



**CCMC HOSPITAL SERVICES BOARD OF DIRECTORS
AGENDA
NOVEMBER 25, 2025, SPECIAL MEETING
12:00PM HYBRID IN-PERSON**

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

Board of Directors

Kelsey Hayden exp. 3/26

Liz Senear exp. 3/27

Ann Linville exp. 3/28

Diane Ujioka exp. 3/27

Shelly Kocan exp. 3/28

CEO

Hannah Sanders, M.D.

CFO

Denna Stavig

OPENING: Call to Order

Roll Call - Kelsey Hayden, Liz Senear, Ann Linville, Diane Ujioka and Shelly Kocan.

Establishment of a Quorum

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

1. Audience Comments
2. Guest Speaker

B. CONFLICT OF INTEREST

C. APPROVAL OF AGENDA

D. APPROVAL OF MINUTES

1. October, 30, 2025, Special Meeting Minutes

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E. REPORTS OF OFFICERS OR ADVISORS

1. CEO Report
2. CFO Report

Pg 4-5

Pgs 6-9

F. DISCUSSION ITEMS

G. ACTION ITEMS

1. Memo for Community Health Needs Assessment
 - i. Community Health Needs Assessment
2. Memo for the Facility Assessment
 - i. Facility Assessment

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I. 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 authority of the Board and are appropriate for discussion in an open session.

J. BOARD MEMBER COMMENTS

K. EXECUTIVE SESSION - None

L. ADJOURNMENT

This Board of Directors meeting will be held via ZOOM:

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09&omn=87257285186#success>

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

*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 Hospital Services Board Special Meeting

October 30, 2025, at 12:00pm

CALL TO ORDER AND ROLL CALL –

Liz Senear called the Board Meeting to order at 12:07pm.

Board members present: **Kelsey Hayden, Diane Ujioka, Liz Senear and Shelly Kocan.**

Board members absent: **Ann Linville**

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Denna Stavig, Director of Finance; Olivia Moreno, Director of Nursing; Barb Jewell, Director of Behavioral Health; Tamara Russin, Director of Ancillary Services; Kari Collins, Director of Long-Term Care; and Abby Bourgeois.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None

2. Guest Speaker ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/ Hayden S/ Kocan “I move to approve the agenda.”

Hayden – yes, Ujioka – yes, Senear – yes, Kocan – yes and Linville – absent.

4 yeas, 0 nay, 1 absent; Motion passed.

E. APPROVAL OF MINUTES

M/ Kocan S/ Hayden “I move to approve the September 25th, 2025, regular meeting minutes.”

Hayden – yes, Ujioka – yes, Senear – yes, Kocan – yes and Linville – absent.

4 yeas, 0 nay, 1 absent; Motion passed.

F. REPORTS OF OFFICERS and ADVISORS

1. CEO Report – The written report was included in the packet. The CEO noted continued collaboration with Petersburg and the South Peninsula on the Rural Health Network project. The State is submitting an application for the Rural Health Transformation Project, with an anticipated allocation of approximately

\$140–\$180 million per year over five years for Alaska. CCMC plans to apply for related funding for facility improvements and network development

2. CFO Report – Financial statements were reviewed and included in the packet. CCMC reported another positive month and positive year-to-date results. Revenue has been strong, particularly due to increased swing bed utilization. The Director noted a potential cost report payback during the upcoming year but expects the overall impact on financials to remain manageable. Cash position remains solid.

3. Medical Director Report – Long-term care unit census remains at two residents. Peer reviews are ongoing with no concerns. Overall care and quality remain strong.

4. Quality Report – Presented in absence of Quality Director. Nurse leadership is actively working toward the Silver Award for Quality, which would bring state and national recognition to the facility. Interim Director of Nursing Kari Collins has joined the leadership team.

5. Director of Nursing Report – Continued focus on education and training for nursing staff and CNAs. Ongoing preparation for pediatric emergencies. Swing bed utilization remains steady; staffing levels are stable.

6. Ancillary Services Report – Flu and COVID vaccines are available; some supply chain challenges for certain insurance classes. Pediatrician Dr. Berry will visit November 20. Active recruitment for an ER physician and occupational therapist continues. Appreciation expressed to community members for supporting recruitment efforts and fostering a welcoming environment.

7. Director of Behavioral Health Report – Correction noted: 98 visits were recorded in September (not 22 as listed). Recent Community Prioritization Meeting was well-attended and productive, yielding measurable, realistic strategies. A full written report will be presented at the next meeting.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Delineation of Privileges – Dr. Abel Belay, MD

M/Hayden S/Kocan – “I move that the CCMC Authority Board of Directors approve the Delineation of privileges for Dr. Abel Belay, MD, as presented.”

Voice Vote on Motion

Ujioka – yes, Hayden – yes, Senear – yes, Kocan – yes and Linville – absent.

4 yeas, 0 nay, 1 absent; Motion passed.

1. Delineation of Privileges – Dr. Lawrence Woods, MD

M/Hayden S/Kocan – “I move that the CCMC Authority Board of Directors approve the recredentialing of privileges for Dr. Lawrence Woods, MD, as presented.”

Voice Vote on Motion

Ujioka – yes, Hayden – yes, Senear – yes, Kocan – yes and Linville – absent.

4 yeas, 0 nay, 1 absent; Motion passed.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS' COMMENTS

Kelsey Hayden: Expressed appreciation for staff reminders regarding flu shots and overall hospital efforts.

Shelly Kocan: Thanked staff for continued hard work and support of the Pet Euthanasia Project, which has raised over \$5,400 with participation from about 70 community members.

Diane Ujioka: Expressed gratitude for hospital stability and the new community services.

Liz Senear: Noted appreciation for financial improvements and staff dedication.

The next regular meeting was rescheduled to November 25, 2025, to ensure quorum and accommodate travel schedules.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Hayden S/Kocan to adjourn the meeting.

Hearing no objection, Liz Senear declared the meeting adjourned at 12:25 PM

CEO Report November 2025

Health Care Benefits

This month we continued evaluating our employee health care benefits in preparation for the upcoming renewal cycle. We are seeing an expected 9–13% increase in premiums, consistent with statewide and national trends driven by rising healthcare utilization, prescription drug costs, and post-pandemic inflation in the insurance market.

We continue to partner with the City of Cordova for our health benefits, and as a combined group we maintain the advantages of a larger risk pool. Our goal remains to identify benefit options that balance cost, value, and staff well-being while navigating a rapidly shifting healthcare insurance environment.

Recruitment and Website Improvements

Recruitment improvement efforts remain active, with refinements to internal hiring processes, more consistent candidate communications, and clearer position descriptions. Website improvement is also underway, including updates to the careers page to improve visibility, navigation, and branding for prospective applicants.

Community Health Needs Assessment (CHNA)

The CHNA is now finalized and included in the board packet. We will begin advancing CHNA-driven initiatives in early 2026, partnering with multiple organizations throughout Cordova to address identified community health priorities.

State and National Update

We continue to closely monitor developments in healthcare policy at both the state and federal levels. Nationally, ongoing discussions around rural healthcare funding, Medicare reimbursement stability, and workforce incentives continue to influence long-term planning for Critical Access Hospitals. Federal rule changes related to behavioral health access and telehealth continuity are being monitored for potential local benefit.

At the state level, we remain engaged in the Alaska Rural Health Network workgroups to support shared strategies for cost containment, workforce development, and quality improvement. We are also anxiously awaiting word on the amount Alaska will receive through the Rural Health Transformation (RHT) program. CCMC intends to be fully prepared to apply for and utilize any available program funding to strengthen our healthcare system and advance priority projects.

Hospital

We continue to experience nursing position vacancies in both our hospital and swing bed program. Recruitment efforts remain active, but like many rural facilities, we face ongoing workforce shortages and a competitive hiring environment.

As expected, the fall and winter months are slower-volume periods, and we are seeing our typical seasonal slowdown this year.

Long-Term Care

We continue to have 2 open beds in our LTC. With the departure of one of our long term nurses, we have 2 nursing vacancies in the LTC department.

Our nurse leadership team continues to collaborate on the Silver NCAL Quality Award application and ongoing quality improvements. The LTC team is preparing for upcoming holiday activities and resident engagement opportunities.

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 10 MONTHS ENDING 10/31/25

11/20/25 02:20 PM

	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	310,541	154,841	155,699	100	2,466,401	1,548,416	917,985	59
SWING BED	604,648	304,393	300,254	98	4,268,349	3,075,934	1,192,415	38
LONG TERM CARE	422,095	445,719	(23,624)	(5)	4,490,131	4,615,145	(125,014)	(2)
CLINIC	109,307	111,226	(1,919)	(1)	963,578	1,112,269	(148,690)	(13)
ANCILLARY DEPTS	440,760	290,139	150,621	51	3,610,177	2,901,394	708,782	24
EMERGENCY DEPART	419,061	369,423	49,638	13	4,784,790	3,694,233	1,090,557	29
BEHAVIORAL HEALT	28,134	22,343	5,790	25	232,590	223,437	9,152	4
RETAIL PHARMACY	221,584	180,880	40,703	22	2,120,917	1,808,808	312,108	17
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PATIENT SERVIC	2,556,132	1,878,968	677,163	36	22,936,936	18,979,640	3,957,296	20
DEDUCTIONS								
CHARITY	11,382	12,759	1,377	10	130,538	115,595	(14,943)	(12)
CONTRACTUAL ADJU	760,068	477,434	(282,634)	(59)	6,475,694	4,790,413	(1,685,281)	(35)
ADMINISTRATIVE A	20,965	17,332	(3,632)	(20)	115,410	163,905	48,495	29
BAD DEBT	(265,735)	26,146	291,882	1116	869,791	231,464	(638,326)	(275)
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DEDUCTIONS TOT	526,680	533,672	6,991	1	7,591,435	5,301,379	(2,290,056)	(43)
COST RECOVERIES								
GRANTS	69,006	0	69,006	0	385,608	367,263	18,344	4
IN-KIND CONTRIBU	16,682	16,662	20	0	367,046	166,626	200,420	120
OTHER REVENUE	7,736	11,533	(3,797)	(32)	95,378	115,338	(19,959)	(17)
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COST RECOVERIE	93,425	28,196	65,229	231	848,033	649,227	198,805	30
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TOTAL REVENUES	2,122,877	1,373,492	749,384	54	16,193,535	14,327,489	1,866,045	13
EXPENSES								
WAGES	522,093	532,803	10,709	2	5,321,450	5,424,928	103,478	1
TAXES & BENEFITS	252,923	316,047	63,123	19	2,567,572	2,829,177	261,604	9
PROFESSIONAL SER	351,012	251,266	(99,746)	(39)	2,766,358	2,509,796	(256,561)	(10)
SUPPLIES	153,038	195,247	42,208	21	2,213,817	1,940,483	(273,334)	(14)
MINOR EQUIPMENT	1,181	2,104	923	43	64,766	21,046	(43,719)	(207)
REPAIRS & MAINT	12,053	14,586	2,532	17	80,967	145,864	64,897	44
RENTS & LEASES	14,019	12,429	(1,590)	(12)	136,473	124,396	(12,077)	(9)
UTILITIES	46,074	48,456	2,381	4	448,486	484,562	36,076	7
TRAVEL & TRAININ	6,457	7,965	1,508	18	85,320	81,637	(3,682)	(4)
INSURANCES	22,944	21,180	(1,764)	(8)	223,802	206,015	(17,786)	(8)
RECRUIT & RELOCA	2,980	383	(2,596)	(677)	18,103	3,833	(14,269)	(372)
DEPRECIATION	48,782	47,819	(963)	(2)	491,360	486,248	(5,111)	(1)
OTHER EXPENSES	29,694	16,654	(13,039)	(78)	158,157	169,206	11,049	6
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TOTAL EXPENSES	1,463,256	1,466,944	3,688	0	14,576,637	14,427,198	(149,438)	(1)
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OPERATING INCO	659,621	(93,451)	753,072	805	1,616,897	(99,709)	1,716,607	1721
NET INCOME	659,621	(93,451)	753,072	805	1,616,897	(99,709)	1,716,607	1721
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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 10/31/25

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	3,546,275	2,087,365	1,458,910
NET ACCOUNT RECEIVABLE	2,879,668	2,402,524	477,143
THIRD PARTY RECEIVABLE	(1,934)	(101,399)	99,465
CLEARING ACCOUNTS	163,691	96,692	66,998
PREPAID EXPENSES	201,648	225,546	(23,898)
INVENTORY	529,907	593,407	(63,499)
	-----	-----	-----
TOTAL CURRENT ASSETS	7,319,256	5,304,137	2,015,118
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	8,666,889	8,666,889	
EQUIPMENT	10,204,448	10,142,184	62,264
	-----	-----	-----
SUBTOTAL PP&E	18,993,347	18,931,083	62,264
LESS ACCUMULATED DEPRECIATION	(15,721,750)	(15,145,192)	(576,558)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	3,271,597	3,785,890	(514,293)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(117,500)	(102,500)	(15,000)
PERS DEFERRED OUTFLOW	792,989	949,242	(156,253)
TOTAL OTHER ASSETS	825,489	996,742	(171,253)
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TOTAL ASSETS	11,416,343	10,086,771	1,329,572
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CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 10/31/25

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	501,958	393,057	108,901
PAYROLL & RELATED LIABILITIES	1,041,787	865,638	176,149
INTEREST & OTHER PAYABLES	945	7,675	(6,730)
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	303,963	377,194	(73,230)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	7,315,114	7,110,024	205,090
LONG TERM LIABILITIES			
NET PENSION LIABILITY	8,778,433	8,625,106	153,327
TOTAL LONG TERM LIABILITIES	8,778,433	8,625,106	153,327
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	(3,607,683)	(3,759,735)	152,052
TOTAL DEFERRED INFLOWS	(3,607,683)	(3,759,735)	152,052
TOTAL LIABILITIES	12,485,864	11,975,395	510,469
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(2,710,351)	(1,909,527)	(800,824)
TEMPORARY RESTRICTED FUND BALANCE	23,933	18,513	5,419
CURRENT YEAR NET INCOME	1,616,897	2,389	1,614,508
	-----	-----	-----
TOTAL NET POSITION	(1,069,520)	(1,888,623)	819,103
TOTAL LIABILITIES & NET POSITION	11,416,343	10,086,771	1,329,572
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Cordova Community Medical Center Statistics

Days per Month	31	28	31	30	31	30	31	31	30	31	30	31	Cumulative	Monthly
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Hosp Acute+SWB Avg. Census		29												
FY 2022	1.6	3.3	2.8	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	2.1		2.3
FY 2023	2.5	1.3	2.3	3.6	2.0	0.5	1.1	0.5	2.3	2.7	2.9	2.9		2.1
FY 2024	1.4	1.4	1.4	0.6	1.9	1.3	1.7	2.4	2.7	1.6	0.9	0.7		1.5
FY 2025	0.7	2.2	2.5	1.4	0.5	2.8	4.7	2.7	3.1	2.7	0.0	0.0		1.9
Acute Admits														
FY 2022	6	1	2	3	5	7	8	4	3	4	3	5	51	4.3
FY 2023	1	3	6	2	5	4	5	4	2	2	3	4	41	3.4
FY 2024	4	4	2	1	5	8	3	4	12	7	4	4	58	4.8
FY 2025	2	4	3	2	1	6	9	5	8	4			44	4.4
Acute Patient Days														
FY 2022	15	11	7	10	8	10	21	9	12	7	5	14	129	10.8
FY 2023	3	9	16	15	15	11	18	4	12	4	9	10	126	10.5
FY 2024	12	14	10	1	18	29	15	15	31	13	10	21	189	15.8
FY 2025	7	13	23	7	2	43	33	25	29	17			199	19.9
SWB Admits														
FY 2022	1	3	0	1	2	2	3	2	4	2	2	1	23	1.9
FY 2023	2	1	3	2	1	1	1	0	3	2	3	1	20	1.7
FY 2024	2	2	1	0	4	1	2	1	3	1	2	0	19	1.6
FY 2025	1	2	2	1	0	4	3	2	3	3			21	2.1
SWB Patient Days														
FY 2022	34	81	79	54	37	48	89	101	104	7	24	52	710	59.2
FY 2023	73	28	55	94	48	5	15	13	57	80	79	81	628	52.3
FY 2024	30	25	34	16	42	11	39	58	50	38	18	2	363	30.3
FY 2025	15	48	53	36	12	41	112	60	64	66			507	50.7
CCMC LTC Admits														
FY 2022	0	0	0	0	0	1	0	0	0	0	0	0	1	0.1
FY 2023	0	0	0	1	1	0	1	2	0	1	0	0	6	0.5
FY 2024	1	0	0	0	0	0	0	0	0	1	0	0	2	0.2
FY 2025	0	1	0	0	0	0	1	0	1	0			3	0.3
CCMC LTC Resident Days														
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309	3,632	302.7
FY 2022	310	280	310	300	310	299	310	310	300	310	290	310	3,639	303.3
FY 2023	310	280	310	309	296	270	257	268	252	271	270	279	3,372	281.0
FY 2024	309	290	290	270	262	240	248	248	240	254	270	279	3,200	266.7
FY 2025	273	250	279	270	279	270	283	257	252	248			2,661	266.1
CCMC LTC Avg. Census														
FY 2022	10	10	10	10	10	10	10	10	10	10	10	10		10.0
FY 2023	10	10	10	10	10	9	8	9	8	9	9	9		9.2
FY 2024	10	10	9	9	9	8	8	8	8	8	9	9		8.7
FY 2025	9	9	9	9	9	9	9	8	8	8				8.8
ER Visits														
FY 2022	38	38	42	50	75	85	76	97	64	63	38	46	712	59.3
FY 2023	62	39	67	39	56	84	109	100	69	40	48	45	758	63.2
FY 2024	58	44	37	39	51	97	80	78	79	55	42	55	715	59.6
FY 2025	44	50	59	43	76	94	99	106	70	52			693	69.3
PT Procedures														
FY 2022	275	459	551	394	307	352	396	384	360	201	274	442	4,395	366.3
FY 2023	364	322	458	405	345	209	304	325	479	550	436	343	4,540	378.3
FY 2024	302	213	291	289	341	252	256	321	402	270	266	277	3,480	290.0
FY 2025	341	388	306	341	294	317	356	301	267	316			3,227	322.7
OT Procedures														
FY 2022	122	190	251	134	120	229	243	200	197	53	87	164	1,990	165.8
FY 2023	94	51	152	115	75	94	70	106	167	163	144	104	1,335	111.3
FY 2024	121	56	79	86	133	85	122	82	131	92	107	115	1,209	100.8
FY 2025	87	89	96	147	89	246	173	136	135	152			1,350	135.0
Lab Tests														
FY 2022	825	576	671	902	958	699	610	822	594	585	499	553	8,294	691.2
FY 2023	545	546	575	578	801	655	766	649	512	501	478	539	7,145	595.4
FY 2024	513	526	503	778	814	628	703	637	667	593	576	502	7,440	620.0
FY 2025	542	447	627	787	672	872	746	603	735	579			6,610	661.0
X-Ray Procedures														
FY 2022	82	63	64	94	60	82	69	93	51	72	58	61	849	70.8
FY 2023	72	45	63	49	50	88	97	107	83	71	61	67	853	71.1
FY 2024	76	54	88	54	75	54	82	64	60	62	58	44	771	64.3
FY 2025	79	61	62	51	67	100	83	77	86	88			754	75.4
CT Procedures														
FY 2022	21	21	36	25	29	42	31	26	16	30	15	28	320	26.7
FY 2023	30	18	22	18	16	36	39	34	26	4	23	24	290	24.2
FY 2024	38	27	2	16	19	29	31	32	29	17	17	27	284	23.7
FY 2025	23	20	32	20	28	45	48	56	36	32			340	34.0
CCMC Clinic Visits														
FY 2022	288	196	199	237	260	241	221	212	304	359	219	182	2,918	243.2
FY 2023	221	158	151	176	214	188	230	289	242	371	216	193	2,649	220.8
FY 2024	205	188	196	188	241	202	250	209	235	298	205	163	2,580	215.0
FY 2025	201	175	196	181	220	219	207	186	235	262			2,082	208.2
Behavioral Hlth Visits														
FY 2022	84	74	83	79	82	67	74	99	126	125	108	94	1,095	91.3
FY 2023	150	68	86	98	122	86	94	97	94	106	136	118	1,255	104.6
FY 2024	167	128	117	118	79	51	53	75	68	96	99	108	1,159	96.6
FY 2025	108	86	82	107	87	87	118	104	99	99			977	97.7

Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of the CHNA Final Report
Date: 11/25/2025

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Community Health Needs Assessment Final Report as presented."



2025 COMMUNITY HEALTH NEEDS ASSESSMENT



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Appendix 4: Alaska Behavioral Risk Factor Surveillance System Report



LETTER FROM THE CEO

Dear Cordova Residents,

On behalf of everyone at Cordova Community Medical Center (CCMC), I am pleased to present our 2025 Community Health Needs Assessment (CHNA). This report reflects our continued commitment to understanding and addressing the health needs of the Cordova community.

The 2025 CHNA identifies current health priorities, evaluates progress made since the 2022 assessment, and outlines how CCMC plans to respond to the needs and challenges that lie ahead. Through this process, we have gathered data, reviewed key health indicators, and sought direct input from community members and stakeholders. Together, these perspectives provide a comprehensive picture of the health and well-being of our community.

Over the past three years, CCMC has continued to build on the foundation established by prior assessments. We have strengthened behavioral health and substance use treatment through prevention, harm reduction, and recovery support initiatives—including expanded access to medication-assisted treatment, telepsychiatry partnerships, and peer support services. Our collaboration with Ilanka Community Health Center has further enhanced access to mental health and substance use resources, improving continuity of care for our residents.

We have also advanced our Healthy Lifestyle and Health Literacy initiatives, supporting programs that promote nutrition, exercise, and wellness. From the Bay to Bay Race and the Salmon Run to community walking challenges, senior wellness activities, and health education efforts, these initiatives have fostered engagement and healthier living across all ages.

As in previous years, affordability and access to care remain central concerns. We continue to evaluate our financial assistance programs, expand telehealth services, and collaborate with regional partners to improve access to specialty care. CCMC remains dedicated to providing high-quality, patient-centered care for everyone in Cordova regardless of background or ability to pay.

This CHNA also highlights the voices of our community. We are grateful to all those who completed surveys, participated in interviews, and shared insights into what matters most. Your input helps guide our priorities and strengthens our shared mission: to support the health and well-being of all people through their journeys in life.

While CCMC cannot address every need identified, we believe that meaningful progress is achieved through partnership. We invite all community members, organizations, and local agencies to join us in this work. Together, we can continue to create a healthier, stronger Cordova.

Thank you for your trust and collaboration.

Sincerely,

Hannah Sanders, MD

Chief Executive Officer



ABOUT CORDOVA, ALASKA

The community of Cordova, Alaska is a remote, rural community located near the Copper River Delta on the eastern shore of Prince William Sound. Cordova has a population of approximately 2,600 and is served by two main health care providers. Cordova Community Medical Center (CCMC) is owned by the City of Cordova and governed by the Health Services Authority Board. The ICHC Community Health Center is a Federally Qualified Health Clinic (FQHC) operated and governed by the Native Village of Eyak and the ICHC Community Wellness Advisory Council.

ABOUT CORDOVA COMMUNITY MEDICAL CENTER

Cordova Community Medical Center (CCMC) is a publicly owned Critical Access Hospital (CAH), offering medical services that include preventive, inpatient, outpatient, and long-term care. Hospital Services include emergency, laboratory, radiology, physical therapy, and swing-bed services. Senior services include meals, transportation and homemaker services.

Outpatient Clinic services include primary care, with quarterly specialist visits for orthopedics, pediatrics, optometry, podiatry and women's health services, and Community Behavioral Health Services. Behavioral Health services include assessment, individual, family and group therapy, community rehabilitation services, peer support, medication evaluation and management and referral.





CCMC'S MISSION, VISION, AND VALUES

OUR MISSION/PURPOSE (WHY WE'RE HERE.)

As a partner in our community, Cordova Community Medical Center provides personalized service to support the health and well-being of all people through their journeys in life. Healthy people create a healthy community.

OUR VISION (WHERE WE'RE GOING.)

CCMC is dedicated to the highest level of professional and ethical standards in our service to our community. Staff and Administration work in partnership with one another, visiting specialists and their staff, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly, and with integrity at all times, provide the best possible care to all patients in a friendly, helpful, and courteous manner.

WE VALUE (HOW WE ACT.)

Stewardship – We accept and demonstrate responsibility in managing the resources entrusted to us.

Respect – We treat others as they want to be treated.

Compassion – We show caring and empathy for others in all our actions

Excellence – We strive to live up to our full potential in all activities, roles, and responsibilities.

Integrity – We act honorably according to the values, beliefs, and principles we hold.

AVAILABILITY TO THE PUBLIC

This report will be made available to the public on the CCMC website, www.cdvmc.com. Paper copies may be obtained at no charge from administration by calling 907-424-8000 or contacting the hospital at the following address:

Cordova Community Medical Center, 602 Chase Ave, Cordova, AK 99574.

OVERVIEW OF THE PROCESS

The Affordable Care Act requires nonprofit hospitals to complete a community health needs assessment (CHNA) process every three years. While CHNAs are a recent requirement, community health assessments (CHAs) have long been used as a tool by hospitals, public health departments, and other social service agencies to identify key community health concerns. A CHNA is a systematic process involving the community to identify and analyze community health needs and assets, prioritize those needs, and then implement a plan to address significant unmet needs.¹ Upon completing the assessment, CCMC will develop implementation strategies to address the significant community health needs identified in the CHNA.

The following Community Health Needs Assessment (CHNA) Process graph outlines the process used to conduct the CHNA:



SOURCE: <http://www.healthycommunities.org/Resources/toolkit.shtml>



DATA COLLECTION METHODOLOGY

A multi-faceted approach was used to gather information about the health needs of the community and to develop priorities for health improvement. The process focused on gathering and analyzing secondary data as well as obtaining input from community members to identify and define significant health needs, issues, and concerns.

Both quantitative and qualitative methods were utilized to gather data.

SECONDARY DATA

The main secondary data source used to obtain data about both health trends and health disparities were County Health Rankings & Roadmaps and The HRSA Unmet Needs Report. The secondary data captured is found in the appendices. Other secondary data sources included the US Census, Alaska Department of Labor, Alaska Vital Statistics Report, and the Journal of American Medicine Association report on global health burden among other sources.

Community Survey & Key Informant Interviews

A survey was distributed to the community electronically and in paper form over the summer of 2025 resulting in responses from 56 respondents. ____ key informants were interviewed regarding their knowledge and perceptions of the hospital's role in the community, health care needs of the community, hospital strengths weaknesses, threats and opportunities. The results are included in the appendices.

REGULATORY REQUIREMENTS

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(r) of the Internal Revenue Code conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years.

The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial, or other barriers; commonly referred to as social determinants of health. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community.

This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.



GAP ANALYSIS

Data was obtained from all required sources in completing the 2025 CHNA and identifying community health priorities. The assessment was designed to provide a comprehensive and broad picture of the health in the overall community served. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input. In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English. Efforts were made to obtain input regarding these specific populations through key stakeholder surveys.

EVALUATION OF 2022 CHNA IMPLEMENTATION

The prior community health needs assessment was completed in 2022, with implementation beginning in 2023.

2022 CHNA PRIORITY 1 OF 3: Mental Health and Substance Abuse

During this report period CCMC has continued to grow our three-branched response strategy to address substance abuse issues in our community. These branches include prevention, harm reduction and treatment.

Prevention: CCMC participates in community prevention and education programs where applicable. We also give primary prevention counseling in our primary care clinic, sound alternatives behavioral health, and when applicable in the emergency room or hospital.

Harm Reduction: During this reporting period we have implemented a harm reduction strategy for opiate abuse by participating as a location for distribution site for Narcan and Fentanyl test strips. We work in collaboration with state of Alaska Project Hope to ensure access to harm reduction kits and education. Community education on these test kits have been provided in one-on-one settings, during city council work sessions and community roundtable events.

Treatment: CCMC continues to provide medication-assisted treatment (MAT) for substance use disorders, including Vivitrol injections. In 2024, CCMC sponsored a provider to attend the Alaska Medication Assisted Therapy Conference, who subsequently delivered educational sessions for local providers in Cordova. Following this training, CCMC collaborated with nurses and therapists at Ilanka Community Health Center (IHC) to expand access to low-barrier, person-centered MAT services. Sound Alternatives continues to offer outpatient substance use disorder treatment, including counseling, skill-building, and, as of this year, Peer Support services.

CCMC and IHC also partnered to launch a support group for friends and family members of individuals struggling with addiction, strengthening the community's recovery network.

During acute emergencies involving alcohol or substance withdrawal, CCMC provides emergency and hospital-based detoxification services.

Mental health therapy and case management services are delivered through Sound Alternatives, which has maintained service availability through contracted temporary clinicians, ensuring minimal wait times for community members. CCMC also continues its partnership with MindCare to provide telepsychiatry, improving access to specialty psychiatric care and medication management.



Question 16 of the survey asked about respondents' awareness of Substance Use Disorder initiatives at CCMC.

95% of respondents were aware of Substance Use Disorder Treatment at CCMC, 58% were aware of Medication treatment being available at CCMC and 79.17 percent were aware of assessment and referral services.

2022 CHNA PRIORITY 2 OF 5: Dental Clinic

A new Dental Clinic opened in 2024 through Illanka Health Center

2022 CHNA PRIORITY 3 OF 3: Healthy LifeStyle/Health Literacy

During the performance period, Cordova Community Medical Center (CCMC) developed a Health and Wellness Assessment to collect data on Social Determinants of Health (SDOH). The goal of this initiative is to help CCMC better identify and address barriers that affect community well-being, including housing stability, food security, transportation, employment, education, and mental health.

In alignment with the Healthy Lifestyle and Health Literacy priority area, CCMC engaged in a number of initiatives to promote physical activity, nutrition, and overall wellness across the community.

Weight Loss and Nutrition Support:

Dr. Paul Gloe continued to led sessions of weight loss support groups, each consisting of weekly meetings over an eight-week period, focused on improving nutrition, building healthy habits, and supporting sustainable weight management.

Senior Wellness:

CCMC partnered with Cordova Parks and Recreation to expand senior activity programming, including offering weekly chair yoga before Senior Lunch, which has been well received as a safe and accessible way to support mobility, flexibility, and social interaction among older adults.

Health Education and Accessibility:

CCMC developed improved discharge instructions and began incorporating artificial intelligence tools to translate materials into native languages and ensure readability at an appropriate literacy level.

CCMC also supported the elementary school bike rodeo and distributed helmets to promote physical activity and safety awareness among children.

Ongoing Community Engagement:

CCMC Supported the Bay to Bay Race, a local running and walking event designed to promote community fitness and engagement (a scenic course connecting Cordova's bays and encouraging participants of all ages and abilities).



In both 2023 and 2024, CCMC also hosted a Community Spring Walking Challenge to motivate residents to get active after the winter months and to encourage ongoing physical activity throughout the year.

DEMOGRAPHIC & HEALTH PROFILE OF COMMUNITY SERVED

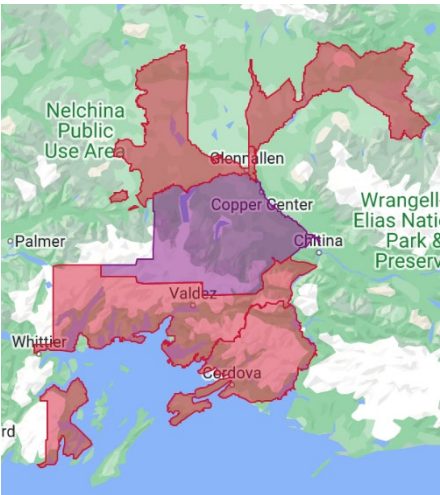


GEOGRAPHIC ASSESSMENT AREA DEFINED

Cordova is an isolated community accessible only by air for a majority of the year. The City of Cordova was used as the geographic defined service area for CCMC’s CHNA and the CHNA focused on the needs of the greater Cordova community. An analysis of three years of data (October 1, 2022-October,1 2025) indicate that 87% of all visits are from the ZIP Code of Cordova. It is therefore reasonable to utilize the city of Cordova as the CHNA geographic area. While every effort was taken to gather detailed data for the Cordova community, it was necessary in certain areas to expand the definition of the service area to the Valdez-Cordova Census Area, and in the case of the County Health Rankings report, the Chugach area (same area-different name). This was done for the purpose of collecting census and County Health Rankings data that is only available for the Census Area.

CCMC CHNA Service Area at County level
Valdez-Cordova County, Chugach Census Are

It is important to be aware ZIP always match. When ZIP Code following ZIP Codes in Valdez-



Code and county boundaries do not level data was available and used, the Cordova are reflected.

CCMC CHNA Service Area at Zip Code Level	
ZIP Code	City name
99566	Chitina
99573	Copper Center
99574	Cordova
99586	Gakona
99588	Glennallen
99677	Tatitlek
99686	Valdez
99693	Whittier

The service area includes medically underserved, low-income and minority populations. All patients were used to determine CCMC's CHNA geographic area.

DEMOGRAPHIC SNAPSHOT

The following tables provide a summary regarding the demographics of Cordova, Valdez, Alaska and the US. Data tables show total population of the community, as well as the breakout of the population between male and female, age distribution and race/ethnicity. Because Valdez-Cordova County has a higher percentage of veterans as compared to the state of Alaska and United States, a table with the statistics is included below. Also below are population density figures.

Census Reporter, US Census ACS 5 year survey 2023

Population 2023	Cordova		Valdez		Alaska	United States
Male Population	1283	50.90%	2190	56.00%	52%	49.50%
Female Population	1234	49.10%	1721	44.00%	48%	50.50%
Total	2517	100%	100%	100%	100%	100%

Age	Cordova	Alaska	US
0-9	12.60%	13.00%	12.80%
10-19	11.70%	13.00%	13.00%
20-29	15.40%	14.00%	13.00%
30-39	11.90%	16.00%	13.90%
40-49	9.60%	13.00%	17.90%
50-59	12.10%	11.00%	10.80%
60-69	16.50%	11.00%	6.30%
70-79	7.90%	7.00%	6.90%
80-89	2.30%	2.00%	3.80%

US Census ACS 5 year Community Survey 2023

MEDIAN AGE				
	CORDOVA		ALASKA	UNITED STATES
Median Age	37.8		35.6	38.7

POPULATION BY RACE/ETHNICITY				
	CORDOVA	Valdez	AK	UNITED STATES
White	72.2%	77%	58%	57%
2 +	11%	8%	11%	4%
Other	.5%	1	8%	1%
Native American/AI	4%	4%	13%	1%
Black	.12%	2%	3%	12%
Pacific Islander	.33%	0%	1%	1%
Asian	10%	0%	6%	6%
Hispanic	2%	7%		19%

SOURCE: Census Reporter, ACS 5 year 2023

PERCENTAGE OF CIVILIAN POPULATION 18 YEARS AND OVER THAT ARE VETERANS	
Cordova	13%
Alaska	11%
United States	6%

SOURCE: U.S. Census Bureau, -2023 American Community Survey Estimates



POPULATION DENSITY (PER SQUARE MILE OF LAND AREA)	
Valdez-Cordova Census Area	<1
Cordova	3.2
Alaska	1.3
United States	94.8

SOURCE: <https://www.census.gov/data/tables/time-series/dec/density-data-text.html>; <https://worldpopulationreview.com/us-cities/cordova-ak-population>

The Valdez-Cordova Census Area has one of the lowest population densities in the United States. With 34,239.88 land square area miles, the Valdez-Cordova Census Area is one of the top five largest counties by land area nationwide (including county-equivalents).



HEALTH STATUS AND SOCIAL DETERMINANTS OF HEALTH CORDOVA

Information from a variety of secondary sources was reviewed and analyzed to develop a comprehensive picture of the health status and social determinants of health (SDOH) of the residents of Valdez-Cordova County. Data for Valdez-Cordova County and or the Chugach Census area was compared to other counties in Alaska, the state of Alaska, and the United States when data or information was available. Some data was only available at the state level. SDOH are conditions in the places where people live, learn, work, and play and that affect a wide range of health risks and outcomes. SDOH include the social environment, physical environment, health services, and structural and societal factors. By applying what we know about SDOH, we can improve individual and population health.

In CCMC’s 2025 key stakeholder survey, Respondents were asked a series of questions regarding perceptions of health status in Cordova. Most of these were purposefully open-ended questions allowing for a wide range of perspectives and a focus on what is actually happening in Cordova rather than steering answers toward larger state or national trends. Key themes emerged from their responses.

Question 5: How would you rate the general health of the people of Cordova?

Very Healthy	0%
Healthy	21.43%
Somewhat Healthy	75%
Unhealthy	3.57%
Very Unhealthy	3.57%



Question 6 Please indicate your top 3 biggest health concerns in Cordova?

Most frequently mentioned concerns were

- 1) Lack of access to specialty screening and treatment
- 2) Diabetes
- 3) Mental health and substance use disorders

Other items mentioned more than 2 times included diseases of the heart, cost of healthcare and lack of insurance, and need for consistent providers.

Question 7: What factors or barriers do you believe contribute to the health challenges in Cordova?

- 1) Lack: lack of access to specialty services, lack of access to healthy foods, lack of access to services in general (affordable housing, elder care, healthy recreational outcomes.
- 2) High Costs: cost of food, cost of healthcare, cost to travel to needed care
- 3) Weather: harsh weather conditions cited as making travel to care difficult, impediment to healthy activities

Question 8 of the stakeholder survey asked Respondents what the top 3 reasons for people in Cordova not getting the Medical care they need.

- 1) 85 % of respondents referenced cost of care as a contributing actor
- 2) Lack of knowledge of resources and needs
- 3) Lack of services and specialists

Question 9 the top 3 reasons for people not getting the Behavioral Health care they need.

While cost was also cited as a strong concern, Stigma and lack of trust were the most frequently cited concerns along with lack of knowledge and lack of available providers.

- 1) Stigma (74%)
- 2) Cost (48%)
- 3) Lack of knowledge of resources and providers



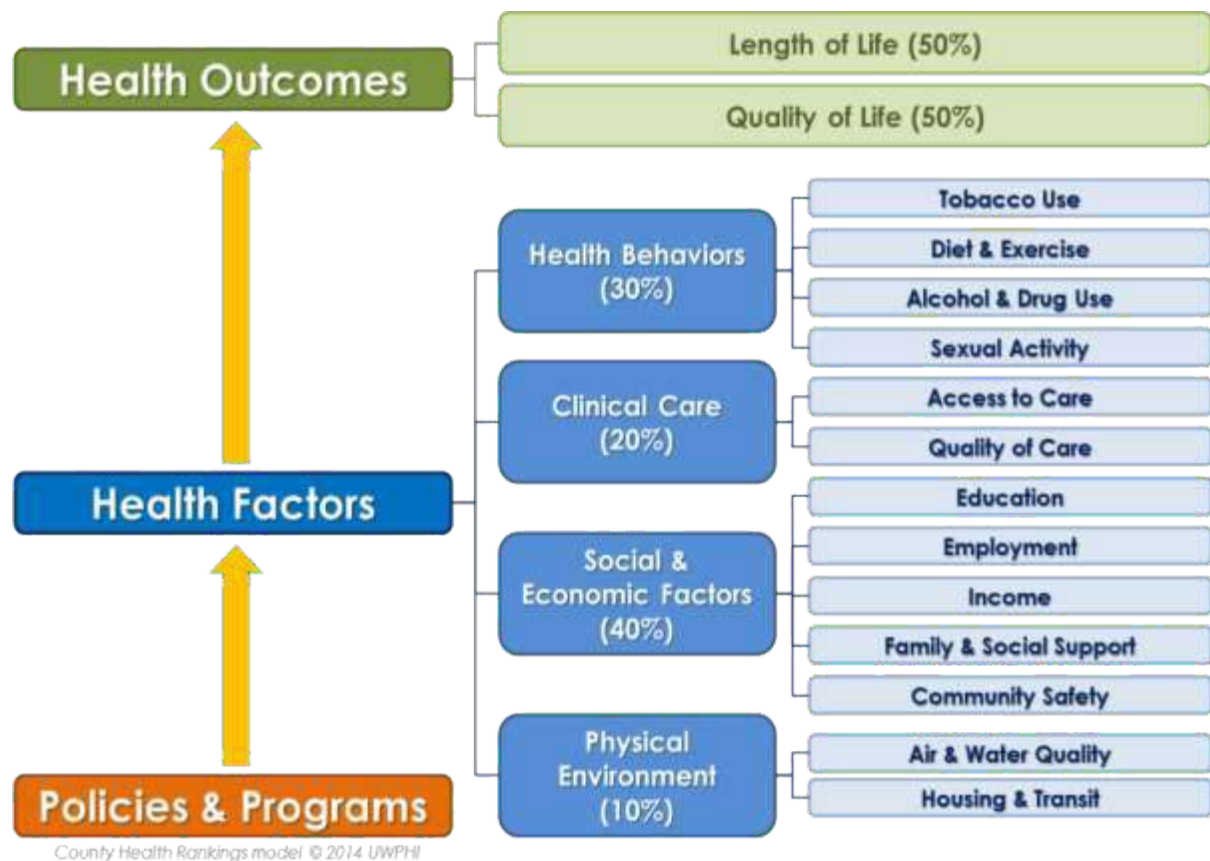
COUNTY HEALTH RANKINGS & ROADMAPS

The County Health Rankings & Roadmaps Program had been a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Due to a discontinuation in funding by the RWJ Foundation, the amount of data offered by the ranking has significantly decreased. They have also updated their model. We have included the data they do offer but cannot provide comparisons to past rankings due to changes and lack of comparable data.

County Health Rankings are determined by the following factors:

HEALTH OUTCOMES: “The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.”

HEALTH FACTORS “The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state.





The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.”²

The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play.

The table below shows how Valdez-Cordova County ranks out of the 25 counties in Alaska. A ranking of one (1) represents the healthiest county. In 2023 Valdez-Cordova County ranked 10th in the state of Alaska (2nd quartile), as compared to the other 25 counties in Alaska. In 2019 we ranked 3rd; in 2022 we ranked 6th.

This data is from the 2023 Rankings which utilized the model above.. In 2024 the parameters of the study changed, in part due to a loss of funding. Our Census area no longer meets the criteria to be included in the ranking of Health Outcomes due to insufficient data.

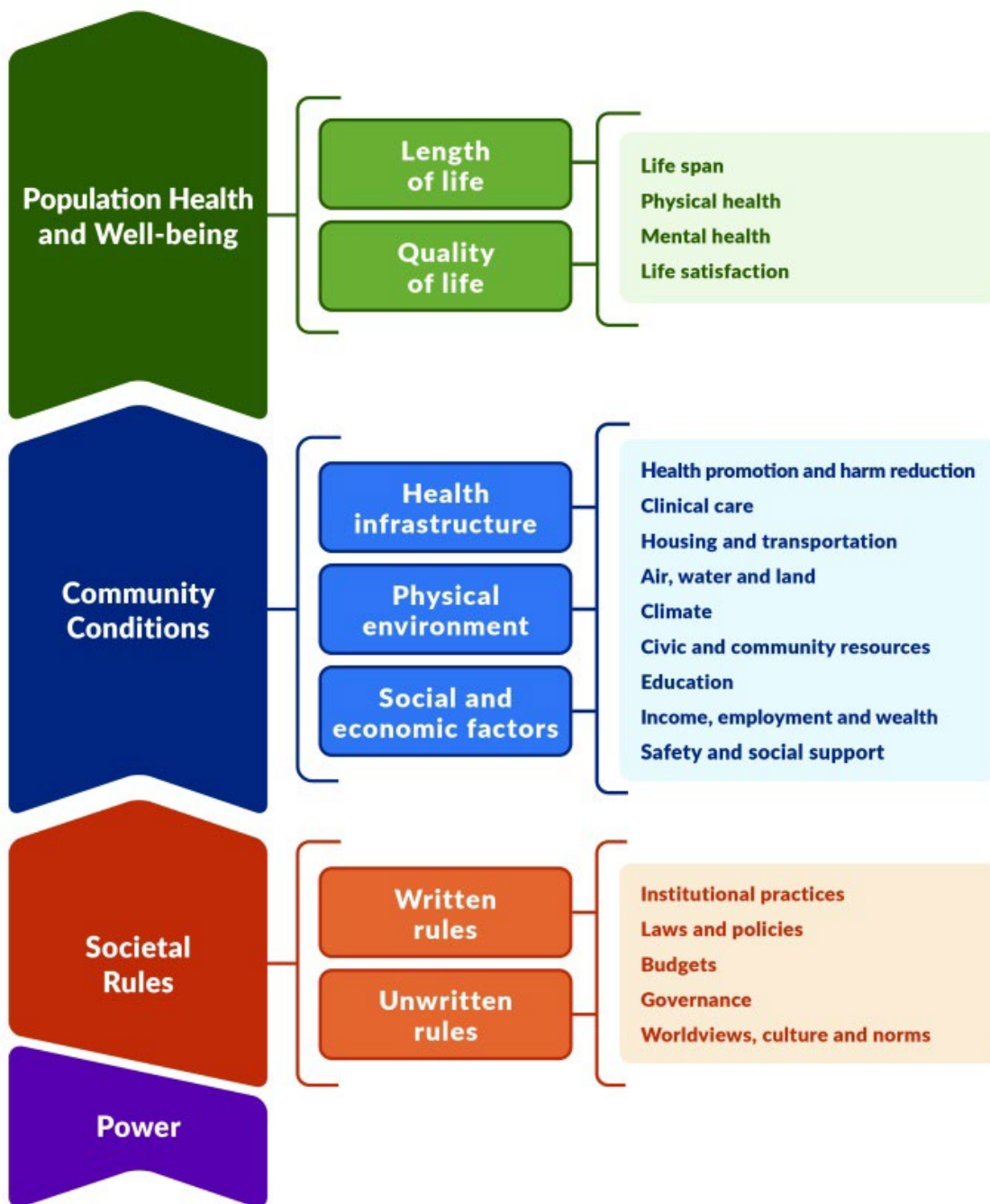
	Valdez-Cordova County's rank out of 25 counties in Alaska	Valdez-Cordova County's Quartile in Alaska
Health Outcomes	10	2nd
Length of Life	10	2nd
Quality of Life	6	1st
Health Factors	11	2nd
Health Behaviors	14	2nd
Clinical Care	12	2nd
Social & Economic Factors	7	1st
Physical Environment	16	3rd

Ranking quartiles: 1-6; 7-12; 13-19; 20-25

Source: www.countyhealthrankings.org; September 2023



In 2025 a new model was introduced which looked at different factors of population health.




University of Wisconsin Population Health Institute Model of Health © 2025





The data below regarding Health Factors is from the 2025 Report utilizing the new model. Due to changes in funding and reporting, there is not enough data to provide information at the county or census area level.

Trend data indicator	Chugach Census Area	Alaska	United States
Population Health and Well-being			
Length of life	Chugach Census Area	Alaska	United States
Premature Death		10,000	8,400
Additional Length of life factors(not included in summary)			
Quality of life	Chugach Census Area	Alaska	United States
Poor Physical Health Days	3.9	3.9	3.9
Low Birth Weight		6%	8%
Poor Mental Health Days	4.9	4.7	5.1
Poor or Fair Health	14%	16%	17%
Additional Quality of life (not included in summary)	Chugach Census Area	Alaska	United States
Frequent Physical Distress	11%	12%	12%
Diabetes Prevalence	8%	8%	10%
HIV Prevalence		127	387
Adult Obesity	30%	32%	34%
Frequent Mental Distress	15%	15%	16%
Suicides		28	14
Feelings of Loneliness	34%	34%	33%

Note: Blank values reflect unreliable or missing data.

Community Conditions				
	Trend data indicator	Chugach Census Area	Alaska	United States
Community Conditions				
Health infrastructure				
Flu Vaccinations			32%	48%
Access to Exercise Opportunities		66%	79%	84%
Food Environment Index			7.1	7.4
Primary Care Physicians		690:1 †	1,050:1 †	1,310:1 †
Mental Health Providers		440:1 †	120:1 †	290:1 †
DentistsToggle		2,260:1 †	940:1 †	1,340:1 †
Preventable Hospital Stays			2,039	2,666
Mammography Screening			37%	44%
Uninsured		18%	13%	10%

Additional Health infrastructure (not included in summary)				
Physical environment		Chugach Census Area	Alaska	United States
Severe Housing Problems		9%	20%	17%
Driving Alone to Work		66%	66%	70%
Long Commute - Driving Alone		6%	18%	37%
Air Pollution: Particulate Matter			5.3	7.3
Drinking Water Violations				
Broadband Access		94%	91%	90%
Library Access		5	2	2

Additional Physical environment (not included in summary)				
Social and economic factors		Chugach Census Area	Alaska	United States
Some College		75%	65%	68%
High School Completion		96%	93%	89%
Unemployment		4.70%	4.20%	3.60%
Income Inequality		3.2	4.2	4.9
Children in Poverty		8%	13%	16%
Injury Deaths			108	84
Social Associations		14.5	10.9	9.1
Child Care Cost Burden		25%	28%	28%

Additional Social and economic factors (not included in summary)				
		Chugach Census Area	Alaska	United States
High School Graduation		95.4*	78%	87%
Reading Scores				3.1
Math Scores				3
School Segregation		0.13	0.24	0.24
School Funding Adequacy				\$1,411
Children Eligible for Free or Reduced Price Lunch		45%	39%	55%
Gender Pay Gap		0.78	0.85	0.81
Median Household Income		\$95,200	\$88,700	\$77,700
Living Wage		\$52.31	\$56.80	
Child Care Centers		1	4	7
Residential Segregation - Black/White			57	63



COMMUNITY SURVEY

CCMC requested input from community members regarding the health needs of the area. This year we purposefully key the survey shorter and more open ended so as to capture respondent's perspectives without steering or guiding the answers and allowing for the responses to reflect local trends rather than national trends. The questions posed and the responses from the 49 respondents are available in Appendix B. It is notable that a significant number of respondents did not answer all the questions. We also interviewed a few key communicators in an effort to add to the survey responses. Both the survey and the key interview responses are in Appendix 2 Also, responses were appropriately extracted from the survey and inserted into various sections of Appendix 1 titled "Health Outcomes and Health Factors" and the prioritization of health needs section that follows.

PRIORITIZATION OF HEALTH NEEDS

KEY STAKEHOLDER SURVEY INPUT REGARDING PRIORITIES

Community Survey Question 14 asked *What can Cordova Community Medical Center do to best meet the health needs of this community?*

We received 28 responses that were wide ranging. A couple of key themes emerged most of which mirrored previous years' replies.

- 1) Consistent providers
- 2) Community outreach regarding services available and general healthcare education
- 3) Increase availability of specialists
- 4) Collaboration
- 5) Improve access including reducing costs and help individuals obtain insurance

Question 13 asked *What would you like to see Cordova Community Medical Center, in cooperation with community partners, focus on over the next 3 years?*

- 1) Expand the range of specialists that come to town and increase the number of visits per year
- 2) Outreach and education on how to access care and how to improve health
- 3) Join healthcare under one umbrella, merge CCMC and ICHC
- 4) Expand eldercare services



Question 12 of the survey asked respondents: *What strategies or programs have been successful in addressing the health challenges of the people of Cordova?* The following trends emerged:

- 1) Health fair was mentioned most often
- 2) Visiting specialists
- 3) Telehealth
- 4) Weight loss clinic
- 5) Dentist in town
- 6) Mobil Mammography

KEY INFORMANT INTERVIEW DATA

In an effort to obtain additional information about priorities and activities needed in the community the following questions were asked of Key Stakeholders:

1) Did you Complete the survey?

One key stakeholder had completed the survey the remainder had not.

2) Strengths of CCMC

Staff was the most mentioned strength alongside personalized care, ease of access, the Emergency Room, Long term Care, bringing in specialists, meal service, good community outreach and connections, pharmacy, Bay to Bay and Weight loss groups.

3) Weaknesses of CCMC

Lack of pediatrics, Lack of in town MD/Do, Lack of MRI, Cost, lack of consistent providers, lack of communications-providers don't always communicate with each other. Sometimes difficult to know who in charge of my care on any given visit is, size means lots of services that cannot be provided, lack of ability to support births in town, have to refer out a lot



4) Opportunities for CCMC

Some redundancies that could be combined between two healthcare systems, increase and continue community outreach, preventive care and outreach around healthy lifestyle, collaboration with others in the healthcare community or other organizations with similar missions, community education on raising healthy kids, stroke and heart disease

5) Threats for CCMC

Threats of closure, lack of funding, not having enough medical personnel, IICHC has advantages when it comes to funding and pricing, government policies, lack of affordable insurance, not a large enough population for 2 clinics, number of uninsured patients who cannot pay for care, aging building, cost of OT/PT, cost of providing services in small community, economics of health care, politics of current administration

Wishes

6) If you could pick one thing you wish the hospital would do, what would that be?

More frequent and/or more specialty clinics was mentioned by 90% of key informants, resources to support people who are trying to support people with addictions, MRI, Birthing services " You do everything you can" but more PSA's on how to stay healthy, more opportunities to have interactions with LTC residents, (community visiting, store we could donate to), consistent providers, and better communication among providers.

PRIORITIZATION MEETING

A group of individuals that represented the interests of the community and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to participate in identifying priority county health needs and services. The meeting was held at the Cordova City Center on 10/27/25 to review the data collected and prioritize the health needs. Barb Jewell, MPA, Behavioral Health Program Manager, facilitated the meeting. Local, county and state health data and responses to the key stakeholder responses were reviewed and used to identify priorities. The following list of people attended.

CCMC Representatives:

- Hannah Sanders, Chief Executive Officer
- Olivia Moreno, Director of Nursing
- Tom Hokanson, CCMC Pharmacists

Key Stakeholders:

- Tania Harrison, Cordova Fire Department Volunteer
- Aaron Salyles, Cordova Fire Chief
- Michael Glover, Pastor
- Alex Russin, School District Superintendent
- Aaron Hansen, Community member
- Kristin Carpenter, Mayor
- Sam Greenwood, Cordova City Manager

PRIORITIZATION CRITERIA

- **SIZE** = How significant is the scope of the health issue - number of people affected?
- **SERIOUSNESS** = How severe are the negative impacts of this issue on individuals, families, and the community?
- **ABILITY TO IMPACT** = What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc.)

PRIORITIZED HEALTH NEEDS

To prioritize the significant health needs and services of Cordova, each meeting participant submitted their top three to five priorities based both on the information presented and their own knowledge of the community. They then grouped the priorities together by like topic. The group discussed the outcome and determined that the top priorities based on size of need and ability to impact. Vigorous discussion about the size of the problem and challenges with defining priorities took place (eg: clarifying what is meant by health literacy and should childcare and housing be included in priorities as these are not per say healthcare). The group also took time to identify community partners who could collaborate in strengthening these areas of service and some possible tasks that would positively impact these priority areas.

Below is the list of prioritized health needs and services for Cordova, tasks and potential partnerships that were generated by the meeting participants.

Mental Health and Substance Abuse Services

Activities/Tasks

- Utilize Existing Campaigns and Champions (Social Media) to destigmatize addiction and mental health disorders
- Promote virtual AA and NA meetings
- Increase community outreach
- Same Day/walk in appointments that are scheduled and advertised for any type of mental or physical crisis
- Independent telehealth/psych options that do not require local input
- Space outside of local clinics for mental health pop ups allowing for referral

Elder Care

Activities/Tasks

- Assess number of community members who need in-home care
- Recruit Caretakers for elderly population
- Provide home safety eval through OT/EMS/Fire Department
- Invite ARDC to visit community
- Develop home health partnerships
- Explore/support development of Assisted Living Facility
- Provide education to PCA's to assist with in home ADL's

Health Literacy

Activities/Tasks

- Diet & Exercise Classes
- Weight Loss Groups
- Communicate with Human Resources departments info regarding insurance coverage
- Invite outside groups to come to Cordova to provide information

POTENTIAL PARTNERS

- Mental health Trust Authority
- National Alliance for Mental Illness
- Alcoholics Anonymous
- ADRC/ILP
- Center for Medicare Services
- Ilanka Community health Center
- City of Cordova
- Bidarki Recreation Center
- EMS
- Pioneer Lodge
- School

NEXT STEPS

This report will be updated to include the priorities and strategies identified in the Prioritization Meeting. The report will be presented to the Hospital Authority Board for review and approval. If and when approved, implementation will begin in 2026

Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of the CHNA Final Report
Date: 11/25/2025

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Facility Assessment as presented."

COMPLETION DATE:11/10/2025

§483.71(a)(2) The facility’s resources, including but not limited to the following:
(i) All buildings and/or other physical structures and vehicles;
(ii) Equipment (medical and non- medical);

Systems					
Systems	Required Y/N	Condition	Quantity	Available Inspection Records	Notes - Additional Explanation
Wander Management	Y	Good	3	Y	1 Currently in use
Call System	Y	Good	1	N	
Phones	Y	Good	59	N	
Printers and Fax Machines	Y	Good	22	Y	
Fire Alarm	Y	Good	1	Y	
Fire Protection and Sprinkler System	Y	Good	1	Y	
Paging /Intercom Systems	Y	Good	1	Y	
Other: Motion Alarm	Y	Good	10	N	2 currently in use
Medical Equipment					
Medical Equipment	Required Y/N	Condition	Quantity	Available Inspection Records	Notes - Additional Explanation
BiPap/Cpap	Y	Good	2	Y	
Bladder Scanner	Y	New-good	1		
CPM	N	N/A	0		
Defibrillator	Y	Good	3	Y	
DVT Pump	Y	Good	2	Y	
E Stem Machine	Y	Good	1	Y	
ECG Machine	Y	Good	1	Y	Available in the hospital
EKG Machine	Y	Good	1	Y	Available in the hospital
Electric Bed	Y	Good	18	Y	
Manual Wheel Chair	Y	Good	4	Y	
Electric Wheel Chair w/charger	N	NA	0	NA	
Wheel Chair Battery Charger	N	NA	0	NA	
IV Pump	Y	Good	4	Y	
Lift Chair	N	NA	0	NA	
Low-air Loss Mattress	N	Good	4	Y	
Alternating pressure Overlay	N	Good	4	Y	Available in the hospital
Mechanical Lift	Y	Good	2	Y	
Oxygen Concentrator	Y	Good	2	Y	
Oxygen Regulator	Y	Good	18	Y	
Pulse Oximeter	Y	Good	5	Y	
Scale	Y	Good	1	Y	
Suction Equipment	Y	Good	2	Y	2 portable suction. wall suction in each room
Tube Feed Pump	Y	Good	3	Y	2 in use
Ultrasound Machine	Y	Good	1	Y	Available in the hospital
Ventilator	N		2		
Crash Cart	Y	Good	2	Y	Available in Hospital
Vital Sign Monitor	Y	Good	4	Y	on wheels
Wound Vac	N		0		
Other					

COMPLETION DATE:11/10/2025

Non-Medical Equipment					
Non-Medical Equipment	Y/N	Condition	Quantity	Available Inspection Records	Notes - Additional Explanation
Emergency Generator	Y	Good	1	Y	
Emergency Radios	Y	Good	15		
Laptops and chargers	Y	Good	44		Facility wide
Desktops	Y	Good	24		Facility wide
Television	Y	Good	19		
Food Serving Tables	Y	Good	4		
Overbed Tables	Y	Good	11		
Med carts	Y	Good	3		2 on hospital side
Other/Ipod and chargers	Y	Good	5		
Mat table	Y	Good	1	no	In Storage
Hi-Lo table	Y	Good	2	no	
Other treatment table	N/A				
Nu-Step or similar	Y	Fair	1	no	
UBE or similar	Y	Good	1	no	
Ultrasound	Y	Good	1	yes	
Electronic Stimulation or combo with US	Y	Good	1	yes	
Hydrocollator	Y	Good	1	yes	
Pulleys	Y	Good	1	no	
Balance testing equipment	Y	Good	4	no	BAPS board, 2 blue foam pads, wood tilt board
Hand testing equipment	Y	Good	1	no	
Weight rock/cuff weight	Y	Good	22	no	22 Cuff Weights: 1x .5lb, 2 x.75lb, 1x1lb, 1x1.5lb, 3x2lb, 3x2lb,1x4lb, 2x5lb, 2x6lb, 2x7.5lb, 2x8lb, 2x9lb
Wedges/rolls	Y	Good	2	no	1 Blue wedge, 1 red 1/2 roll
Therapy ball	Y	Good	4	no	1 small, 1 med, 1 large, 1 med foam ball
Kitchen Simulation	no				
Walkers, canes, and wheelchair	Y	Good	1	no	1 cane
Slide Band	no				
Rebounder	Y	Good	1	no	
Weight ball	Y	Good	5	no	1x4lb, 1x6lb, 1x9lb, 1x12lb, 1x15lb
Mirror	Y	Good	1	no	
Hand weight	Y	Good	16	no	16 Weights: 2x1lb, 4x2lb, 5x3lb, 2x4lb, 2x5lb, 1x8lb.
Weight bar	no				

COMPLETION DATE:11/10/2025

Activity Equipment					
Activity Equipment	Y/N	Condition	Quantity	Available Inspection Records	Notes - Additional Explanation
DVD Player	Y	Good	1		
Vehicles					
Vehicles	Y/N	Condition	Quantity	Available Inspection Records	Notes - Additional Explanation
Vans	Y	Good	1	Y	
Bus	Y	Good	1	Y	
Golf Carts	N		0		

[illegible]

COMPLETION DATE: 10/30/2025

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

Facility Contact Information	
Assessment Date	11/5/2025
Campus Name	Cordova Community Medical Center
Address	602 Chase Ave
Phone	907-424-8000
Email	hsanders@cdvcmc.com
Healthcare Administrative (License Holder)	Hannah Sanders, MD
Medical Director	Curtis Bejes, MD
CNO	Olivia Moreno, FNP
LTC - DON	Kari Collins, RN
Governing Body Representative/Corporate Rep.	Ann Linville - Chairperson
Social Services Director	Madeline Ladd
Food Services Director	Monica Shaw
Plant/Environmental Operations Director	Brian Rezek
Therapy Director	Tamara Russin

§483.71(a) The facility assessment must address or include the following:

§483.71(a)(1) The facility's resident population, including, but not limited to:

(i) Both the number of residents and the facility's resident capacity;

Facility Licensing and Census Information			
	Current	12 month Average	
Total residents	8	8.75	Average from 10/1/2024 - 9/30/2025
Total capacity (licensed beds)	10		
Short term rehabilitation Medicare beds	0		
Long term beds	10		
Long Term Private beds	0		
Dually Cert Beds	10		
Long Term Medicaid beds	10		

COMPLETION DATE: 11/10/2025

CARE & COMPETENCY REQUIREMENTS

§483.71(a)(1)(iii) The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population;

Staff competency and care area requirements as identified in the Resident Population Assessment:	
	Dementia Care
	Gastronomy Tube Care/Use
	Prosthesis aid
	Pressure Ulcer Prevention/Treatment
	Assessing Nutritional/Feeding Needs
	Safety and emergency procedures
	Fall Risk Identification
	Technical Skills
	Catheter Care
	Restorative care
	Infection Control
Staff competencies and annual training requirements per regulatory authority and/or facility policy:	
Abuse, Neglect, Exploitation, and Misappropriation	Job responsibilities and lines of authority
Advance Directives	Emergency Preparedness
Behavioral Health	Facility policies and procedures
Communication	Resident Rights including confidentiality of resident information, right to dignity, privacy, and property.
Compliance and Ethics	
CPR	Safety and emergency procedures, including the Heimlich Maneuver
Dementia Care Management	Promoting resident's independence
Equipment and assistive device training	Feeding assistance
Infection Control	Oxygen use and safety
Other areas identified as areas of weakness during annual performance review/competency evaluation	
Quality Assurance and Performance Improvement (QAPI)	Nursing Staff only: Other disease processess as needed

COMPLETION DATE: 11/10/2025

The assessment must include or address an evaluation of the facility's training program to ensure any training needs are met for all new and existing staff including managers, nursing and other direct care staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles. The assessment should also include an evaluation of what policies and procedures may be required in the provision of care and that these meet current professional standards of practice (pg 721 Appendix PP, as of 11/3/2025).

There are many methods you can choose to use to evaluate the effectiveness of your employee training program. Examples include skills assessment which include return demonstration, follow up-quizzes for the training topic, and employee surveys. If you use a computer based training program, use the available reports to determine competency and completion rates

When assessing your training needs and your current program, ask the following questions:

1. What training needs to be done? This may be determined by the results of the skills assessments, quizzes or employee surveys completed.

All employees on hire are given Relias assessments and on going learning and assessment through their employment with CCMC (ex: HIPPA training, EMTALA training). Each staff member that does patient care is educated and trained on the use of electronic health records. For Long Term Care the staff uses Point Click Care (PCC). Also on hire each staff member has to meet with each department and learn what is required of them for that department.(ex: medical recods, billing, materials management..) Each employee is educated on what resources they have available here at CCMC and in the community. All Clincial staff are given new assessment in Relias as cares, diagnoses or residents needs change. Inservices are held throughout the year depending on the needs of the facility.

2. Which employee groups should receive the training? Keep in mind, staff members of the different departments will not always need the same type of training.

The Medical Director, all RN's , C.N.A's , Occupational therapists, Physical therapist, any staff member that performs direct patient care is required to complete annual and as assigned Relias clinical training courses and in-services as needed. All non clinical personnel (billing, medical records, HR...) are required to complete annual and as assigned non-clinical Relias training as well.

3. What skills, knowledge, and abilities are needed by each departments staff?

Department leaders conduct training as required by facility needs as well as Relias training for non-clinical staff.

COMPLETION DATE: 11/10/2025

§483.71(a)(1)(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population;

Buildings (Resident occupied structures only)

Attach a facility layout to your assessment (if multiple buildings, number each layout and attach a layout for each building).

What is the construction type of each building? (For resident occupied structures only)			
1	I (442), I (332), II (222)	Any number of stories non-sprinklered or sprinklered	
2	II (111)	One-story non-sprinklered Maximum 3 stories sprinklered	
3	II (000)	Not allowed non-sprinklered	
4	III (211)	Not allowed non-sprinklered Maximum 2 Stories Sprinklered	The construction type is Type V (111)
5	IV (2HH)		
6	V (111)		
7	III (200)	Not allowed non-sprinklered Maximum 1 Story Sprinklered	
8	V (000)		

Notes: The facility is a single story structure with a partial basement. The type of construction is a Type V(111). The Facility plans were approved in 1985. The facility is fully sprinklered with automatic fire sprinkler system and fully covered with a fire alarm system.

Other Structures: Garages, sheds, laundry facilities, etc. (include any rented/leased space also)

Structure/Description	Structure/Description
Green House	
Shed	

COMPLETION DATE: 11/10/2025

Building and Physical Environment			
Building Elements	Count		
Number of Private Rooms	4		
Number of Shared Rooms	11		
Number of Offices	23		
Condition			
Building Elements	Y/N	Condition	Notes - Additional Explanation
Dining Room(s)	Y	Good	
Kitchen	Y	Good	
Laundry Room	Y	Good	
Med Room	Y	Good	
Nourishment Room	Y	Good	
Nurse Station	Y	Good	
Medical Record Room	Y	Good	
Beauty Shop	N	N/A	
Server Room(s)	Y	Good	
Shower Room(s)	Y	Good	
Common Restroom(s)	Y	Good	
Designated Activity Room	Y	Good	
Supply Storage Room(s)	Y	Good	
Oxygen Tank Storage Room	Y	Good	
Rehabilitation/PT Area	Y	Good	
Clean Utility Room(s)	Y	Good	
Soiled Utility Room(s)	Y	Good	
Mechanical Room(s)	Y	Good	
Staff Breakroom(s)	Y	Good	new furniture in break room, new fridge nurses' report room.

Complete 11/10/2025

*§483.71(a)(2)(iii) Services provided, such as
physical therapy, pharmacy, behavioral health,
and specific rehabilitation therapies;*

Services Provided	Yes/No
ADL Assistance	yes
Activities Program	Yes
Art Therapy	No
Barber/Beauty	No
Bariatric Care	No
Cable/Satellite TV	Yes
Comfort Care	Yes
Dementia Care	Yes
Diabetes Management	Yes
Dialysis	No
Internet/Wi-Fi	Yes
Music	Yes
Occupational Therapy	Yes
Palliative/Hospice Care	No
Pet Visits	Yes
Pharmacy/Medication Management	Yes
Physical Therapy	Yes
Post-acute care	Yes
Religious Programs	Yes
Restorative Nursing Program	Yes
Speech Therapy	Yes
Telephone	Yes
Trach Care	No
Transportation	Yes
Wound Care	Yes

COMPLETION DATE:11/10/2025

Workforce Profile					
Administrative Staffing Information					
Position/Workforce	Employee (E) or Contractor (C)	Desired Number Y/N	Corporate Competencies	Notes	
Executive Director	E	Y	Annually		
Associate Executive Director	N/A	N/A	Annually		
Chief Nursing Officer	E	Y	Annually		
Director of Nursing - LTC	E	Y	Annually		
Staff Development Coordinator	E	Y	Annually	Mutiple roles make up this role	
MDS Coordinator	E	Y	Annually	LTC Manager	
Admission Director	N/A	N/A	Annually	Multiple roles make up this role	
Social Services	E	Y	Annually	LTC SW MWF	
Activity Director	E	Y	Annually		
Director of Therapy	E	Y	Annually		
Dietitian	C	Y	Annually		
Consultant Pharmacist	E	Y	Annually		
Business Office	E	Y	Annually		
Human Resources	E	Y	Annually		
Facilities - Maintenance	E	Y	Annually		
Dining Director	E	Y	Annually		
Direct Care Staffing Information					
Position/Workforce	Employee (E) or Contractor (C)	Desired Number FTE	Actual FTE	Competencies Related to Resident Care *	Notes
Registered Nurses	E/C	5	11 (including CAH)	Annually	(24hrs x 7 days/week)/36hrs for full time = 5 for LTC
Licensed Practical/Vocational Nurses	C	0	0	Annually	0 if the new CMS mandate requires RNs on LTC
Certified Nursing Assistant	E	8	16(dually trained)	Annually	2 (12 hrs) day, 1 (12 hrs) night, 1 (5-9) = (40x7)/36 = 8
Physical Therapist	E	1	1	Annually	
Physical Therapist Assistant	E	0	0	Annually	
Occupational Therapist	C	1	1	Annually	
Certified Occupational Therapist Assistant	C	0	0	Annually	
Speech Therapist	C	1	1	Annually	
Receptionist	E	5	10(dually trained)	Annually	(24 x 7) / 36 = 5
Activity Aid	E	0	1	Annually	
Cooks	E	6		Annually	
Dietary Aids	E	1		Annually	
Housekeepers	E	5		Annually	
*See Care & Competency Requirements tab for list of Annual requirements.					

§483.71(c) The facility must use this facility assessment to:

§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

Staffing Levels				
Position/Workforce	Day	Evening	Night	Notes
RN	1 6a-6p	N/A	1 6p-6a	
LPN	0	0	0	
CNA	2 6a-6p	1 5p-9p	1 6p-6a	
Activites Director	1 8a-5p	N/A	0	M-F only
Sitter	prn	prn	prn	sitters available for 24/7 coverage depeding on resident needs

*Above table applies to weekend staffing (except for Acitivities Aid).

§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.

Describe your current recruitment and retention processes/practices and highlight applicable areas below.		
Activity	Type	Process
Social Media	Facebook	CCMC utilizes Facebook to advertise for job openings. Resident activities are generally not shared on social media platforms.
Job boards and job sites	Indeed LinkedIn Facebook	CCMC advertises for position openings on Indeed, Facebook, radio, TV
Community connections for recruitment opportunities	Community centers Job fairs Churches Tech schools High schools Nursing schools STNA schools LPN schools College campuses Government programs Other	SHARP Program, Nurse Corp, Job fair at the High School, Prince William Sound Community Collge
Career ladder/growth opportunities	Tuition reimbursement Paid certifications Other	Education policy to assist with certifications, required certifications are paid for in nursing department, department of labor grant, CNA pathways to grow career, encourage nurses to explore other departments and areas of nursing with leadership support
Benefits	Healthcare 401(k) Daily pay Mental health PTO/sick days Bonuses	Current insurance carrier is Premera Blue Cross, covers some mental health services PERs retirement, fully vested at 5 years; optional 457 plan Competitive pay Employee assistance program to utilize Sound Alternatives for at work instances; long term disability insurance, life insurance PTO accrual, rate depends on years of service Annual bonuses and/or pay increase, merit based bonuses, depending on hospital capability
Technology	Applicant tracking system Scheduling app Electronic on-boarding Other	 Electronic onboarding through ADP, scheduling/communication via Microsoft Teams
Retention activities	Employee appreciation Focus groups Feedback surveys Other	Annual Christmas party Bi-weekly snacks Breakroom updates Education stipend

COMPLETION DATE: 11/11/2025

§483.71(a)(2)(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies;

Healthcare Related Contracts, Memorandums of Understanding, or Other Agreements						
Main Agreements	Contract, MOU, or Agreement	Vendor/Supplier/Agency	Expiration Date	Current Copy Available Y/N	Contract Has Expired Y/N	Available During an Emergency Y/N
Lab Services	Contract	Quest and CCMC	N/A	Yes	No	Yes
Respiratory Therapy	N/A	N/A	N/A	N/A	N/A	N/A
X-Ray	Contract	Alaska Radiology Associates		Yes	No	Yes
Dialysis	N/A	N/A	N/A	N/A	N/A	N/A
Nursing Agency Services	Contract	Multiple	N/A	Yes	No	N/A
Pharmacy	Contract	CCMC Retail Pharmacy	NA	N/A	No	
Security	N/A	N/A	N/A	N/A	N/A	N/A
Food Services	Contract	GPO/Vizient	N/A	Yes	No	Yes
DME Equipment	Contract	Prodigy Medical		Yes	No	N/A
Lawn Care	N/A	N/A	N/A	N/A	N/A	N/A
Kitchen Equipment Maintenance	Contract	Multiple	N/A	Yes	No	N/A
Ambulance	Agreement/MOU	CVFD/EMS	N/A	Yes	N/A	N/A
Emergency Transportation	MOU	Multiple	N/A	Yes	No	Yes
Food and Water	MOU	City of Cordova (Water)		Yes	No	Yes
Managed Care Contracts	N/A	N/A	N/A	N/A	N/A	N/A
Surety Bond	N/A	N/A	N/A	N/A	N/A	N/A
Podiatry	Contract	ANC Foot and Ankle	N/A	Yes	No	N/A
Dental	MOU	Alaska Community Health Center	N/A	Yes	N/A	N/A
SLP	Contract	Megan Kelley	N/A	Yes	N/A	N/A
Medical Supply Company	Contract	GPO/ Vizient	N/A	Yes	No	N/A
CLIA	N/A	N/A	N/A	N/A	N/A	N/A
Dietary	Contract	Renee Legan, RDN		Yes	No	Yes
*extensive EP MOUs Available						

Services CCMC Provides	
Physical Therapy	PRN
Occupation Therapy	PRN
Restorative Services	3 to 7 days a wk
Activities	Daily
Dietary	Daily
Certified Nursing Assistance	24 hours
Registered Nurse	24 hours
Pharmacy	Daily
Speech Therapy	PRN
Social Services	Daily

COMPLETION DATE: 11/3/2025

§483.71(a)(2)(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

Electronic Health Record		
Resource	Purpose	Notes
Point Click Care	LTC Electronic Medical Record	Vitals, care plan, EMAR, notes, assessments, orders, immunization history
Evident	CAH Electronic Medical Record	Same as above. Role in LTC is for labs results, clinic notes, ER visits, imaging summaries

Information Management Resources		
Resource	Purpose	Notes
Shared Drive	Electronic files	staff managed
MCN	Digital Policy Manual/Manager	
Relias	Training platform	onboarding, annual, and prn competencies, CEUs, certifications
Paper files	Record keeping	
State of AlaskahealthEconnect	Health information exchange	connecting health organizations state-wide to provide continuity of care.

§483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach as required in §483.73(a)(1)

HAZARD AND VULNERABILITY ASSESSMENT TOOL								
NATURALLY OCCURRING EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interuption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Tidal Wave	2	2	2	2	1	1	2	30%
Severe Thunderstorm	0	0	0	0	0	0	0	0%
Snow Fall	3	1	1	1	1	1	1	33%
Blizzard	1	1	1	1	1	1	1	11%
Ice Storm	3	1	1	1	1	1	1	33%
Earthquake	3	2	1	3	1	1	3	61%
Drought	0	0	0	0	0	0	0	0%
Flood, External	2	1	2	1	2	2	2	37%
Wild Fire	1	1	1	1	3	2	2	19%
Landslide	1	1	1	1	2	2	2	17%
Dam Inundation	0	0	0	0	0	0	0	0%
Pandemic	2	2	1	3	1	2	1	37%
Epidemic	2	2	1	3	2	2	2	44%
AVERAGE SCORE								0%
*Threat increases with percentage.								0%
	1.25	0.88	0.75	1.06	0.94	0.94	0.94	13%

90

RISK = PROBABILITY * SEVERITY	
0.13	0.31

CCMC's plan for Hazards at high risk	Policy
Pandemic	ADM200
Earthquake	SC 209
Tsunami	SC 232
Severe Weather	SC 237
Infectious Disease	SC 203

HAZARD AND VULNERABILITY ASSESSMENT TOOL								
TECHNOLOGIC EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interuption of services</i>	<i>Preplanning</i>	<i>Time, effectivness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	3	1	1	1	1	1	1	33%
Generator Failure	2	1	2	2	1	1	1	30%
Transportation Failure	1	1	1	1	1	1	1	11%
Fuel Shortage	1	1	1	2	1	2	2	17%
Communications Failure	2	1	1	2	2	2	2	37%
Information Systems Failure	2	1	1	3	2	2	0	33%
Fire, Internal	1	1	3	3	1	1	1	19%
Flood, Internal	2	1	1	1	2	1	2	30%
Hazmat Exposure, Internal	1	1	1	1	1	1	1	11%
Internet hack	1	1	1	2	2	3	3	22%
Supply Shortage	3	1	1	1	2	1	2	44%
Structural Damage	1	1	3	3	2	1	1	20%
AVERAGE SCORE								0%
<i>*Threat increases with percentage.</i>								0%
	1.05	0.63	0.89	1.16	0.95	0.89	0.89	11%

RISK = PROBABILITY * SEVERITY		
0.11	0.35	0.30

CCMC's plan for Hazards at high risk			
Policy		Policy	
Structural Damage	SC 103	Disruption of Critical Unfrastructure	SC 219
Information Systems Failure	SC 103	Communications Plan	SC 227

HUMAN-RELATED EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interuption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = Low 2 = Moderate 3 = High</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 = N/A 1 = High 2 = Moderate 3 = Low or none</i>	<i>0 - 100%</i>
Mass Casualty Incident (trauma)	1	2	1	1	2	1	2	17%
Mass Casualty Incident (medical/infectious)	1	2	1	2	2	1	2	19%
Terrorism, Biological	1	2	1	2	2	1	2	19%
VIP Situation	1	1	1	1	2	2	2	17%
Hostage Situation	1	2	1	2	2	2	3	22%
Active Shooter	1	1	1	1	1	2	2	15%
Missing Resident	1	1	1	1	2	2	2	17%
Bomb Threat	1	2	2	2	2	1	1	19%
AVERAGE								0%
<i>*Threat increases with percentage.</i>								0%
								0%
	0.80	1.30	0.90	1.20	1.50	1.20	1.60	13%

RISK = PROBABILITY * SEVERITY		
0.13	0.27	0.48

CCMC's plan for Hazards at high risk			
Policy		Policy	
Hostage Situation	SC 221	Disruptive Behavior	SC 207
Bomb Threat	SC 205	Lockdown	SC 221
Active Shooter	SC 201		
Elopment or Abduction	Sc 211		

COMPLETION DATE: 10/23/2025

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (<i>From historic events at your LTC with >= 5 victims</i>)	1	2	1	2	2	2	2	20%
Small Casualty Hazmat Incident (<i>From historic events at your LTC with < 5 victims</i>)	1	2	1	2	2	2	2	20%
Chemical Exposure	1	2	1	2	2	2	2	20%
Terrorism, Chemical	1	1	1	1	3	3	3	22%
Radiologic Exposure, External	1	1	1	1	3	3	3	22%
Terrorism, Radiologic	1	1	1	1	3	3	3	22%
AVERAGE								0%
<i>*Threat increases with percentage.</i>								0%
								0%
	0.67	1.00	0.67	1.00	1.67	1.67	1.67	9%

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RISK = PROBABILITY * SEVERITY		
0.09	0.22	0.43

CCMC's plan for Hazards at high risk	Policy
Hazardous Spill	SC 217
Hazardous Waste	SC 301

Budget Item Review and Operational Indicators Year-to-Date			
Operational Indicators to consider for budget evaluation			Notes:
Occupancy Rate	88%	88%	
Resident days/bed days available*365	3650	3650	
Average Length of Stay	365	365	
Inpatient days/discharges			
		LTC Salary Actual through 08/31	
LTC Salary Budget			
Wage Expense- LTC	\$ 1,212,831.88	\$ 832,303.85	
Total salary and wage expense/FTE's	\$ 86,630.85	\$ 59,450.28	
Budget vs. Actual-Year to Date Analysis			
Budget Items	Budget	Actual- through 08/31	Notes:
Revenue			
Room and Board Income- LTC	\$ 5,506,584.83	\$ 4,068,036.00	
Ancillary Income- LTC	\$ -	\$ 88,287.85	
Other Income- LTC	\$ -	\$ -	
Total	\$ 5,506,584.83	\$ 4,156,323.85	
Expenses-Wages (all positions)			
Nursing Services			
Total	\$ -	\$ -	
Other Departmental Expenses			
Administration			
Total	\$ -	\$ -	

COMPLETION DATE: 11/18/2025

§483.71(2)(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

Staffing	
Conventional	Facility has 4 FT (either through employment or contract) LTC nurses for 24/7 resident care. The CAH Float nurses and PRN nurses are trained for LTC coverage. This includes staff coverages for PTO or sick leave.
Contingency	Request that staff postpone elective PTO
	Refer to federal or state licensure waivers for HCP
	Request employees to return to work before meeting conventional return to work criteria while still adhering to CDC contingency staffing recommendations
	Utilize dually-certified/licensed and/or trained staff to cover needs outside their home department
	Decline referrals for new admissions
Crisis	Cancel non-essential procedures/visits
	Same as contingency but may request employees to return to work even more liberally than in contingency staffing
Emergent	Consider transferring patients/residents out of facility
	CCMC maintains an emergency operations plan which guides responses to events that interrupt day to day operations. For staffing, see SC 237 Surge Plan

Events	
Loss of EHR access	Maintain paper charts which include careplans, medication administration records, nurses notes, progress notes, physician orders, face sheet, POA contact information
For Evacuation	Maintain a supply list and packed items specific to each resident in the event of an evacuation.

COMPLETION DATE:

§ 483.71(b) In conducting the facility assessment, the facility must ensure:

§ 483.71(b)(1) Active involvement of the following participants in the process:

(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and

(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.

(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.

Signatures

Signatures	
Healthcare Administrative (License Holder)	
Medical Director	
CAH - DON	
LTC - DON	
Governing Body Represenative/Corporate Rep.	
Direct Care Staff	
Residents	
Resident Representatives and/or Family Members	
Other:	
Other:	
Other:	