academic term.

- D. **Clearance Requirement Notifications:** The Agency will notify the University of any clearance prerequisites, such as criminal background checks or required immunizations, that surpass the University's standards and provide adequate time for student compliance.
- E. **Consistent Learning Experiences:** The Agency will provide accepted students with learning experiences that align with the Program's educational objectives and learning outcomes and fulfill the necessary hours for academic credit, degree completion, and licensure.
- F. **Quality Assurance of Facilities:** Facilities, equipment, services, and personnel required for high-quality experiential learning will be provided and maintained by the Agency.
- G. **Orientation for Students:** Prior to permitting any direct contact with clients, the Agency must ensure and facilitate an orientation for students. This orientation should cover the following areas, as appropriate:
1. Detailed information on the Agency's Exposure Control Plan for bloodborne pathogens, including how faculty and students can access the plan. The plan should clearly outline the procedures for handling incidents like needle-sticks or similar exposures, ensuring immediate medical care is provided, followed by the initiation of protocols for HBV, HCV, and HIV, including pertinent counseling and testing.
  2. An overview of the Agency's rules, regulations, policies, and procedures, with a focus on privacy and security protocols that faculty and students are expected to follow.
  3. Information about the personal protective equipment (PPE) available across the Agency's work areas, ensuring safety and compliance with health standards.
  4. A detailed outline of the work and on-call schedules, if applicable, to prepare students for their clinical responsibilities.
  5. An introduction session for students to meet key clinical and auxiliary staff within the Agency, fostering a welcoming and informed entry into the clinical environment.
- H. **Supervision and Access:** The Agency commits to supervising students and granting them access to clients, records, and resources necessary for achieving the educational objectives of their experiential learning.
- I. **Performance Records and Feedback:** The Agency will maintain records of student performance, providing feedback as required by the Program. Any significant

deficiencies in a student's ability to meet learning objectives should be reported to the University promptly for remediation planning.

- J. **Confidential Incident Notification:** The Agency commits to promptly informing the University of any incidents or claims involving students in a manner that strictly adheres to applicable confidentiality protections. This ensures that the University can promptly address the situation, offering necessary support or adjustments to the student's program. In any scenario where a student's participation could potentially compromise client welfare, the Agency will temporarily reassign the student to an observational role. This measure remains in effect until the incident is thoroughly investigated and resolved, safeguarding client care and safety.
- K. **Student Withdrawal Rights:** The Agency reserves the right to request the withdrawal of any student who does not adhere to appropriate dress code, behavior standards, administrative and medical policies, or is unable to provide safe care.
- L. **Accreditation and Program Assessment Support:** Upon reasonable advance request, the Agency will allow University and Program representatives access to its facilities and Preceptor(s) for accreditation visits and program effectiveness assessments.
- M. **Security and Safety:** Appropriate security and safety measures will be provided for students in instructional and commonly used areas, including library, dining, and parking facilities.
- N. **Work-Related Injuries:** The Agency's policies will govern the management of work-related injuries, with these policies communicated to students at the start of their experiential learning. The Agency will advise the Program in writing of any injury sustained by students.
- O. **Health and Safety Compliance:** The Agency will comply with health and safety laws, providing emergency care for students exposed to an infectious or environmental hazard or other occupational injury at a cost not exceeding that charged to the public. The Agency will immediately refer the student to the nearest emergency facility if unable to provide appropriate care.
- P. **Privacy Protection:** The Agency agrees not to disclose personally identifiable student information without consent, using such information solely for the purposes of the Program. Under FERPA, the Agency is considered a University official with legitimate educational interest in accessing student records necessary for the completion of experiential learning.

#### IV. JOINT RESPONSIBILITIES OF THE UNIVERSITY AND AGENCY:

- A. **Coordination of Experiential Learning Schedules:** The duration and start dates of each experiential learning opportunity will be jointly decided by the University and

Agency, aligning as closely as possible with the academic calendar while meeting accreditation and licensure requirements.

- B. HIPAA Compliance and Student Involvement:** The Agency acknowledges its status as a covered entity under the Health Insurance Portability and Accountability Act (HIPAA) and subject to 45 CFR Parts 160 and 164 (“the HIPAA Privacy Regulation”). To the extent that students are participating in an experiential learning experience at Agency such students shall:
1. Be considered part of the Agency's workforce for HIPAA compliance in accordance with 45 CFR Part 164.103 but shall not be considered as employees of the Agency.
  2. Receive and complete Agency-provided HIPAA training and adhere to all related privacy policies.
  3. Not disclose any Protected Health Information (PHI) obtained during their training that has not been de-identified, per HIPAA guidelines.
- C. FERPA Compliance:** Both parties commit to adhering to applicable provisions of the Family Educational Rights and Privacy Act of 1974, 20 USC 1232 (g), otherwise known as FERPA regulations, ensuring the confidentiality of University student information, and Agency student information where applicable, obtained in the performance of experiential learning, and limiting the use of such information to purposes directly related to this agreement.
- D. Confidentiality of Client Information:** Both parties will keep confidential all client information related to the services provided under this Agreement unless disclosure is legally required. Non-compliance may lead to agreement termination and further legal action.
- E. Non-Discrimination:** The University and Agency pledge not to illegally discriminate against any individual based on race, color, religion, sex, national origin, age, order of protection status, marital status, ancestry, military status, unfavorable discharge from military service, sexual orientation or physical or mental disability in the employment, training, or promotion of students or personnel engaged in the performance of this Agreement. Both Parties will abide by all relevant laws and regulations.
- F. Insurance Requirements.** Each Party shall be responsible for providing and maintaining its own insurance coverage. The Agency shall maintain Comprehensive General Liability and Professional Liability Insurance for its agents, employees, and staff. The University shall maintain Comprehensive General Liability for the University and will ensure that students are covered by Professional Liability Insurance. All policies shall have coverage limits of at least \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Upon request, either Party shall provide the other with certificates of insurance as proof of

coverage.

- G. **Appropriate Learning Environment:** The University and Agency share the responsibility of fostering a conducive learning atmosphere that includes both formal learning activities and the attitudes and values demonstrated by those interacting with students. The Parties will cooperate to evaluate the training program, which may include on-site visits.
- H. **Independent Contractor.** Nothing in this Agreement is intended nor shall it be construed to create an employer/employee relationship between contracting Parties or the students engaged in the practicum. The sole interest and responsibility of the Parties is that the services covered by this Agreement shall be performed and rendered in a competent, efficient, and satisfactory manner. This Agreement does not form a joint venture or partnership. Agency will not be responsible for the Federal Insurance Contribution Act payments, federal or state unemployment taxes, income tax withholding, Workers Compensation Insurance payments, or any other insurance payments, nor will Agency furnish any medical or retirement benefits or any paid vacation or sick leave. Agency is responsible for conduct of its business operation.

## V. TERMS:

- A. **Term of Agreement.** This agreement shall become effective immediately and remain in effect indefinitely unless terminated by either party. This agreement may be modified upon request of either party or terminated by one party upon thirty (30) days written notice to the other. The ongoing nature of this agreement ensures continuous collaboration and provides stability and planning security for both parties. Should this agreement be terminated, students already scheduled for training will be permitted to complete their experience to safeguard the interests and educational continuity of the students involved.
- B. **Indemnification.** The University shall indemnify and hold harmless the Agency against all claims arising from personal injury, death, or property damage resulting from the negligent acts and/or omissions of students and employees. Conversely, the Agency shall indemnify and defend the University against claims resulting from the negligent acts and/or omissions of its employees. The University retains the right to investigate any claims of liability or discrimination involving its personnel or students.
- C. **Assignment.** Neither party may assign this Agreement or any rights or obligations herein without the other party's written consent, which shall not be unreasonably withheld.
- D. **Severability.** Should any provision of this Agreement be deemed invalid or unenforceable, such invalidity or unenforceability will not affect the remainder of the Agreement, which will remain in full force and effect.

- E. **Notices.** All notices under this Agreement must be in writing. Notices are deemed delivered on the date of actual receipt or, if sent by confirmed facsimile, personal delivery, or overnight delivery service, on the date of dispatch or delivery to the provided addresses, unless otherwise specified.
- F. **Governing Law.** This Agreement is governed by the laws of the State of Oklahoma.
- G. **Execution in Counterparts:** This Agreement may be executed in multiple counterparts, each of which is deemed an original, but all of which together constitute the same agreement. Digital signatures shall be considered as valid as original signatures.
- H. **No Third-Party Beneficiaries.** This Agreement benefits only the parties to it and their respective successors, employees, agents, assigns, executors and legal representatives during the initial term of this Agreement and any extensions thereof and does not confer rights or remedies on any third party.
- I. **Captions.** The captions contained in this Agreement are for convenience of reference only and do not define, describe, or limit the scope or intent of this Agreement or any of its provisions.
- J. **Entire Agreement.** This document embodies the entire agreement between the parties, superseding all prior agreements, whether written or oral. Amendments or waivers of this Agreement must be in writing and signed by both parties.

**IN WITNESS WHEREOF**, the parties have caused this Agreement to be executed in their respective corporate names by duly authorized officers, all on the day and year first set forth above.

For and on behalf of:

Oklahoma Baptist University  
University Name

By: *Larinee Dennis*  
Name: Dr. Larinee Dennis  
Its: Provost, Chief Academic Officer  
Date: 11/05/2025

Mangum Regional Medical Center  
Agency Name

By: \_\_\_\_\_  
Name: Carson VanZant  
Its: Board Chair  
Date: \_\_\_\_\_

E-mail: cher@chmcok.com  
Phone: 580-782-3353

**APPENDIX A to MASTER AFFILIATION AGREEMENT  
BETWEEN  
OKLAHOMA BAPTIST UNIVERSITY  
AND  
Mangum Regional Medical Center**

1. The health profession Programs included in this Agreement include:

Physician Associate (equivalent to Physician Assistant)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Specific requirements associated with one or more of these Programs:

**APPENDIX B TO MASTER AFFILIATION AGREEMENT  
BETWEEN  
OKLAHOMA BAPTIST UNIVERSITY  
AND  
Mangum Regional Medical Center**

Facilities of the System

1. Mangum Family Clinic  
118 S. Louis Tittle  
Mangum, OK 73554

### Hospital Vendor Contract Summary Sheet

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** Port53 Technologies/Meraki
3.    **Contract Parties :** MRMC/Port53 Technologies
4.    **Contract Type Services:** IT
5.    **Impacted Hospital Departments:** Cyber infrastructure
6.    **Contract Summary:** Meraki software allows staff and providers to have uninterrupted access to EMR/HER systems, medical imaging, and communication platforms. This is for a new access point on the east patient hall. This will allow for connectivity with all devices on the east hall such as our pharmacy camera.
7.    **Cost:** \$270.86
8.    **Prior Cost:**
9.    **Term:** 36-month agreement
10.   **Termination Clause:** None
11.   **Other:** We don't have an access point on the west hall currently.



350 5th Ave, Suite 4750  
New York, NY 10118

<b>Date</b>	<b>Quote No.</b>	<b>Expiration Date</b>	<b>Billing</b>	<b>Payment Term</b>	<b>Contract Length</b>
12 / 12 / 2025	Quote 37803	2 / 28 / 2026	Upfront	Net 30	36.00 Months

Brandon Smith  
Mangum Regional Medical Center  
1 Wickersham St  
Mangum, Oklahoma, 73554

**Software Subscription**

	Price	Quantity	Term	Discount	Total
<b>Meraki MR Cloud Meraki MR Series - Enterprise</b>	\$12.54	1	36	40 %	\$270.86
Wireless Access Point   Meraki MR Cloud   Quantity in Licenses   LIC-ENT					

Software Subscription Total \$270.86

<b>Grand Total</b>	<b>\$270.86</b>
<b>You'll save</b>	<b>\$180.58</b>

\*Plus all applicable taxes

Are you a tax exempt business?

Accepted by

Date

Send invoices to:

- Me
- Billing Contact

**Port53 Technologies Software License Agreement**

**Renewal Term:** all Software Subscription Term(s) shall automatically renew for an additional term equal to the Contract Length noted above, unless either party gives the other written notice of non-renewal at least 90 days before the end of the then-current Software Subscription Term. Notwithstanding properly noticed non-renewal, the Client acknowledges the Software Subscription Term(s) cannot be terminated because Port53 Technologies must advance all fees on behalf of Client for the Software that is subject to the Software Subscription(s).

**No Warranties:** the Software Subscription offered in this Quote is provided without any warranty, express or implied, and is being offered "as is." The Client must assess the compatibility and suitability of the Software Subscription(s) for their specific needs and requirements before proceeding with this Quote.

**Disputes:** Any legal action arising from this Quote shall be administered by the American Arbitration Association and the prevailing party shall be entitled to recover their attorneys' fees and costs from the other party.

### Hospital Vendor Contract Summary Sheet

1.  Existing Vendor                       New Vendor
2. **Name of Contract:** Port53 Technologies/Meraki
3. **Contract Parties :** MRMC/Port53 Technologies
4. **Contract Type Services:** IT
5. **Impacted Hospital Departments:** Cyber infrastructure
6. **Contract Summary:** Meraki software allows staff and providers to have uninterrupted access to EMR/HER systems, medical imaging, and communication platforms. This is for a new switch with license for troubleshooting and support. This allows us to continue to build on our current network.
7. **Cost:** \$3,239.91 for 3 years- one-time fee
8. **Prior Cost:**
9. **Term:** 36-month agreement
10. **Termination Clause:** None
11. **Other:** We have and old switch that is out of support



350 5th Ave, Suite 4750  
New York, NY 10118

<b>Date</b> 12 / 18 / 2025	<b>Quote No.</b> Quote 37894	<b>Expiration Date</b> 2 / 28 / 2026	<b>Billing</b> Upfront	<b>Payment Term</b> Net 30	<b>Contract Length</b> 36.00 Months
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Brandon Smith  
Mangum Regional Medical Center  
1 Wickersham St  
Mangum, Oklahoma, 73554

### Software Subscription

	Price	Quantity	Term	Discount	Total
<b>Meraki MS Cloud Meraki MS130-48 - Enterprise</b> Switch   Meraki MS Cloud   Quantity in Licenses   LIC-MS130-48-3Y	\$18.64	1	36	48 %	\$348.94

Software Subscription Total **\$348.94**

### Hardware

	Price	Quantity	Discount	Total
<b>Meraki MS130-48 Switch 48-Port 1GbE PoE+, 4-Port 1GbE SFP, 740W</b> Switch   Meraki MS130-48 Switch   Quantity in Units   MS130-48P-HW	\$5,559.56	1	48 %	\$2,890.97

Hardware Total **\$2,890.97**

<b>Grand Total</b>	<b>\$3,239.91</b>
<b>You'll save</b>	<b>\$2,990.69</b>

\*Plus all applicable taxes



matt@port53tech.com  
port53tech.com

Are you a tax exempt business?

Accepted by

Date

Send invoices to:

- Me
- Billing Contact

Hardware Shipping Address

United States

**Port53 Technologies Software License Agreement**

**Renewal Term:** all Software Subscription Term(s) shall automatically renew for an additional term equal to the Contract Length noted above, unless either party gives the other written notice of non-renewal at least 90 days before the end of the then-current Software Subscription Term. Notwithstanding properly noticed non-renewal, the Client acknowledges the Software Subscription Term(s) cannot be terminated because Port53 Technologies must advance all fees on behalf of Client for the Software that is subject to the Software Subscription(s).

**No Warranties:** the Software Subscription offered in this Quote is provided without any warranty, express or implied, and is being offered "as is." The Client must assess the compatibility and suitability of the Software Subscription(s) for their specific needs and requirements before proceeding with this Quote.

**Disputes:** Any legal action arising from this Quote shall be administered by the American Arbitration Association and the prevailing party shall be entitled to recover their attorneys' fees and costs from the other party.

**Hospital Vendor Contract Summary Sheet**

1.     Existing Vendor                       New Vendor
2.    **Name of Contract:** Puckett's Drug Company
3.    **Contract Parties:** MRMC/Puckett's Drug Company
4.    **Contract Type Services:** Pharmacy Services Agreement
5.    **Impacted Hospital Departments:** Hospital Outpatients
6.    **Contract Summary:** This amendment updates the original agreement to where both entities maintain a general liability insurance with limits of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate per policy year..
7.    **Cost:** None
8.    **Prior Cost:** None
9.    **Term:**
10.   **Termination Clause:**
11.   **Other:**

## AMENDMENT NO. 3 TO 340B CONTRACT PHARMACY SERVICES AGREEMENT

This Third Amendment is dated as signed below and amends the Contract Pharmacy Services Agreement dated November 22, 2021 between Mangum Regional Hospital (Covered Entity) and Puckett Discount Drug (Pharmacy).

### Amendments to Agreement

The Agreement is amended as follows. Except as expressly amended by this Amendment, all terms and conditions of the Agreement remain unchanged and in full force and effect.

Insurance. With respect to the performance of their respective obligations under this Agreement, Covered Entity and Pharmacy shall each maintain general liability insurance with limits of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate per policy year. Upon request by a Party, the other Party shall provide evidence of such insurance.

### Superseding Effect

In the event of a conflict between this Amendment and the Agreement, this Amendment shall control.

### Counterparts

This Amendment may be executed in counterparts and by electronic signature.

### SIGNATURES

#### Puckett Discount Drug

By: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### Mangum Regional Medical Center

By: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

<b>Mangum Regional Medical Center</b>	
<b>FY26 Budget</b>	
<i>Assumptions</i>	
1	<b>ADC: CY = 9.83; Budget = 9.83</b>
2	<b>Patient Day Payor Mix changes (if any)</b>
3	<b>Calendar Days: CY = 365; Budget Year 365</b>
4	<b>Business Days: CY = 250; Budget Year = 250</b>
5	<b>SHOPP &amp; Sooner Select incr (decr) vs CY = as of 12.31.25</b>
6	<b>ER visits: CY = 4.73 per calendar day; Budget = 4.73</b>
7	<b>Other visits: CY = 4.66 per calendar day; Budget = 4.66</b>
8	<b>RHC visits: CY 10.44 per business day; Budget 12</b>
9	<b>340B: Revenues = Budgeted 15% Increase in relation to RHC visits</b>
10	<b>340B: Expenses = Budgeted 15% Increase in relation to RHC visits</b>
11	<b>Salary Adjustment of 3% for employees</b>
12	<b>Budgeted 3 Strong Minds Patients for 2026</b>
13	
14	
15	

Mangum Regional Medical Center

FY 2026 BUDGET - Income Statement Summary

Accrual Basis

KEY STATISTICAL DATA														CY vs PY		
	CY Annualized	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	FY26	Incr (Decr)	% Incr (Decr)
Month																
Days in Month	365	31	28	31	30	31	30	31	31	30	31	30	31	365	0	0.00%
Business Days	250	20	19	22	22	20	21	22	21	21	19	22	250	0	0.00%	
Acute Patient Days	561	48	43	48	46	47	46	47	48	46	48	46	561	0	0.00%	
Swing-Bed Patient Days	3026	257	232	257	249	257	249	257	256	249	257	249	3026	0	0.00%	
Acute and Swing-Bed Patient Days	3587	305	275	305	295	304	295	304	304	295	305	295	3587	0	0.00%	
ER visits	1726	147	132	147	142	147	142	147	147	142	147	142	1726	0	0.00%	
TOTAL OP VISITS or Dept Specific Stats	1700	144	130	144	140	144	140	144	144	140	144	140	1700	0	0.00%	
RHC / clinic visits	2610	240	228	264	264	240	252	264	252	252	252	228	264	390	14.94%	

	CY Annualized	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	FY26	Incr (Decr)	% Incr (Decr)
Patient service revenue, gross	27,419,483	2,348,214	2,117,662	2,351,328	2,274,953	2,341,372	2,273,322	2,344,486	2,345,163	2,273,322	2,349,697	2,270,208	2,342,042	27,631,770	212,287	0.8%
Contractual adjustments	(9,536,611)	(809,873)	(671,673)	(813,073)	(767,473)	(806,173)	(766,573)	(811,473)	(812,173)	(768,073)	(814,273)	(760,373)	(801,573)	(9,402,776)	133,836	-1.4%
Provision for bad debts	(655,330)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(655,330)	-	0.0%
Patient service revenue, net	17,227,542	1,483,730	1,391,378	1,483,645	1,452,869	1,480,588	1,452,138	1,478,403	1,478,379	1,450,638	1,480,813	1,455,224	1,485,858	17,573,664	346,122	2.0%
340B revenue	228,753	21,065	19,957	23,182	23,182	21,065	22,073	23,182	22,073	22,073	22,073	19,957	23,182	263,066	34,313	15.0%
Other revenue	65,177	5,452	5,441	5,475	5,475	5,452	5,463	5,475	5,463	5,463	5,463	5,441	5,475	65,539	362	0.6%
Total operating revenue	17,521,472	1,510,248	1,416,776	1,512,301	1,481,526	1,507,106	1,479,675	1,507,059	1,505,916	1,478,175	1,508,350	1,480,622	1,514,515	17,902,269	380,797	
Salaries	4,334,432	380,701	344,684	380,701	368,696	379,501	368,696	379,501	379,501	368,696	380,701	368,696	380,701	4,480,775	146,343	3.4%
Contract labor	5,151,567	444,988	402,544	444,988	430,840	443,574	430,840	443,574	443,574	430,840	444,988	430,840	444,988	5,236,580	85,013	1.7%
Benefits	892,457	71,545	66,556	71,545	69,882	71,378	69,882	71,378	71,378	69,882	71,545	69,882	71,545	846,397	(46,060)	-5.2%
Professional fees	952,722	84,925	82,303	84,925	84,051	84,838	84,051	84,838	84,838	84,051	84,925	84,051	84,925	1,012,722	60,000	6.3%
Purchase Services	1,495,066	124,423	124,375	124,423	124,407	124,421	124,407	124,421	124,421	124,407	124,423	124,407	124,423	1,492,957	(2,109)	-0.1%
Management fees	2,700,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	225,000	2,700,000	-	0.0%
Supplies expense	971,904	82,864	74,759	82,864	80,162	82,610	80,162	81,170	81,170	78,722	80,843	78,142	80,746	964,217	(7,687)	-0.8%
Rental expense	203,767	16,403	16,403	16,403	16,403	16,403	15,527	15,527	15,527	15,527	15,527	15,527	15,527	190,701	(13,066)	-6.4%
Utilities	157,667	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	157,667	-	0.0%
Travel & Meals	14,840	1,304	1,286	1,304	1,298	1,304	1,298	1,304	1,304	1,298	1,304	1,298	1,304	15,608	768	5.2%
Repairs and Maintenance	161,524	13,460	13,460	13,460	13,460	13,460	13,460	13,460	13,406	13,406	13,406	13,406	13,406	161,254	(270)	-0.2%
Insurance expense	206,411	13,720	13,720	13,720	13,720	13,720	13,720	13,720	13,720	13,720	13,720	18,993	18,993	175,189	(31,222)	-15.1%
340B expenses	155,034	15,391	15,107	15,961	15,961	15,391	15,676	15,961	15,676	15,676	15,676	15,107	15,961	187,545	32,511	21.0%
Other expense	137,984	13,266	13,263	13,266	13,265	13,266	13,265	13,266	13,266	13,265	13,266	13,265	13,266	159,182	21,198	15.4%
Total operating expenses	17,535,375	1,501,131	1,406,599	1,501,700	1,470,285	1,498,005	1,469,124	1,496,259	1,495,920	1,467,630	1,498,465	1,471,752	1,503,925	17,780,794	245,420	1.4%
EBIDA	(13,903)	9,117	10,177	10,601	11,241	9,101	10,551	10,800	9,996	10,545	9,886	8,870	10,590	121,474	135,377	
Interest expense	1,205	100	100	100	100	100	100	100	100	100	100	100	100	1,205	-	0.0%
Depreciation	339,086	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	339,086	-	0.0%
Net income (loss)	(354,194)	(19,240)	(18,181)	(17,757)	(17,116)	(19,257)	(17,807)	(17,557)	(18,362)	(17,813)	(18,472)	(19,488)	(17,768)	(218,816)	135,377	-38.2%
Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Change in net assets	(354,194)	(19,240)	(18,181)	(17,757)	(17,116)	(19,257)	(17,807)	(17,557)	(18,362)	(17,813)	(18,472)	(19,488)	(17,768)	(218,816)	135,377	-38.2%

0.00

<b>Mangum Regional Medical Center</b>	
<b>FY26 Budget</b>	
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Mangum Regional Medical Center  
 FY 2026 BUDGET - Income Statement Summary

CASH Basis

KEY STATISTICAL DATA														CY vs PY		
	CY Annualized	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	FY26	Incr (Decr)	% Incr (Decr)
Month	365	31	28	31	30	31	30	31	31	30	31	30	31	365	0	0.00%
Days in Month	365	31	28	31	30	31	30	31	31	30	31	30	31	365	0	0.00%
Business Days	250	20	19	22	22	20	21	22	21	21	21	19	22	250	0	0.00%
Acute Patient Days	561	48	43	48	46	47	46	47	48	46	48	46	48	561	0	0.00%
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Acute and Swing-Bed Patient Days	3587	305	275	305	295	304	295	304	304	295	305	295	305	3587	0	0.00%
ER visits	1726	147	132	147	142	147	142	147	147	142	147	142	144	1726	0	0.00%
TOTAL OP VISITS or Dept Specific Stats	1700	144	130	144	140	144	140	144	144	140	144	140	146	1700	0	0.00%
RHC / clinic visits	2610	240	228	264	264	240	252	264	252	252	252	228	264	3000	390	14.94%

	CY Annualized	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	FY26	Incr (Decr)	% Incr (Decr)
Patient service revenue, gross	27,419,483	2,348,214	2,117,662	2,351,328	2,274,953	2,341,372	2,273,322	2,344,486	2,345,163	2,273,322	2,349,697	2,270,208	2,342,042	27,631,770	212,287	0.8%
Contractual adjustments	(9,536,611)	(809,873)	(671,673)	(813,073)	(767,473)	(806,173)	(766,573)	(811,473)	(812,173)	(768,073)	(814,273)	(760,373)	(801,573)	(9,402,776)	133,836	-1.4%
Provision for bad debts	(655,330)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(54,611)	(655,330)	-	0.0%
Patient service revenue, net	17,227,542	1,483,730	1,391,378	1,483,645	1,452,869	1,480,588	1,452,138	1,478,403	1,478,379	1,450,638	1,480,813	1,455,224	1,485,858	17,573,664	346,122	2.0%
340B revenue	228,753	21,065	19,957	23,182	23,182	21,065	22,073	23,182	22,073	22,073	22,073	19,957	23,182	263,066	34,313	15.0%
Other revenue	65,177	5,452	5,441	5,475	5,475	5,452	5,463	5,475	5,463	5,463	5,463	5,441	5,475	65,539	362	0.6%
Total operating revenue	17,521,472	1,510,248	1,416,776	1,512,301	1,481,526	1,507,106	1,479,675	1,507,059	1,505,916	1,478,175	1,508,350	1,480,622	1,514,515	17,902,269	380,797	
Salaries	4,334,432	380,701	344,684	380,701	368,696	379,501	368,696	379,501	379,501	368,696	380,701	368,696	380,701	4,480,775	146,343	3.4%
Contract labor	5,151,567	444,988	402,544	444,988	430,840	443,574	430,840	443,574	443,574	430,840	444,988	430,840	444,988	5,236,580	85,013	1.7%
Benefits	892,457	71,545	66,556	71,545	69,882	71,378	69,882	71,378	71,378	69,882	71,545	69,882	71,545	846,397	(46,060)	-5.2%
Professional fees	952,722	84,925	82,303	84,925	84,051	84,838	84,051	84,838	84,838	84,051	84,925	84,051	84,925	1,012,722	60,000	6.3%
Purchase Services	1,495,066	124,423	124,375	124,423	124,407	124,421	124,407	124,421	124,421	124,407	124,423	124,407	124,423	1,492,957	(2,109)	-0.1%
Management fees	2,700,000	205,760	206,819	207,243	207,884	205,743	207,193	207,443	206,638	207,187	206,528	205,512	207,232	2,481,184	#####	-8.1%
Supplies expense	971,904	82,864	74,759	82,864	80,162	82,610	80,162	81,170	81,170	78,722	80,843	78,142	80,746	964,217	(7,687)	-0.8%
Rental expense	203,767	16,403	16,403	16,403	16,403	16,403	15,527	15,527	15,527	15,527	15,527	15,527	15,527	190,701	(13,066)	-6.4%
Utilities	157,667	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	13,139	157,667	-	0.0%
Travel & Meals	14,840	1,304	1,286	1,304	1,298	1,304	1,298	1,304	1,304	1,298	1,304	1,298	1,304	15,608	768	5.2%
Repairs and Maintenance	161,524	13,460	13,460	13,460	13,460	13,460	13,460	13,460	13,406	13,406	13,406	13,406	13,406	161,254	(270)	-0.2%
Insurance expense	206,411	13,720	13,720	13,720	13,720	13,720	13,720	13,720	13,720	13,720	13,720	18,993	18,993	175,189	(31,222)	-15.1%
340B expenses	155,034	15,391	15,107	15,961	15,961	15,391	15,676	15,961	15,676	15,676	15,676	15,107	15,961	187,545	32,511	21.0%
Other expense	137,984	13,266	13,263	13,266	13,265	13,266	13,265	13,266	13,266	13,265	13,266	13,265	13,266	159,182	21,198	15.4%
Total operating expenses	17,535,375	1,481,891	1,388,418	1,483,944	1,453,168	1,478,749	1,451,317	1,478,702	1,477,558	1,449,817	1,479,993	1,452,264	1,486,158	17,561,978	26,604	0.2%
EBIDA	(13,903)	28,358	28,358	28,358	28,358	28,358	28,358	28,358	28,358	28,358	28,358	28,358	28,358	340,290	354,194	
Interest expense	1,205	100	100	100	100	100	100	100	100	100	100	100	100	1,205	-	0.0%
Depreciation	339,086	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	28,257	339,086	-	0.0%
Net income (loss)	(354,194)	(0)	-	(0)	-	-	-	-	-	-	-	-	-	0	354,194	-100.0%
Non-Operating Income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
Change in net assets	(354,194)	(0)	-	(0)	-	-	-	-	-	-	-	-	-	0	354,194	-100.0%

0.00