



To: MCHCD Board of Directors
From: Katharine Wylie, MS Ed.
Date: 1/8/2026
Subject: Agency Administrator's Report

Seismic Retrofit Update

Dudley Campbell of the Devenney Group will give an update on recent architectural and engineering work to prepare seismic retrofit construction drawings required by the California Department of Health Care Access and Information, (HCAI) .

The Board will review the seismic retrofit project timelines and milestones, along with a six-year construction budget projection totaling \$19.9 million. Potential HCAI grant reimbursements may offset some seismic design costs. A detailed cash flow projection will be presented in tonight's meeting.

The Board will be asked to approve the Seismic Compliance Plan project timelines (Gantt chart), the project budget and cash flow projection, and a financing plan for the state-required retrofit of the Mendocino Coast Hospital.

The Seismic Compliance Plan—along with a request for a three-year construction extension based on the project timelines—was submitted online to HCAI before the January 1, 2026 deadline. HCAI is currently reviewing the submission (Record CP-10301-TEMP00).

District Construction Representative

A draft Request for Proposal (RFP) will also be considered by the Board. The RFP is to solicit experienced Owner's Representative/Independent Project Manager proposals to oversee the Seismic Retrofit project for the Mendocino Coast hospital campus, including planning and coordination, regulatory support, procurement, construction oversight, budget/cash flow management, and reporting through close-out. The Board will be asked to approve this RFP for independent consultant construction representative services and authorize staff to solicit proposals. Staff will bring proposals to the Board at a later date, for the Board to select a Construction Representative.

District Bookkeeping/Accounting Services

The MCHCD Board previously directed the Board Treasurer to terminate the contract for Bookkeeping/Accounting services with K. McKee and Company when the services of a new Bookkeeper could be contracted. The Board will consider four proposals for replacement Bookkeeping/Accounting services at tonight's meeting.



Measure C update

On December 1, 2025, the Measure C Citizen's Oversight Committee met and appointed new officers for the 2026 calendar year. The committee elected Robert van Buuren as Chair and Gabriel Maroney as Vice-Chair. Chair Hurst's appointment to the committee expires January 19, 2026. The 12/1/2025 Draft Meeting Minutes are attached below. The next committee meeting is tentatively scheduled for January 12, 2026 at 4:00 pm.

AB 1882

HCAI's Hospital Services Reporting (required by AB 1882) is an annual status update that certain acute care hospitals must file for their general acute care (GAC) buildings that are not compliant with the 2030 seismic safety standards. The report documents each building's Structural Performance Category (SPC) and Nonstructural Performance Category (NPC) ratings and the services provided in each general acute care building on a hospital campus. AB 1882 requires hospitals to send the report to multiple parties after HCAI approval, including local government bodies (county/city), labor unions (if applicable), fire/EMS district boards, emergency services offices (local and state), and the hospital board. A copy of the report is attached below and will be posted to the district's webpage.

SB 827 – Fiscal & Financial Training Requirements

A new law, SB 827, expands existing local agency training requirements by mandating regular fiscal and financial education for defined local agency officials. In addition to current ethics training obligations, District officials must now complete at least two hours of fiscal and financial training every two years. Required topics include laws and principles of financial administration and short- and long-term fiscal management; roles and responsibilities of financial administration; financial policies; municipal budgets and budget processes; financial reporting and auditing; capital financing and debt management; local agency revenue mechanisms; pensions and other post-employment benefits; cash management and investments; the prudent investor standard; and the ethics of safeguarding public resources.

Under SB 827 District officials commencing service on or after January 1, 2026 must also complete their initial ethics training within six months (rather than one year). The District must maintain training records, post information for requesting training records. Regional Government Services (RGS) is partnering with BBK Law to offer this training to MCHCD Board members, and I will keep you advised of upcoming training dates.



*MCHCD provides a hospital and fosters leadership, advocacy and collaboration
for our community health and well-being.*

REGULAR MEETING OF THE MEASURE C CITIZEN'S OVERSIGHT COMMITTEE
MENDOCINO COAST HEALTH CARE DISTRICT

MINUTES

Monday, December 1, 2025 at 1:00 PM

Neva Cannon Room, Adventist Health Mendocino Coast Hospital Campus

775 River Drive, Fort Bragg, CA.

CONDUCT OF BUSINESS

1. CALL THE MEETING TO ORDER

Chair Hurst called the meeting to order at 1:00 p.m.

This meeting was held in-person and by teleconference in accordance with the Brown Act.

Committee Members Present: Jim Hurst, Gabriel Maroney, Diane Harris, Jessica Grinberg and Robert van Buuren. A quorum of the Committee was present.

Management Team: Agency Administrator Katharine Wylie
Chief Financial Officer Wayne Allen

2. PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Chair Hurst called for public comment.

A member of the public commented on the meeting time.

Seeing no one else come forth, Chair Hurst closed public comment.

3. COMMITTEE CHAIR APPOINTMENT

3a) Consider possible action to appoint Chair and Vice-Chair of the Measure C Citizen's Oversight Committee, for the 2026 Calendar Year.

Chair Hurst introduced the agenda item and called for nominations for committee Chair. It was moved and seconded to appoint Robert van Buuren as committee Chair.

Chair Hurst called for public comment.

Seeing no one come forth, Chair Hurst closed public comment.



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By a vote of 5 yes/ 0 no, the committee elected Robert van Buuren Committee chair. It was agreed that Chair Hurst would continue as chair to facilitate the rest of this meeting, with van Buuren assuming office afterwards.

Chair Hurst called for nominations for Vice-Chair of the committee. It was moved and seconded to appoint Gabriel Maroney as committee Vice-Chair.

Chair Hurst called for public comment.
Seeing no one come forth, Chair Hurst closed public comment.

By a vote of 5 yes/ 0 no, the committee elected Gabriel Maroney Committee Vice-Chair.

Chair Hurst noted the past Measure C committee appointments: van Buuren - 12/12/24; Grinberg - 8/22/2024; Maroney and Harris - 2/23/23; Hurst - Jan 19, 2022 (expiring Jan 19, 2026).

4. STAFF REPORTS

4a) Receive and file October 2025 Measure C Finance report

Chair Hurst introduced the item and fielded questions from the Committee.

4b) Receive and file Measure C Oversight Committee Policy, as approved by the MCHCD Board on 5/22/25

Chair Hurst introduced the item and fielded questions from the Committee.

Chair Hurst called for public comment.

Seeing no one come forth, Chair Hurst closed public comment.

5. CONSENT CALENDAR

ITEMS RECOMMENDED FOR APPROVAL:

5a) Minutes of the Measure C Committee Regular Meeting, dated 4/7/2025.

5b) Minutes of the Measure C Committee Special Meeting, dated 5/5/2025.

Chair Hurst called for public comment.



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Seeing no one come forth, Chair Hurst closed public comment.

By a vote of 5 yes/ 0 no, the committee approved the consent calendar items as distributed.

6). REGULAR CALENDAR

6a) Consideration and approval of the tabled Measure C unallocated funds (Page 2 of 2) in the amount not to exceed \$4,283,815 for Measure C projects previously authorized by the MCHCD Board.

Chair Hurst introduced the item and fielded questions from the Committee with CFO Allen.

Chair Hurst called for public comment.

A member of the public commented on previous Measure C disbursements.

Seeing no one else come forth, Chair Hurst closed public comment.

By a vote of 5 yes/ 0 no, the committee approved a motion to table Measure C unallocated funds (Page 2 of 2) to a future meeting, where greater line item detail and current status of Measure C items on Page 2 of 2 could be provided.

7). ADJOURNMENT

The meeting was adjourned at 2:02 pm. The next meeting is scheduled for January 12, 2026 at 4:00 pm.

Dated: December 2, 2025

Katharine Wylie, MS Ed
Agency Administrator



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2025 Hospital Seismic Performance Report

AB 1882

AB 1882 Purpose – Services and Performance Ratings

Assembly Bill 1882 requires each general acute care hospital operator to annually report the structural and non-structural performance ratings for each individual hospital building used for providing care, and services housed in each. Hospital operators are responsible to provide their report to specific public entities and hospital stakeholders until seismic compliance is achieved for all buildings.

This document includes a brief explanation of Structural and Non-structural Performance Ratings, along with details about services offered by the hospital. Additionally, it outlines the specific entities and stakeholders to whom the facility is required to submit the report. Furthermore, the document contains the facilities' site plan, building numbers and names, and a comprehensive table detailing the ratings of acute care services housed within each building.

Structural and Non-structural Performance Ratings: The Structural Performance Category (SPC) of a hospital building, akin to bones and muscles in the human body, signifies its primary strength and stability, ranging from the strongest SPC-5 to the weakest SPC-1. Non-structural Performance Category (NPC), like organs in the human body, includes systems and equipment vital for daily operations, rated from functional NPC-5 to system risk to life NPC-1. Both SPC and NPC are crucial, collectively defining a hospital's effectiveness and quality of care.

Acute Care Services: General acute care services are grouped into four categories:

- Required clinical services: Nursing, Surgery, Anesthesia, Imaging, Laboratory, Pharmacy, Dietetic
- Required support services: Administration, Environmental Services, General Stores, Linen, Morgue
- Supplemental services – optional services requiring special licensure: Critical Care, Emergency, Pediatric, Psychiatric, Obstetric, Rehabilitation, Skilled Nursing, others
- Infrastructure – buildings that provide utilities and support circulation: Central Plants, canopies, corridor buildings, tunnels, skybridges

Report Distribution: Hospitals are required to issue reports to the following organizations and stakeholders:

- Local county board of supervisors
- Local city council, if applicable
- Any labor union representing employees working in buildings not fully conforming
- Special district or joint power agencies providing fire and emergency medical services district, if applicable
- Department of Health Care Access and Information
- Board of directors of the hospital
- Local office of emergency services or equivalent
- Office of Emergency Services
- Medical health operational area coordinator

10301 Adventist Health Mendocino Coast

Bldg Num	Bldg Name	Applicable Year	Nursing Med Surg	Surgical	Anesthesia PACU	Clinical Lab	Imaging Radiological Diagnostic Imaging	Pharmacy	Dietetic	Administrative	Sterile Processing	General Storage	Morgue	Employee Dressing	Housekeeping EVS	Laundry Linen	Special Procedures	ICU CCU PICU	Burn Unit	Neonatal Intensive Care Unit	Pediatric Adolescent Nursing Unit	Psychiatric Nursing	Obstetrics Perinatal Unit	Emergency	Nuclear Medicine	Rehabilitation Therapy	Physical Rehabilitation Nursing Unit	Renal Dialysis	Respiratory	Intermediate Care	Outpatient Services	Skilled Nursing Unit	Central Plant Utility Bldg	Canopies Corridor Buildings Tunnels	Non GAC Uses	
BLD-00469	Main Hospital	2025	X	X	X		X	X	X	X	X	X		X	X	X		X														X				SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repaired.
BLD-00470	Central Plant	2025																														X				SPC: 2 NPC: 2 This building does not significantly jeopardize life, but may not be repaired.
BLD-00471	Emergency Addition - West	2025				X																							X							SPC: 4 NPC: 2
BLD-00472	X-Ray File Storage	2025																														X		IT		SPC: 5 NPC: 4
BLD-02787	Respiratory and Neurophysiology ..	2025				X																					X		X							SPC: 4 NPC: 2
BLD-02788	Emergency Generator Shelter	2025																														X				SPC: 4 NPC: 4

10301 Adventist Health Mendocino Coast

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BLD-03473	Emergency Addition - East	2025									X													X								X	X			SPC: 4 NPC: 2	
BLD-06731	Bulk Medical Gas Yard	2025																															X				SPC: N/A NPC: 4
BLD-06732	Medical Air System Shed	2025																															X				SPC: 5 NPC: 4

CYPRESS STREET

KEMPE WAY

BLD-06732 Medical Air System Shed - Bldg 08
**OSHPD 1 - SPC 5
NPC 4**

BLD-00469 - Main Hospital - Bldg 01
**OSHPD 1 - SPC 2
NPC 2**

BLD-06731 Bulk Medical Gas Yard - Bldg 07
**OSHPD 1 - SPC N/A
NPC 4**

BLD-02788 - Emergency Generator Shelter - Bldg 05
OSHPD 1 - SPC 4 NPC 4

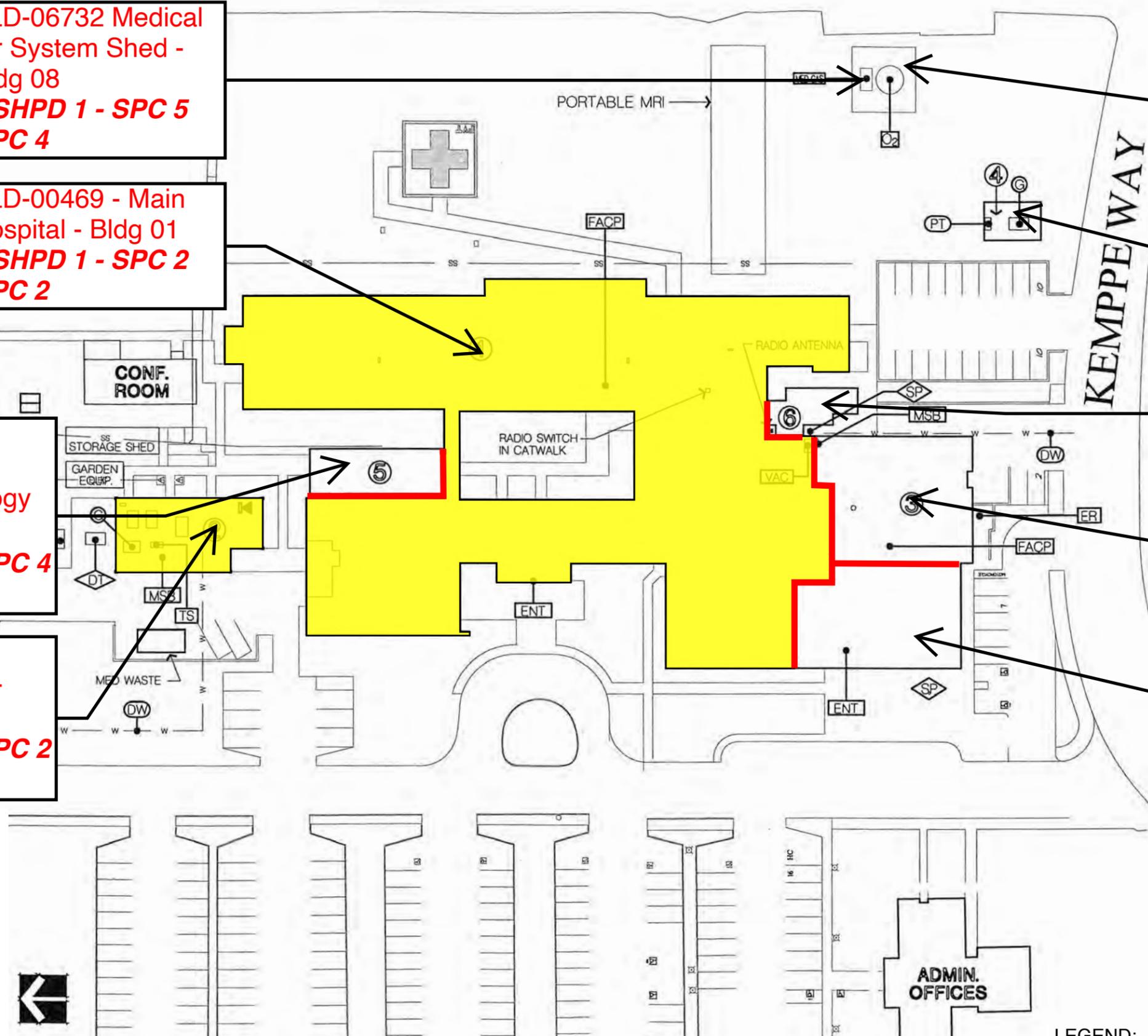
BLD-00472 - X-Ray File Storage - Bldg 06
OSHPD 1 - SPC 5 NPC 4

BLD-03473 - Emergency Addition - East - Bldg 04A
OSHPD 1 - SPC 4 NPC 2

BLD-00471 - Emergency Addition - West - Bldg 04B
OSHPD 1 - SPC 4 NPC 2

BLD-02787 - Respiratory Neurophysiology Lab - Bldg 03
**OSHPD 1 - SPC 4
NPC 2**

BLD-00470 - Central Plant - Bldg 02
**OSHPD 1 - SPC 2
NPC 2**



**Adventist Health Mendocino Coast
Facility No. 10301**

9/10/2025

LEGEND:

OSHPD 1

OSHPD 1 - SPC 1 or SPC 2

Seismic Separation

General Acute Care Hospital Building Services – Glossary

Service Category	Description
<u>Basic Clinical Services</u>	<u>Required for hospital licensure</u>
Nursing - General Medical/Surgical	General inpatient nursing bed units. <ul style="list-style-type: none"> • Includes post-intensive care or transitional care/telemetry units • Excludes specialty nursing units
Surgical	Surgery Department - <ul style="list-style-type: none"> • Includes patient preparation unit and operating rooms • Hybrid operating rooms (in-room CT, MRI, other intraoperative surgery modalities)
Anesthesia, Post Anesthesia Care Unit	Post surgery recovery unit
Clinical Laboratory	Laboratory services
Imaging, Radiological/Diagnostic Imaging	X-Ray, Fluoroscopy, CT, MRI, Ultrasound, Mammography
Pharmacy	Main Pharmacy <ul style="list-style-type: none"> • Excludes in-unit medication rooms
Dietetic	Patient meal preparation kitchen, servery & dining <ul style="list-style-type: none"> • Includes emergency food storage location • Excludes snack bars, unit food storage & break rooms

<u>Basic Support Services</u>	<u>Required for hospital operations</u>
Administration	Main hospital administration location <ul style="list-style-type: none"> • Excludes department administration
Sterile Processing	Main instrument sterilization, reprocessing and sterile storage
General Storage	Main Materials Management single location <ul style="list-style-type: none"> • Includes loading dock, gas storage and similar general storage locations • Excludes unit and specialty storage uses
Morgue	Includes morgue, autopsy, pathology and body holding. Not required for all facilities.
Employee Dressing	Locker rooms
Housekeeping/Environmental Services	Main Environmental Services Office location
Laundry/Linen	Laundry, or Main Linen Storage location if using offsite laundry services
<u>Supplemental Services</u>	<u>Optional clinical services</u>
Special Procedures	Cardiac Catheterization Labs, Interventional Radiology, Angiography
Intensive Care/Coronary Care/Pediatric ICU	Critical care inpatient nursing units for general, cardiovascular or pediatric patients

Burn Unit	Specialized inpatient critical care unit with specialized capability to treat burns
Neonatal Intensive Care Unit (NICU)	Specialized intensive care unit for newborns
Pediatric/Adolescent Nursing Unit	Principal bed type for Children's' Hospital or specialized unit if in a general acute care hospital
Psychiatric Nursing	Specialized inpatient unit for acute psychiatric patients
Obstetrics/Perinatal Unit	Specialized inpatient units for birthing. <ul style="list-style-type: none"> Includes labor rooms, delivery rooms, C-Section rooms, post-partum rooms, Labor, Delivery and Recovery Rooms (LDR's), Labor, Delivery, Recovery & Post-Partum Rooms (LDRP's) and well-baby nurseries
Emergency	Emergency Departments <ul style="list-style-type: none"> Includes Trauma Rooms
Nuclear Medicine	Specialized inpatient and outpatient imaging and cardiac testing
Rehabilitation Therapy	Therapy services for inpatients and outpatients <ul style="list-style-type: none"> Includes Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy
Physical Rehabilitation Nursing Unit	Specialized inpatient unit for Acute Rehabilitation patients with therapy to support return to normal daily living

Renal Dialysis	<p>Centralized inpatient/outpatient unit for providing dialysis care.</p> <ul style="list-style-type: none"> Excludes bedside dialysis care
Respiratory Care	Respiratory Care department's main office and specialized storage
Intermediate Care	<p>Specialized long-term inpatient care for developmentally disabled persons or those not requiring skilled nursing. Uncommon in general acute care hospitals</p>
Outpatient Services	Unspecified licensed outpatient services provided in a hospital building
Skilled Nursing Care	Post-acute long term skilled nursing units
<u>Infrastructure</u>	<u>Support for site operations</u>
Central Plan/Utility Buildings	<p>Buildings providing principal utility origination</p> <ul style="list-style-type: none"> Includes central plants, boiler, electrical and chiller buildings, utility yards, bulk oxygen vessels, pump houses, etc. Includes main computer server rooms Excludes distributed utility closets
Canopies/Corridor Buildings/Tunnels	<p>Hospital buildings supporting circulation. Includes</p> <ul style="list-style-type: none"> structurally free-standing canopies buildings that only house connecting corridors underground tunnels <p>Excludes:</p> <ul style="list-style-type: none"> Canopies attached to other structures Corridors in buildings with other occupiable uses

Subject: AB1882

You are receiving this letter and attached documentation as per AB 1882 amended Health and Safety Code Section (HSC) 130055, and added Sections 130002, 130006, and 130066.5.

AB 1882 seeks to raise the awareness of a general acute care hospital's compliance with the seismic safety regulations or standards outlined in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) through public notices, hospital campus postings, Department of Health Care Access and Information (HCAI) website, and annual status updates until Year 2030 level compliance is achieved.

The documentation attached to this letter provides compliance with AB1882 130066.5 (b).

130066.5 (b) *On or before January 1, 2024, and annually thereafter, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus to all of the following entities until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065:*

- (1) The county board of supervisors in whose jurisdiction the hospital building is located.*
- (2) The city council in whose jurisdiction the hospital building is located, if applicable.*
- (3) Any labor union representing workers who work in a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065.*
- (4) The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable.*
- (5) The department.*
- (6) The board of directors of the hospital.*
- (7) The local office of emergency services or the equivalent agency.*
- (8) The Office of Emergency Services.*
- (9) The medical health operational area coordinator.*

Thank you.

Patrick McLaughlin | Administrative Director - Operations
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