

**MINUTES OF MEETING OF BOARD OF TRUSTEES AND BOARD OF  
TRUSTEES EXECUTIVE COMMITTEE OF  
TALLAHATCHIE GENERAL HOSPITAL**

**February 28, 2017**

On this date at the hour of 11:30 a.m., the Board of Trustees and Board of Trustees Executive Committee met in regular session at the hospital training room with the following trustees and personnel, to wit:

David Hargett, Trustee District One  
Isaac W. Sayle, Trustee District Two  
Gerry Speir, Trustee District Three  
Morris Murphey, Trustee District Four  
Jim Blackwood, Administrator  
Billy Marlow, Sunflower Management  
Joey Brunson, Chief Financial Officer  
Buddy McRae, Chief Operating Officer

Trustee Speir opened the meeting with prayer.

The minutes of the January 24, 2017 meeting were presented. A motion was made by Trustee Sayle to approve the minutes from the last meeting. The motion was seconded by Trustee Hargett with all Trustees voting "Aye" in favor of the motion.

Mr. Brunson gave the Board copies of the statistics for the providers showing their production in the hospital and the clinic for the month of January 2017. The Board reviewed the statistics and questions were asked and answered.

Mr. Brunson presented the report of the Finance Committee for January 2017 financials to the Board. Questions were asked and answered about this report. A motion was made by Trustee Hargett to approve the report of the Finance Committee for January 2017. The motion was seconded by Trustee Murphey with all Trustees voting "Aye" in favor of the motion.

After the presentation of the financials for January, 2017, Mr. Marlow and Mr. Brunson recommended that a line of credit be requested with Tallahatchie County Bank up to an amount of \$850,000. A motion was made by Trustee Sayle that Mr. Blackwood request a line of credit from Tallahatchie County Bank up to \$850,000. The motion was seconded by Trustee Murphey with all Trustees voting "Aye" in favor of the motion. A Special Resolution of the Board of Trustees of Tallahatchie General Hospital Authorizing Application for Financing with Tallahatchie County Bank was presented for approval and signature, a copy of which is attached hereto as Exhibit 1.

Mr. Blackwood circulated the Administrator's comments, a copy of which appears as Exhibit 2 hereto and is incorporated herein by reference. Questions were asked and answered concerning the Administrator's comments. Mr. Blackwood suggested that the Board enter into executive session to discuss certain personnel matters. Trustee Sayle made a motion that the Board enter into executive session to discuss these matters. The motion was seconded by Trustee Murphey with all Trustees voting "Aye" in favor of the motion to enter into executive session. Upon conclusion of this discussion, Trustee Sayle made a motion that the Board exit executive session. The motion to exit executive session was seconded by Trustee Murphey with all Trustees voting "Aye" in favor of the motion.

Mr. McRae circulated the Quality Report and HCAHPS Report for January, 2017. Questions were asked and answered concerning the quality metrics for the month.

Mr. McRae also presented the Physical Environment Management Plans – Annual Review (2016). A copy of which is attached hereto as Exhibit 3.

Mr. McRae also presented a Special Resolution of the Board of Trustees of Tallahatchie General Hospital Authorizing Application for Tax Exempt Government Tag, a copy of which is attached hereto as Exhibit 4. This resolution provides for authority to apply to the Mississippi Department of Revenue for tax exempt motor vehicle license plates for all hospital owned vehicles.

There being no further matters for discussion, the Board adjourned.

SPECIAL RESOLUTION OF THE BOARD OF TRUSTEES OF  
TALLAHATCHIE GENERAL HOSPITAL AUTHORIZING  
APPLICATION FOR FINANCING WITH TALLAHATCHIE COUNTY BANK

This matter came before the Board of Trustees (the “Board”) of Tallahatchie General Hospital and Extended Care Facility (“TGH”) for authority to apply for financing arrangements with Tallahatchie County Bank (“TCB”) and the Board, having considered the matter, finds and resolves as follows:

WHEREAS, TGH is a health care facility owned exclusively by Tallahatchie County, Mississippi, pursuant to the statutory authority of Mississippi Code §§ 41-13-1 *et seq* of the Mississippi Code; and

WHEREAS, TGH is governed by the Board pursuant to Mississippi Code § 41-13-29; and

WHEREAS, the Board wishes to secure a line of credit at TCB to fund certain operational expenses of TGH; and

WHEREAS, the Board anticipates that the maximum amount of borrowing authority it will need is Eight Hundred Fifty Thousand and No/Dollars (\$850,000.00); now, therefore,

BE IT RESOLVED that the Board hereby authorizes the opening of a line of credit at TCB with a borrowing limit of Eight Hundred Fifty Thousand and No/Dollars (\$850,000.00); and

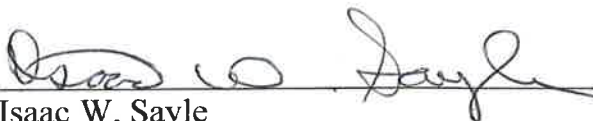
BE IT FURTHER RESOLVED that the Administrator of TGH is hereby authorized to take any and all actions necessary to apply for, and make use of, said line of credit including, but not limited to, the execution of any application documents, the


providing of necessary financial information to TCB, and requesting and receiving funds issued by TCB pursuant to the line of credit.

SO RESOLVED, this the 28<sup>th</sup> day of February, 2017.

TALLAHATCHIE GENERAL HOSPITAL

BY:   
Gerry Speir, Chairman  
Trustee, District Three

  
Isaac W. Sayle  
Trustee, District Two

  
Morris Murphey  
Trustee, District Four

## **Administrator's Comments – Meeting of February 28, 2017**

**Nursing Home** – We have 95 patient in the nursing home with two open beds on the general care side and one open bed on the special care side. We are in discussions with prospective residents for each of the empty beds.

**Tutwiler Clinic** – Our Form 855 has been approved by Medicare and we are awaiting a federal survey team to conduct our RHC survey. Joanie Perkins has been working extensively with the clinic to ensure compliance and has conducted multiple mock surveys of the facility. The clinic passed the mock surveys.

**Changes in Personnel in Case Management and Nursing Home** - We have had several recent changes in personnel in our case management department and our nursing home. These are employment related issues that may require consideration for executive session. I will discuss those matters at the meeting.

**Nursing Home Annual Survey** - Nursing Home Administrator, Jan Maddux, has been working extensively to ensure annual survey readiness. We are now in our survey window and can expect at any time.

**Audit and Cost Report** – Mr. Brunson is in the process of completing our annual cost report. We expect to receive the annual audit shortly after the cost report is filed. We will request that the auditors present their findings in April.

**IOP Consultant and Telehealth** – We will be conducting a telehealth demonstration within our IOP program at noon on March 9, 2017. You are welcome to attend the demonstration.

**Inquiry Regarding Dialysis in Charleston** – We have been contacted by Fresenius about locating some dialysis chairs in Charleston. These are very preliminary conversations; however, it appears this is more than just a

soft inquiry as some work has gone into securing the necessary certificate of need.

**Legal Matters:**

**The Estate of William Brewer, Sr.** – No new updates.

**TALLAHATCHIE GENERAL HOSPITAL**  
**PHYSICAL ENVIRONMENT MANAGEMENT PLANS**  
**ANNUAL EVALUATION (DECEMBER 2016)**

**I. Life Safety Management – PE.2)**

Objective: Provide written policies and procedures to ensure the safety of the patients, visitors and staff.

Scope: Review monthly fire drills, Alternate Life Safety Measures, quarterly fire alarm tests, fire extinguisher checks, any outside inspections (fire marshal, DNV, state health department, etc.)

- Was the Life Safety Management Policy reviewed? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Were there any records missing? YES NO
- Were fire drills conducted once per shift per quarter? YES NO
- Were any problems identified during the fire drill? YES NO
- If so, what actions were taken to correct the problem? There was an issue with the acknowledge panel, It wasn't showing the right location. The company was notified by maintenance director and it was corrected the next day. There have not been any more issues with this problem.
- Did the actions taken resolve the problem? YES NO

**Performance Indicators:** Policy changed: No policies changed at this time.

# of times fire marshal inspected the facility: The fire marshal was here in June and December of 2016 and is due to return in June of 2017 for second inspection.

**II. Safety Management – PE.3**

Objective: Provide written policies and procedures to ensure the safety of patients, visitors and staff.

Scope: Review safety rounds, hospital codes, above ceiling permits and infection control permits.

- Was the Safety Management Policy reviewed? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Did the safety committee meet at least once per quarter? YES NO
- Were safety rounds completed for the entire facility annually? YES NO
- Were recommendations made on the safety rounds? YES NO
- Some areas of the sidewalk had busted and had big gaps between the concrete and some of the sidewalks were uneven. It was recommended that new concrete be put down.
- Were the recommendations implemented? YES NO
- Were the findings during safety rounds communicated to leadership? YES NO
- Were any issues found during outside agency inspections? YES NO
- Were these issues correct? YES NO

**Performance Indicators:** # of reported falls due to physical conditions of the facility: There were no falls due to physical condition of the facility.

**TALLAHATCHIE GENERAL HOSPITAL  
PHYSICAL ENVIRONMENT MANAGEMENT PLANS  
ANNUAL EVALUATION (DECEMBER 2016)**

**III. Security Management – PE.4**

Objective: Provide written policies and procedures to ensure the safety of patients, visitors and staff.  
Scope: Review violent incident reports and exterior door checklists.

- Was the Security Management Policy review? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Were door checks performed daily? YES NO
- Were there any issues found on the door checks? YES NO
- If so, what actions were taken to correct the problem?  
Some of the office doors were not lock after work hours. These reports were given to the department head that were affected. None of the doors that were left unlock had access to any patient information.
- Did the action taken resolve the problem? YES NO

Performance Indicators: # of violent incidents within the year. There were no violent incidents reported this year.  
# of doors left unlocked. 12

**IV. Hazardous Materials Management – PE.5**

Objective: Provide written policies and procedures to prevent hazardous material spills and contamination.  
Scope: Review SDS and training procedures on how to handle hazardous materials/waste.

- Was the Hazardous Material Management Plan reviewed? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Are SDS books readily available to all employees? YES NO
- Are SDS books updated on an ongoing basis as new chemicals are Introduced into the facility? YES NO
- Are all hazardous materials stored in accordance with applicable laws & regs? YES NO
- Have there been any incidents involving hazardous chemicals the past year? YES NO
- If so, what actions were taken to correct the problem?

---



---



---

- Did the action resolve the problem? No problems YES NO

Performance indicators: # of hazardous spill this past year. There were no hazardous spills this past year.



**TALLAHATCHIE GENERAL HOSPITAL**  
**PHYSICAL ENVIRONMENT MANAGEMENT PLANS**  
**ANNUAL EVALUATION (DECEMBER 2016)**

**V. Emergency Management – PE.6**

Objective: Provide written policies and procedures to operate under emergency situations.

Scope: Review emergency operation plan with all hospital staff and leadership.

- Was the Emergency Operation Plan reviewed? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Was the implementation of the EOP conducted at least 2 times within the year? YES NO
- What action was to correct any problems? During our active shooter tabletop exercise, we discovered that our current plan was not very effective. At the next EOP meeting, each department will bring what their department will be responsible for during a disaster. It will be done on an All Hazardous approach. We will make changes to the policy as necessary at that time.
- Did the action resolve the problem? Next meeting is in March 2017 YES NO

Performance Indicators: # of drills performed the past year. There were 2 drills conducted in 2016. 1) Full scale Head Start bus wreck that tested our ED. 2) Active Shooter tabletop exercise.

**VI. Biomedical Equipment Management – PE.7**

Objective: Provide written policies and procedures to service and maintain all biomedical equipment.

Scope: Review contract with biomedical vendor.

- Was the Biomedical Equipment Management policy reviewed? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Is the biomedical equipment inventory up-to-date? YES NO
- Were there any issues with testing of the biomedical equipment this past year? YES NO
- If so, how were they resolved? We had to purchase some equipment that was needed by the biomedical tech so that our equipment could be calibrated correctly.
- Were there any recalls of biomedical equipment? YES NO

Performance Indicators: # of pieces of equipment checked the past year. 97

# of pieces that had to be repaired. 11

**PHYSICAL ENVIRONMENT MANAGEMENT PLANS  
ANNUAL EVALUATION (DECEMBER 2016)**

**VII. Utility Management – PE.8**

Objective: Provide written policies and procedures on how to operate and maintain the hospital utility systems.

Scope: Review generator logs and hot water temperature checks

- Was the Utility Management Policy reviewed? YES NO
- Are there any changes that need to be made to the policy? YES NO
- Were the generator tests completed monthly? YES NO
- Is the emergency phone number list up-to-date? YES NO
- Were any utilities disruptions documented this year? YES NO
- Could any of these disruptions been prevented? YES NO
- If so, how?

\_\_\_\_\_

\_\_\_\_\_

- Were any of the temperatures on the hot water temperature checks out of range? YES NO
- If so, what actions were taken to correct the problem?

\_\_\_\_\_

\_\_\_\_\_

Date of Completed: 12/29/2016 By Whom: Lisa Smiley

Presented to the Board of Trustees on: \_\_\_\_\_

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

Presented to Safety Committee on: \_\_\_\_\_

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

Presented to Quality Committee on: \_\_\_\_\_

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

SPECIAL RESOLUTION OF THE BOARD OF TRUSTEES OF  
TALLAHATCHIE GENERAL HOSPITAL AUTHORIZING  
APPLICATION FOR TAX EXEMPT GOVERNMENT TAG

This matter came before the Board of Trustees (the “Board”) of Tallahatchie General Hospital and Extended Care Facility (“TGH”) for consideration to apply for tax exempt motor vehicle license plates with the Mississippi Department of Revenue, Motor Vehicle Licensing Bureau, and the Board, having considered the matter, finds and resolves as follows:

WHEREAS, TGH is a health care facility owned exclusively by Tallahatchie County, Mississippi, pursuant to the statutory authority of Mississippi Code §§ 41-13-1 *et seq* of the Mississippi Code; and

WHEREAS, TGH is governed by the Board pursuant to Mississippi Code § 41-13-29; and

WHEREAS, the Board wishes to request that the Mississippi Department of Revenue grant tax-exempt vehicle license plates to the motor vehicles owned by TGH; and

WHEREAS, the Department of Revenue has indicated that, for it to determine whether TGH is eligible for tax-exempt motor vehicle license plates, TGH must file an Application for Tax Exempt Government Tag; now, therefore,

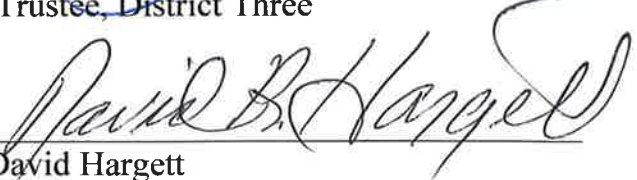
BE IT RESOLVED that the Board hereby authorizes the Administrator to execute and file all necessary documents including, but not limited to, the attached Application for Tax Exempt Government Tag, with the Mississippi Department of Revenue’s Motor


Vehicle Licensing Bureau so that TGH may purchase tax-exempt motor vehicle license plates if deemed eligible to do so by the Mississippi Department of Revenue.

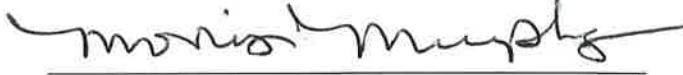
SO RESOLVED, this the 28<sup>th</sup> day of February, 2017.

TALLAHATCHIE GENERAL HOSPITAL

BY:   
Gerry Speir, Chairman  
Trustee, District Three

  
David Hargett  
Trustee, District One

  
Isaac W. Sayle  
Trustee, District Two

  
Morris Murphey  
Trustee, District Four