



**AGENDA  
CCMC AUTHORITY BOARD OF DIRECTORS  
ZOOM MEETING OR TELECONFERENCE  
January 28th 2021 at 6:00PM**

AT CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

**Board of Directors**

Greg Meyer exp. 3/22  
Kelsey Hayden exp. 3/23  
Linnea Ronnegard exp. 3/21  
Gary Graham exp. 3/21  
Craig Kuntz exp. 3/21

**CEO**

**Hannah Sanders, M.D.**

**OPENING:** Call to Order

Roll Call – Greg Meyer, Linnea Ronnegard, Gary Graham, Kelsey Hayden and Craig Kuntz.

Establishment of a Quorum

**A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS  
(Speaker must give name and agenda item to which they**

1. Audience Comments (limited to 3 minutes per speaker).
2. Guest Speaker

**B. CONFLICT OF INTEREST**

**C. APPROVAL OF AGENDA**

**D. APPROVAL OF MINUTES**

1. December 15, 2020 Special Meeting Minutes Pgs 1-3

**E. REPORTS OF OFFICERS OR ADVISORS**

1. Board Chair Report
2. CEO Report Pgs 4-6
3. Medical Director’s Report Pg 7
4. CFO Report Pgs 8-10
5. CNO Report Pg 11
6. Quality Improvement Report Pg 12
7. Ancillary Services Quarterly Report Pg 13
8. Sound Alternatives Quarterly Report Pgs 14-15

**F. ACTION ITEMS**

1. DZA Engagement Letter Pgs 16-25
2. UST Bid approval for Pinnacle Construction Pg 26
3. Chemistry Analyzer – Emergency Replacement Pg 27
4. Delineation of Privileges for Brian Iutzi, MD Pgs 28-31

**G. DISCUSSION ITEMS**

1. Board of Director’s Tour of CCMC

**H. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)** Members of the public are given the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session.

**I. BOARD MEMBERS COMMENTS**

**J. EXECUTIVE SESSION - None**

**K. ADJOURNMENT**

**Due to COVID-19, we ask that you not come to CCMC to attend Board meetings in person.**

**This Board of Directors meeting will be held via ZOOM:**

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

**For a full packet, go to [www.cityofcordova.net/government/boards-commissions/health-services-board](http://www.cityofcordova.net/government/boards-commissions/health-services-board)**

\*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

**Minutes**  
**CCMC Authority – Board of Directors**  
**Via ZOOM Meeting or Teleconference**  
**December 15th, 2020 at 6:00pm**  
**Special Meeting**

**CALL TO ORDER AND ROLL CALL –**

**Greg Meyer** called the Board Meeting to order at 6:00pm.

Board members present: **Craig Kuntz, Linnea Ronnegard, Greg Meyer, and Kelsey Hayden.**

**Quorum was established. 4 members present.**

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Eric Price, CFO; and Faith Wheeler-Jeppson, Executive Assistant to the CEO.

**A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS**

1. **Audience Comments** ~ None
2. **Guest Speaker** ~ None

**B. CONFLICT OF INTEREST** ~ None

**C. APPROVAL OF AGENDA**

**M/Hayden S/Kuntz** "I move to approve the Agenda."

**Kuntz - yea, Ronnegard – yea, Hayden – yea, Meyer – yea, Graham - absent.**  
**4 yeas, 0 nay, 1 absent; Motion passed.**

**D. APPROVAL OF MINUTES** ~ None

**E. REPORTS OF OFFICERS and ADVISORS**

1. **Board Chair report** – Greg Meyer reported that he didn't really have much to include for the Board Chair report. This is the last meeting of the year and I just really want to thank staff and everyone for working so hard this year. It's been a really trying year that's for sure, and you guys have all done a really good job with the testing, the tracing, and the capital improvements and keeping the morale up. And Eric we appreciate all of your work on the revenue cycle.
2. **CEO Report** – Dr. Sanders stated that she did not have a written report this time since we just met. Tamara and staff will be ready to deploy vaccines to the community when the time comes. We are working on getting Staff, EMS and our Long-Term Care residents vaccinated over the next month. Our staff is really doing a great job especially considering the year we've had. As soon as we get guidance from the CDC and supplies from the State we can begin providing vaccines to the community. The HVAC is going well, one thing that was identified mid-project is that the balancing valves were not on the as-built. We overcame that hurdle and will continue working to get it finished.

**Board Chair Greg Meyer asked for a CFO Report** - Eric Price reported that they have been working getting the year closed out, it has been myself and Lee Bennett. This week and last we've been working on some reconciliations just making sure that everything will flow easily through the end of the year. Our game plan is to have the year closed out by

the end of January, kind of a soft close and then make any adjustments necessary. Our plan is to have the audit done by March 31<sup>st</sup>.

**Board Chair Greg Meyer asked for a CNO Report** - Dr. Sanders reported to the Board in Kelly's absence that on January 1<sup>st</sup>, 2021 we will have one traveling position, the rest will be full-time. In January we also have an Occupational Therapist starting. Having those full-time positions filled are going to help us fill the swing beds as well. Kelly has been working with the Staff to continue with the Infection Control, Quality, and making sure that we're survey ready.

## **F. ACTION ITEMS**

### **1. Delineation of Privileges for Adam Woelk, MD**

**M/Kuntz S/Ronnegard** "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Adam Woelk, MD as presented."

**Meyer – yea, Hayden – yea, Ronnegard – yea, Kuntz - yea, Graham – absent. 4 yeas, 0 nay, 1 absent; Motion passed.**

### **2. Approval of the 2021 CCMC Budget**

**M/Kuntz S/Hayden** "I move that the CCMC Authority Board of Directors approve the Cordova Community Medical Center 2021 Budget."

The Board had a lengthy, open discussion on the budget. A few items to note are that Staff explained that there is a projected \$1,000,000 net loss showing in the budget, the important thing to keep in mind is that the hospital has \$1,000,000 in a savings bond.

I have been talking with the City's Finance Director and I've decided to break our budget down into departments, it will give each department the ability to see where they're at.

Another item to note is that the City has budgeted for \$300,000 for the hospital, and that will be utilized to remove the underground storage tank and replace it with an above ground tank. We're looking forward to seeing a rather significant decrease in our insurance premiums for next year.

On our Capital budget priority one items were the Nursing call system, HVAC Phase 2 Automation, and the Underground Storage Tank closure and are things that we have to do. Priority two items, are relatively high impact items but we're waiting to see if we have other resources coming in to help pay for them.

**Kuntz - yea, Meyer - yea, Ronnegard – yea, Hayden – yea, Graham – absent. 4 yeas, 0 nay, 1 absent; Motion passed.**

### **3. Approval of the 2021 CCMC QAPI Plan**

**M/Kuntz S/Ronnegard** "I move that the CCMC Authority Board of Directors approve the CCMC 2021 QAPI Plan."

**Meyer - yea, Hayden – yea, Kuntz - yea, Ronnegard – yea, Graham – absent. 4 yeas, 0 nay, 1 absent; Motion passed.**

**G. AUDIENCE PARTICIPATION** ~ None

**H. BOARD MEMBERS COMMENTS**

**Ronnegard** ~ Thank you to Administration, and to Staff for all the hard work you're putting in, it is appreciated. Thank you.

**Hayden** ~ Thank you guys. The budget looks great. I'm excited that there will only be one traveling nurse in January. All things considered, 2021 is not looking too bad. Thank you all.

**Kuntz** ~ I appreciate all of the above and beyond this year, which has probably been most of the year. Thank you Hannah for your leadership. Good luck on the budget.

**Meyer** ~ Wish everyone a Merry Christmas and Happy New Year and a better 2021.

**I. EXECUTIVE SESSION** ~ None

**J. ADJOURNMENT**

**M/Hayden S/Kuntz** "I move to adjourn"

**Greg Meyer** declared the meeting adjourned at 6:57pm.

**Prepared by: Faith Wheeler-Jeppson**

## 2020 year in review

Alongside the rest of Cordova, CCMC triumphantly worked through the significant challenges that 2020 brought.

We responded to required changes, made significant quality improvements beyond our average years, and continued our standard operation. CCMC had a reduction in employee turnover from 42% 2019 to 21% in 2020. While decreasing our contracted professional staff, we increased our employed staff from 61 to 67. This includes the mid year transition of a new chief executive officer, chief financial officer, and new physician to our workforce.

We adjusted and created policies and procedures to respond to the Covid 19 pandemic. Covid 19 required substantial changes to policies and procedures to keep our workforce safe, and provide excellent patient care in an organized manner. In average years when new policy and procedure are needed, we are able to borrow and adapt policy from larger agencies or other similar facilities to fit our needs. In 2020, CCMC wrote and developed new patient care protocols, employee health policy, workplace policies, and hospital surge plans that we shared with other facilities to assist with their covid response.

CCMC sought help from all sources early in the Covid emergency and received \$196,552.00 in donations. Our early response to the covid pandemic was enabled by these generous and timely donations. A special thank you to Eyak Corporation, Murdock Trust, and Rodolf Worl for donations. To fund our response and enable continued operations we applied for and received \$854,535 total in new, one time grants. CCMC also applied for the payroll protection program which we successfully obtained as a grant. In addition we applied for and received federal CARES funding to assist with our preparation, and enable us to continue operations due to volume decreases associated with the emergency. The total funding recieved for our covid response up to the end of 2020 was \$5,683,731

As the sole community hospital it was essential to prepare and respond aggressively to the pandemic. To do this we obtained funding, procured equipment, and worked hand in hand with the city and state to provide community wide testing, remain up to date on all guidelines and complete required reporting. As part of our community protection plan in response to Covid 19, we conducted 4,117 covid tests at no charge to the community during 2020. This number represents a significant workload that includes patient registration, collection of the sample, resulting and when needed initiation of contact tracing for positive cases. CCMC staff completed this in addition to our regular clinic and lab work and without additional staff in impacted areas.

The following lists identify other projects that were completed as part of our covid response. Each of these items has a significant back story and required a significant amount of work from procurement to implementation. For example our ventilators are state of the art and were procured during a significant supply chain delay which required extra effort to find a supplier. Once obtained, joint training was held that involved Ilanka Community Health Clinic, Cordova

EMS and CCMC to get these items appropriately put into use. Another example is water bottle filling stations which employees identified the need through a staff survey. We discovered employees were not able to access drinking water due to the physical separation of hospital areas. Once received, our facilities maintenance employees quickly completed the installation of 3 new fountains with bottle filling capability in our facility. Other facility changes and improvements included:

- Physical separation of LTC with new walls, updated fire, and wander protection.
- Digital x-ray and room upgrade
- Central Monitoring System upgrade and repair for cardiac and pulmonary monitoring
- Completed phase 1 of our HVAC repair, with digitization of our mechanical room and repair of all pneumatic valves throughout the facility.
- New hybrid telephone system

New equipment includes:

- 3 Zoll defibrillators
- 2 EKG Machines
- 2 Zoll vents
- 2 High Flow Nasal cannula units
- 6 Oxygen concentrators and Increased liquid oxygen stores.
- Hepa Filters for HVAC system
- Laptop computers to enable work from home, and alternate triage sites
- Hospital Beds 6 Hilrom, 6 Direct Supply
- 6 IV Smart Pump
- Portable air conditioning units 2
- 6 Portable UV sanitation hepa filters
- Stretcher for additional triage room
- Blanket Warmers
- 4 PAPRS
- Antimicrobial fogger
- 3 New water bottle filling stations

CCMC has several projects in process that will further improve our current emergency response and help us to better respond to future respiratory illness. These items are not yet completed primarily due to delays in supply chain or availability of contractors. The in process projects include a new wheelchair van for our long term care, replacing the non-functioning nursing call system, and arrival of 2 UV sanitation towers.

CCMC had non-covid related projects as well. We had a significant repair of our non-working elevator and a larger project to repair drainage to prevent basement leaks. We have completed the RFP process for the closure and replacement of the underground fuel storage tank and have selected a company to complete this project in 2021. We continue to repair and improve

our HVAC system with phase 2 of that project and are working in conjunction with Cordova Electric Coop, and partner agencies in a joint grant that will likely improve our facilities energy use and footprint.

Looking Forward:

Services:

Already this year we have added occupational therapy. This will allow us to expand our outpatient and inpatient rehabilitation service as well as provide OT services to our long term care residents.

Medication safety is always a top concern. In 2021 we will be adding an inpatient pharmacist to our staff. This will allow medication order review for appropriateness, appropriate monitoring of medication therapy, and improved compounding. Having a second pharmacist in town will also improve our safety net with backup availability for our retail pharmacy.

I continue to hear from community members the concern for duplication of services in Cordova. At this time the only duplication of services exists with our clinic and behavioral health. Both of these departments are revenue generators for our facility and help our hospital sustain operations. For all other hospital services, including emergency room, hospital, long term care, radiology, moderate complexity laboratory, rehabilitation services, CCMC is the exclusive provider for our community.

## CCMC Bimonthly Medical Director Report - January 2021

### 2020 Peer review summary

Peer review is conducted both internally and through an external contract peer review service. This arrangement provides an unbiased outsider's view of our care, while providing knowledge of regional and national care standards, and gives the opportunity for our staff to learn from other healthcare professionals. Internal review is completed in effort to educate and mentor one another on the basis of actual clinical cases, to learn what their colleagues and patients experience through the review process.

2020 peer review summary a total of 76 charts were internally reviewed. 2 cases were sent for external review during Q3 and currently there are 4 cases pending for external review that were sent as part of our random sample.

### Staffing:

CCMC is currently staffed with one full time physician, Dr. Paul Gloe, and Laura Henneker, a family medicine nurse practitioner. In addition there are 3 physicians that consistently provide hospital and emergency room care. We are continuing to build collaboration with Ilanka and utilize their providers for contracted hospital and emergency room coverage when provider schedules allow.

### Medical Director Transition

Dr. Gloe has agreed to assume the medical director leadership position for the hospital. Over the course of the next 2 months Dr. Sanders will transition this position and provide mentorship. Dr. Gloe will initially assume responsibility for the hospital and clinic. Long term care medical directorship will remain Dr. Sanders for the time being.



**CORDOVA COMMUNITY MEDICAL CENTER  
INCOME STATEMENT - PRELIMINARY  
COMPARISON TO BUDGET  
FOR THE MONTH OF DECEMBER AND YTD, 2020**

CURRENT MONTH			YTD			
ACTUAL	BUDGET	VARIANCE Over / (Under)		ACTUAL	BUDGET	VARIANCE Over / (Under)
			<b>SERVICE REVENUE</b>			
\$ 75,255	\$ 50,410	\$ 24,845	Inpatients	\$ 569,747	\$ 595,163	\$ (25,416)
58,659	134,783	(76,124)	Swing Bed	1,110,137	1,591,312	(481,175)
395,328	392,814	2,513	Long Term Care	4,643,505	4,637,741	5,765
41,267	60,070	(18,804)	Clinic	597,449	709,218	(111,769)
297,387	272,651	24,736	Ancillary Depts	3,697,943	4,142,322	(444,379)
32,920	22,468	10,452	Behavioral Health	370,725	265,262	105,462
111,800	125,431	(13,631)	Retail Pharmacy	1,205,697	1,372,659	(166,962)
1,012,616	1,058,627	(46,012)	<b>Total Service Revenue</b>	12,195,203	13,313,677	(1,118,474)
			<b>OTHER REVENUE</b>			
(56,883)	2,159	(59,042)	Grants	1,567,421	485,247	1,082,174
19,229	17,183	2,046	In-kind Contributions - City/T1	182,853	205,697	(22,844)
(60,025)	7,373	(67,398)	Other Revenue	39,675	87,051	(47,376)
(97,679)	26,715	(124,393)	<b>Total Other Revenue</b>	1,789,950	777,995	1,011,955
			<b>DEDUCTIONS FROM REVENUE</b>			
175,911	201,418	(25,508)	Contractual Adjustments	2,208,210	2,506,962	(298,752)
6,947	8,767	(1,820)	Charity	42,936	121,186	(78,250)
44,111	354	43,757	Administrative Adjustments	447,382	4,898	442,484
(5,506)	57,963	(63,469)	Bad Debt	766,465	801,219	(34,755)
221,462	268,502	(47,040)	<b>Total Deductions</b>	3,464,993	3,434,265	30,728
<b>\$ 693,475</b>	<b>\$ 816,840</b>	<b>\$ (123,365)</b>	<b>Total Net Revenue</b>	<b>\$ 10,520,160</b>	<b>\$ 10,657,407</b>	<b>\$ (137,247)</b>
			<b>EXPENSES</b>			
\$ 427,479	\$ 334,420	\$ 93,060	Wages	\$ 4,282,840	\$ 3,937,735	\$ 345,105
147,868	199,667	(51,799)	Employee benefits	2,304,246	2,356,616	(52,369)
192,138	211,214	(19,076)	Professional Fees	2,738,446	2,523,848	214,598
118,169	135,537	(17,368)	Supplies	1,255,262	1,510,668	(255,406)
21,340	1,735	19,605	Minor Equipment	98,986	20,488	78,497
20,507	10,839	9,668	Repairs and Maintenance	285,826	127,973	157,854
18,937	8,239	10,698	Rents and Leases	130,629	98,864	31,765
63,996	51,507	12,489	Utilities	532,606	631,268	(98,662)
(12,979)	8,993	(21,972)	Travel and Training	34,226	106,176	(71,950)
44,814	13,511	31,303	Insurance	200,420	162,109	38,311
3,854	1,505	2,349	Recruiting and Relocation	32,300	17,761	14,539
49,443	54,364	(4,921)	Depreciation and Amortization	719,494	652,369	67,125
56,935	19,143	37,792	Other Expenses	396,817	231,357	165,459
<b>\$ 1,152,501</b>	<b>\$ 1,050,673</b>	<b>\$ 101,827</b>	<b>Total Expenses</b>	<b>\$ 13,012,099</b>	<b>\$ 12,377,233</b>	<b>\$ 634,867</b>
<b>\$ (459,026)</b>	<b>\$ (233,833)</b>	<b>\$ (225,193)</b>	<b>Net Income</b>	<b>\$ (2,491,940)</b>	<b>\$ (1,719,826)</b>	<b>\$ (772,114)</b>

**CORDOVA COMMUNITY MEDICAL CENTER**  
**BALANCE SHEET - UNAUDITED**  
**AS OF DECEMBER 31, 2020**

	<u>CURRENT MONTH</u>	<u>30-Nov-20</u>	<u>DEC 31, 2019</u>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash	\$ 2,569,960	\$ 3,171,955	\$ 161,684
Net Patient Receivables	18,057	577,088	1,890,942
Grant Receivable	462	462	21,527
Clearing accounts	(323,327)	(208,800)	(100,604)
Prepaid Expenses	119,920	123,960	48,262
Inventory	543,519	494,616	340,183
<b>Total Current Assets</b>	<u>2,928,591</u>	<u>4,159,282</u>	<u>2,361,994</u>
<b>PROPERTY PLANT &amp; EQUIPMENT</b>			
Land	122,010	122,010	122,009
Buildings	7,664,341	7,664,341	7,664,341
Equipment	8,708,643	8,478,756	8,033,683
Construction in Progress	727,024	-	-
<b>Total PP&amp;E</b>	<u>17,222,018</u>	<u>16,265,107</u>	<u>15,820,033</u>
Less Accumulated Depreciation	(12,889,989)	(12,792,633)	(12,185,495)
<b>Net Property Plant &amp; Equipment</b>	<u>4,332,029</u>	<u>3,472,474</u>	<u>3,634,538</u>
<b>OTHER ASSETS</b>			
Goodwill - Pharmacy	150,000	150,000	150,000
Goodwill - Amortization	(45,000)	(42,500)	(30,000)
PERS Deferred Outflow	1,233,359	1,233,359	1,233,359
<b>Total Other Assets</b>	<u>1,338,359</u>	<u>1,340,859</u>	<u>1,353,359</u>
	-	-	-
<b>Total Assets</b>	<u>\$ 8,598,978</u>	<u>\$ 8,972,615</u>	<u>\$ 7,349,891</u>
<b>LIABILITIES AND FUND BALANCE</b>			
<b>CURRENT LIABILITIES</b>			
Accounts Payable	\$ 200,191	\$ 297,674	\$ 1,253,053
Payroll & Related Liabilities	573,554	553,298	696,387
PPP Loan	1,113,148	1,113,148	-
Unearned Revenue	3,621,785	3,621,785	-
Interest and Other Payables	(18,599)	(13,125)	(9,598)
City Short Term Debt	5,516,459	5,466,459	5,216,459
Other Current Liabilities	327,229	337,118	425,245
<b>Total Current Assets</b>	<u>11,333,766</u>	<u>11,376,356</u>	<u>7,581,546</u>
<b>LONG TERM LIABILITIES</b>			
Net PERS Liability	5,175,441	5,175,441	5,175,441
PERS Deferred Inflow	1,696,443	1,696,443	1,696,443
<b>Total LTD</b>	<u>6,871,884</u>	<u>6,871,884</u>	<u>6,871,884</u>
<b>FUND BALANCE</b>			
Unrestricted Fund Balance	(7,122,053)	(7,122,053)	(5,038,241)
Tempory Restricted Fund Balance	18,514	18,514	18,514
Net Income - Current Year	(2,503,132)	(2,172,085)	(2,083,812)
<b>Total Fund Balance</b>	<u>(9,606,672)</u>	<u>(9,275,625)</u>	<u>(7,103,539)</u>
	-	-	-
<b>Total Liabilities and Fund Balance</b>	<u>\$ 8,598,978</u>	<u>\$ 8,972,615</u>	<u>\$ 7,349,891</u>

**CORDOVA COMMUNITY MEDICAL CENTER  
STATEMENT OF CASH FLOWS  
FOR THE MONTH OF DECEMBER 2020, AND YTD**

	Current Mo.	YTD
<b><i>Cash Flows From Operating Activities:</i></b>		
Net Income (Loss)	\$ (459,026)	\$ (2,491,940)
Adjustments to Reconcile Net Income to Net Cash:		
Depreciation and Amortization	49,443	719,494
Changes In:		
Net Patient Receivables	559,031	1,872,885
Grant Receivables	-	21,065
Clearing Accounts	114,527	222,723
Inventories	(48,903)	(203,336)
Prepaid Expenses	4,041	(71,658)
Accounts Payable	(97,483)	(1,052,862)
Payroll & Related Liabilities	20,256	(122,833)
PERS Payable	-	-
Cost Report Payable	-	-
Interest and Other Payables	(5,474)	(9,001)
Other Current Liabilities	168,503	(109,209)
Net Cash Provided (Used) By Operating Activities	304,915	(1,224,672)
<b><i>Cash Flows From Financing Activities:</i></b>		
New PPP loan	-	1,154,520
Unearned Revenue	-	3,621,785
Payments (convert to revenue) on PPP loan		(41,372)
City Short-Term Debt	50,000	300,000
Net Cash Provided (Used) By Financing Activities	50,000	5,034,933
<b><i>Cash Flows From Investing Activities:</i></b>		
Purchases of Property, Plant & Equipment	(956,911)	(1,401,985)
Net Cash Provided (Used) By Investing Activities	(956,911)	(1,401,985)
<b>Net Increase (Decrease) in Cash</b>	(601,996)	2,408,276
<b>Cash at Beginning of Period</b>	3,171,955	161,684
<b>Cash at End of Period</b>	\$ 2,569,960	\$ 2,569,960

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: January 2021 Nursing Update

- Staffing:
  - We have 7 permanent nursing staff and 2 traveler nurses. One permanent staff will be leaving at the end of January.
- Census:
  - LTC census is 10. Currently, we have 1 swing bed occupied.
- The ongoing challenges:
  - Still one of the biggest challenges is visitation for the LTC residents and their families. Unfortunately in person visits have not resumed yet here at CCMC because of COVID-19, and we will continue to follow the CMS guidelines on this. We are balancing safety with connection and making every effort to keep families connected. We are taking the residents out for rides for visits with loved ones. The residents enjoy seeing their loved ones through the window of the van, as well as through Zoom meetings, Face time calls, and hearing their loved ones voices through regular phone calls as well.
  - LTC transportation-We anticipate getting the van some time in February 2021.

Kelly Kedzierski, RN

CNO

To: CCMC Authority Board of Directors  
From: Kelly Kedzierski, RN  
RE: January 2021 Quality Improvement Report

## **Quality Improvement**

The CCMC team is continuously and consistently working hard to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provides the right care, at the right time, in the right place, all the while promoting focused improvement.

The last Quality meeting was held on November 19<sup>th</sup>, 2020 where we discussed:

- Working on Process Improvement Projects in each department
- Being Survey Ready
- Environmental Care rounds ongoing

Our next Quality meeting will be held on March 4<sup>th</sup>, 2021.

CCMC Authority Board of Director's October 2020 Quarterly Report  
January 22, 2021  
Clinic & Ancillary Services  
Tamara Russin

## **Clinic**

Dr. Gloe, Laura Henneker, and Dr. Woelk see most patients in the Clinic as well as via telehealth when needed/requested. This winter with covid precautions in place has been unique: there are not many visits for acute illnesses related to colds, influenza, strep throat, or other common winter illnesses. The majority of visits have been for acute injury, chronic health issues, preventative health, and medication refills/adjustments.

Dr. Gifford, the pediatrician, returns January 29 for his first quarter visit. Dr. Owen, the audiologist, came to Cordova in December and will be back the first week of February. Clinic staff has helped facilitate telehealth visits with Anchorage specialists as needed for our patients.

Clinic providers continue to improve processes within the Employee Health Record and for overall patient care. They have gone above and beyond to communicate with specialists in Anchorage to determine the best course of continuing care for patients. Through their efforts many of our patients have been able to avoid or streamline travel risks due to covid while continuing to get the best care possible from both local providers and specialists.

## **Lab/Radiology/PT**

The radiology technician, Garfield Tobias, has been automating CT protocols and providing training for our local technician all winter. He provides excellent radiology services to all patients. Under his guidance, CCMC is able to provide CT services to the full capacity of our CT machine.

Laboratory services continue to be dominated by covid testing. A new analyzer has been purchased and will be put into use following the biennial state laboratory inspection in early March. The current analyzer is nearing the end of its life with more frequent breakdowns so the new machine will be useful in maintaining full lab capabilities.

Physical Therapy is busy and a PTA (physical therapy assistant) started at CCMC this month. This will allow more patients to be scheduled and work with either Angela or Melanie after Angela's initial assessment and under her guidance.

To: CCMC Authority Board of Directors  
From: Barb Jewell, Director of Community Services  
RE: Sound Alternatives Quarterly Report

## **Behavioral Health**

We served 41 individual clients during this time, a slight increase from last quarter. Number of services offered increased 6%. Referrals increased but we are finding that a significant percentage of individuals referred do not follow through with appointments so we are reviewing our referral processes. Our temporary clinician completed her tenure with us in December. Because a significant number of clients have told us that they are not willing to see someone who is here only temporarily we have not brought on another temporary clinician. Current staffing can minimally cover our current case load and we are actively recruiting for another full time clinician. The one major adjustment is that there will be no on-call clinician for 1 out of 3 weeks. This need will be covered by the On-Call telepsychiatry services in the emergency room. Staffing pressure has also increased due to our Case Manager being on leave until June.

We have continued to provide services primarily through telehealth but have been able to provide in person services to the clients who need this with use of mitigation strategies. We anticipate increasing face to face services upon Ruby Vincent's return to in person work at the end of January.

During last quarter we attempted to facilitate a support group, Hope & Help, for families and friends of those experiencing addiction. The group was offered virtually for 5 weeks. No one inquired or attended despite fairly significant outreach so we have put that group on hold. Should there be active community interest, we will restart the group. Our Women's Wellness group which was offered last quarter to enrolled clients had more success. The group was well attended, received positive feedback and had demonstrated positive outcomes.

We plan to offer parenting groups in collaboration with Cordova Family Resource Center starting in February. The parenting groups are supported by a grant from Alaska Children's trust.

We have been working on enrolling as an 1115 Waiver provider to come into compliance with new Behavioral Health regulations. We completed the facility application and are currently completing and submitting our individual provider enrollment forms.

We have a Joint Commission survey scheduled for 2/1 & 2/2/2020. This is a required Certification for providing Behavioral Health Services under both Medicaid and grantee regulations.

## **Developmental Disabilities:**

We still have 4 participants. Lifeskill classes were offered at the end of the quarter but continue to be based on individual participant schedules. We continue to provide individual services. Based on staff availability we have been able to provide some employment supports to participants this past quarter and hope to continue moving in that direction as that is what is needed.

Our Developmental Disability Program recertification is due April 1<sup>st</sup>, 2021 so we are working on completing the required documentation which is due to the state by Feb1st.

## **Community Programs**

Through our Community Initiative Matching grant; the Cordova Safe Housing project (C-SHP). In collaboration with CFRC we provided short term shelter and case management services to an additional 7 homeless individuals or households during the quarter, bringing the total served to 15. The level of service continues to be higher than anticipated. We planned for a maximum of 25 individual or households for the entire year. While we continue to be successful in providing short term shelter and linking individuals to resources, we have only been successful in assisting one participant in obtaining permanent housing which is the ultimate goal. A lack of affordable housing and stringent housing guidelines continue to be barriers which we are discussing at various community wide meetings. According to the City Manager, this topic is being looked at by the city administration

We hosted the 2<sup>nd</sup> Annual Child and Family Wellness fair for a week in November. We had approximately 70 families participate in a variety of activities. The virtual sessions were sparsely attended but families took advantage of the supplies, information and individual activities throughout the week. We look forward to hosting a 3<sup>rd</sup> annual fair in person next year.





# Memorandum

To: CCMC Authority Board of Directors  
From: Dr. Hannah Sanders, CEO  
Subject: Dingus, Zarecor and Associates, PLLC  
Date: 1/25/2021

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the Engagement letter from Dingus, Zarecor & Associates for the 2020 audit."



**DINGUS | ZARECOR & ASSOCIATES** PLLC  
Certified Public Accountants

December 15, 2020

Health Services Board  
and Eric Price, CFO  
Cordova Community Medical Center  
602 Chase Ave  
Cordova, Alaska 99574

We are pleased to confirm our understanding of the services we are to provide Cordova Community Medical Center (the Hospital) for the year ending December 31, 2020. We will audit the financial statements of the Hospital, which comprise the statement of net position as of year end, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the Hospital's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Hospital's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- 1) Management's Discussion and Analysis
- 2) Schedule of Proportionate Share of Net Pension Liability
- 3) Schedule of the Hospital's Contributions – Defined Benefit Pension Plan
- 4) Schedule of Proportionate Share of Net Other Postemployment Benefits Liability
- 5) Schedule of the Hospital's Contributions – OPEB Plan

We have also been engaged to report on supplementary information other than RSI that accompanies the Hospital's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditors' report on the financial statements:

- 1) Schedule of expenditures of federal awards.

We will also prepare the State of Alaska Single Audit, if it is deemed necessary for the year ending December 31, 2020.

### **Audit Objectives**

The objective of our audit is the expression of an opinion as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. The objective also includes reporting on —

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of Uniform Guidance, and will include tests of accounting records, a determination of major programs in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our single audit. Our reports will be addressed to the governing board of the Hospital. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or may withdraw from this engagement.

### **Audit Procedures — General**

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential, and of any material abuse that comes to our attention. We will include such matters in the reports required for a single audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

#### **Audit Procedures — Internal Control**

Our audit will include obtaining an understanding of the government and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

### **Audit Procedures — Compliance**

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Hospital's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with applicable laws and regulations and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the Hospital's major programs. The purpose of these procedures will be to express an opinion on the Hospital's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provision of laws and regulations that determine the reported amounts and disclosures in the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

With respect to cost reports that may be filed with a third party (such as federal and state regulatory agencies), the auditors have not been engaged to test in any way, or render any form of assurance on, the propriety or allowabililty of the specific costs to be claimed on, or charges to be reported in, a cost report. Management is responsible for the accuracy and propriety of all cost reports filled with Medicare, Medicaid, or other third parties.

### **Other Services**

We will also assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of the Hospital in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement, schedule of expenditures of federal awards, and related notes previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

### **Management Responsibilities**

Management is responsible for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities, to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements.

You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with U.S. generally accepted accounting principles; and for compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, or abuse that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review at the beginning of audit fieldwork.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon OR make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal awards, and related notes, and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

#### **HIPAA Business Associate Agreement**

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder ("HIPAA"), we shall enter into a HIPAA Business Associate Agreement ("BAA").

#### **Engagement Administration, Fees, and Other**

We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others.

In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the Hospital; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Dingus, Zarecor & Associates PLLC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Regulatory Agency, cognizant or oversight agency for the audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Dingus, Zarecor & Associates PLLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by a regulatory agency. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit in approximately March 2021 and to issue our reports no later than May 2021. Shaun Johnson is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (shipping and travel) except that we agree that our gross fee, excluding expenses, will be as follows:

Audit	\$27,000
Single Audit – CARES Act Provider Relief Fund	\$7,500
State of Alaska Single Audit, if necessary	\$7,500

Our fee for the Uniform Guidance Single Audit includes one major program to be audited. Each additional major program will increase our fee by \$2,500.



Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 60 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

You have requested that we provide you with a copy of our most recent external peer review report and any subsequent reports received during the contract period. Accordingly, our 2019 peer review report accompanies this letter.

We appreciate the opportunity to be of service to Cordova Community Medical Center and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please print and sign a copy and return to us.

DINGUS, ZARECOR & ASSOCIATES PLLC



Shaun Johnson, CPA  
Owner

RESPONSE:

This letter correctly sets forth the understanding of Cordova Community Medical Center.

Management signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Governance signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_

## REPORT ON THE FIRM'S SYSTEM OF QUALITY CONTROL

July 14, 2020

To the Owners of  
Dingus, Zarecor & Associates, PLLC  
and the Peer Review Committee of the Washington Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates, PLLC (the firm), in effect for the year ended November 30, 2019. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at [www.aicpa.org/prsummary](http://www.aicpa.org/prsummary). The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

### Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

### Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

### Required Selections and Considerations

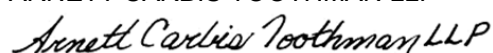
Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; and audits of employee benefit plans.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

### Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates, PLLC, in effect for the year ended November 30, 2019, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Dingus, Zarecor & Associates, PLLC, has received a peer review rating of *pass*.

ARNETT CARBIS TOOTHMAN LLP





# Memorandum

To: CCMC Authority Board of Directors  
From: Dr. Hannah Sanders, CEO  
Subject: Underground Storage Tank replacement bid award  
Date: 1/25/2021

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**Background:** The Board approved closure of underground fuel storage tank and replacement with above ground storage tank at the June 25th 2020 Board Meeting. CCMC has received quotes. Our committee has met and selected Pinnacle Construction. The contract sum is \$346,700 with recognition that this project has a cost liability that includes but is not limited to soil contamination and remediation costs. We are seeking board approval to engage with Pinnacle Construction for closure and replacement of our underground fuel storage tank. As you may recall, the City of Cordova has allocated \$300,000 for the underground storage tank replacement.

**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the Underground Storage Tank Replacement Project bid provided by Pinnacle Construction for \$346,700."



# Memorandum

To: CCMC Authority Board of Directors

From: Dr. Hannah Sanders, CEO

Subject: Chemistry Analyzer emergency replacement – Cares funding

Date: 1/25/2021

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**Background:** Chemistry Analyzer is frequently broken and not available to use for our facility. This tool is instrumental in being able to evaluate and risk stratify Covid-19 patients. Due to the urgent need to have a functional chemistry analyzer we are using Cares funding to purchase an analyzer for our facility.

**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the emergency replacement of the laboratory chemistry analyzer using Cares funding up to \$40,000."



# Memorandum

To: CCMC Authority Board of Directors

From: Dr. Hannah Sanders, CEO

Subject: Delineation of Privileges for Brian Iutzi, MD

Date: 1/25/2021

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**Suggested Motion:** "I move that the CCMC Authority Board of Directors approve the delineation of privileges for Brian Iutzi, MD as presented."



P: (907) 424-8000 | F: (907) 424-8116  
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

**PRACTITIONER CREDENTIALING**

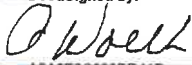
December 17, 2020

Greg Meyer,  
Chair, Hospital Authority Board  
Cordova Community Medical Center  
Cordova, AK 99574

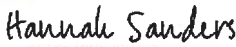
Dear Chairperson and Hospital Authority board,

Cordova Community Medical Center has reviewed Brian lutzi, MD application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend Brian lutzi, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:  
  
A2A8E3C009DD41D...  
Chief of Staff

17 December 2020 | 11:03 AM AKST  
Date

DocuSigned by:  
  
A9259C1E5177480...  
Chief Executive Officer


17 December 2020 | 11:52 AM PST  
Date

**Cordova Community Medical Center  
Request for Clinical Privileges  
Page 6 of 7**

I will only do those procedures for which I have adequate knowledge and/or training. I hereby request the above clinical privileges. I consider myself to be in good physical and mental health and am capable of providing the care outlined above.

I understand that it is my personal responsibility to maintain evidence of continuing education as mandated by the State of Alaska for licensure.

I have attached applicable documentation of training and experience related to the privileges I am requesting. I attest that references, reports, records and information are available which verify my qualifications and competency to practice family medicine and to perform the above requested privileges.



Practitioner Signature

10/30/2020

Date

DocuSigned by:

*Hannah Sanders*

A9259C1E5177486

CEO

17 December 2020 | 11:52 AM PST

Date

DocuSigned by:

*O. Well*

A2ABE3C009DD41D

Chief of Staff or Designee Verification

Date

17 December 2020 | 11:03 AM AKST

**Cordova Community Medical Center  
Request for Clinical Privileges  
Page 7 of 7**

Practitioner Name (please print): Brian Tutai MD

**Medical Director Review**

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- Pertinent results of performance improvement activities
- Mortality data
- Professional performance
- Clinical judgment and technical skills in performing procedures and treating and managing patients
- Peer Review results
- Peer Recommendations
- Outcomes of procedures and treatment

**Recommendation:**

- Approve as requested
- Approve with conditions / modifications (see explanation below)
- Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

N/A

N/A

N/A

DocuSigned by:

*Hannah Sanders*

A0259C1E5177496

Medical Director Signature

17 December 2020 | 11:52 AM PST

Date

**CCMC – Health Services Board**

- Approve as requested
- Approve with conditions / modifications (see explanation below)
- Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HSB President Signature

Date