



REGULAR MEETING AGENDA
EAST KERN HEALTH CARE DISTRICT BOARD OF DIRECTORS
9300 N LOOP BLVD, CALIFORNIA CITY, CA 93505

Mission Statement: "Building health, well-being, and resiliency"

August 1, 2023 5:00 pm (Hybrid meeting)

A Quorum of the Board will be present in person.

Alternate meeting location:

The public may choose to gather at this alternate location, and participate remotely. Director LaMiya Patrick will be present and participating from the following location, as per Brown Act allowances for remote meetings:

Ridgecrest Regional Hospital
Bella Sera
Conference Room
1081 N China Lake Blvd
Ridgecrest CA 93555

Participate in the meeting via Zoom by clicking on the link below:

<https://us02web.zoom.us/j/83670433323?pwd=b01YS3VCRI9qMFJqRnZyaFdIZFRNdz09>

Meeting ID: 836 7043 3323

Passcode: 890731

If you wish to access the meeting by telephone, please dial
1 669 900 6833 US (San Jose), enter the meeting ID, and then press # (pound).

Public comments may be made through teleconference when prompted by the Chair during the public comment period. Public comments may also be provided by emailing eastkernhealthcaredistrict@gmail.com in advance of or during the meeting. Please indicate "PUBLIC COMMENTS" in the subject line.

If you have difficulty connecting to the teleconference line, please call (213) 640-9355 or email eastkernhealthcaredistrict@gmail.com.

PLEDGE OF ALLEGIANCE / INVOCATION

ROLL CALL

CALL TO ORDER

APPROVAL OF AGENDA

Motion _____ **Second** _____

Action _____

PUBLIC COMMENT

Members of the public are welcome to address the Board on any matter not on the Agenda and over which the Board has jurisdiction. If you wish to speak, please state your name for the record, and limit your comments to three (3) minutes.

PUBLIC PRESENTATIONS/COMMUNITY ANNOUNCEMENTS

CONSENT CALENDAR

CC1: Approve warrants

- A. Vendor checks
- B. ACH payments
- C. Debit card payments
- D. Financial Reports, Eva Hebebrand

CC2: Approval of Minutes

- A. Minutes from 07/18/23 Special Meeting

Pages 4-7

APPROVAL OF CONSENT CALENDAR

Motion _____ **Second** _____

Action _____

CONTINUING BUSINESS

CB1: PROPERTY APPRAISAL AND MARKET RATE EVALUATION

Motion _____ **Second** _____

Action _____

CB2: COMMITTEE REPORTS

- A. Ad Hoc Committee: MOU/Strategic Plan
Discussions with Ridgecrest Regional Hospital

Motion _____ **Second** _____

Action _____

COMMUNITY ENGAGEMENT

CE1: Reinstatement of Annual EKHCD Cancer Walk, October 2023

Pages 8-15

CE2: California City CPR Training Series

Page 16

CE3: MDN Advertising Section, September 2023, Senior Living

Pages
17-19

DISTRICT UPDATES

PRESIDENT’S COMMENTS

K. Macedonio

STAFF UPDATES

FACILITIES UPDATE

R. Macedonio

FUTURE AGENDA ITEMS

DIRECTOR COMMENTS, AB 1234

ADJOURNMENT

Motion _____ **Second** _____

Action _____

Next Regular Meeting: 09/05/23 (Hybrid meeting)

9300 N Loop Blvd, California City, CA 93505 (and via Zoom), 5:00 pm

“Pursuant to Government code section 54954.2(a), any request for a disability-related modifications or accommodation, including auxiliary aids or services, that is sought in order to participate in this agendized public meeting should be directed to the District’s office at (760) 373-2804 at least 48 hours prior to said meeting.”

Date Agenda posted:

Agenda posted by:



SUMMARY OF PROCEEDINGS
BOARD OF DIRECTORS - EAST KERN HEALTH CARE DISTRICT
9300N LOOP BLVD, CALIFORNIA CITY, CA 93504 (Hybrid)
SPECIAL MEETING
JULY 18, 2023, 5:00pm
"Building health, well-being, and resiliency."

1. PLEDGE OF ALLEGIANCE

Led by R. Macedonio

2. ROLL CALL - DIRECTORS

DIRECTORS PRESENT:

R Foley, R Macedonio, K Macedonio, L Peralta

DIRECTORS ABSENT:

L Patrick (unexcused absence)

3. MEETING CALLED TO ORDER

05:09:30

4. APPROVAL OF AGENDA

R Macedonio, R Foley

05:11:05

4 - 0, 1 Absent

4 Ayes, R Foley, R Macedonio, L Patrick, K Macedonio

1 Absent

L Patrick (unexcused absence)

5. PUBLIC COMMENT - NONE

05:12:05

6. PUBLIC PRESENTATIONS - NONE

05:13:00

7. CONSENT CALENDAR

05:13:04

All items on the Consent Calendar are considered routine, non-controversial and will be approved by (1) motion if no Director, Staff, or public member wish to comment or ask questions. Public comments are limited to (3) minutes. Roll call vote required.

CC1-A: Approve Vendor Checks - (\$6,520.63)

CC1-B: Approve ACH Payments - (\$1,602.52)

CC1-C: Approve Debit payments - (\$196.13)

APPROVAL OF CONSENT CALENDAR

R Macedonio, L Peralta

4 - 0, 1 Absent
4 Ayes, R Foley, R Macedonio, K Macedonio

1 Absent
L Patrick (unexcused absence)

05:18:50

8. CLOSED SESSION

**CS1: CONFERENCE WITH REAL PROPERTY NEGOTIATIONS
(GOVERNMENT CODE SECTION 54956.8)**

PROPERTY ADDRESS: 9300 N LOOP
AGENCY NEGOTIATOR: ALEX LEMIEUX, DISTRICT COUNCIL
NEGOTIATING PARTIES: BARTZ ALTADONNA HEALTHCARE
UNDER NEGOTIATION: PRICE, TERMS, OR BOTH

**CS2: CONFERENCE WITH REAL PROPERTY NEGOTIATIONS
(GOVERNMENT CODE SECTION 54956.8)**

PROPERTY ADDRESS: 9300 N LOOP
AGENCY NEGOTIATOR: ALEX LEMIEUX, DISTRICT COUNCIL
NEGOTIATING PARTIES: RIDGECREST REGIONAL HOSPITAL
UNDER NEGOTIATION: PRICE, TERMS, OR BOTH

05:56:20

9. REPORT OUT OF CLOSED SESSION

Alex Lemieux, District Council

05:24:40

*"The Board met in closed session for two items.
Item one, called CS1: Conference with Real Property Negotiator, pursuant to government code section 54956.8.
The property address is 9300 N Loop.
The agency negotiator is Alex Lemieux, District Council.
The negotiating party is: Bartz Altadonna Healthcare
Under negotiation is price and terms.
The board took no reportable action."*

*"The Board met in closed session for two items.
Item one, called CS2: Conference with Real Property Negotiator, pursuant to government code section 54956.8.
The property address is 9300 N Loop.
The agency negotiator is Alex Lemieux, District Council.
The negotiating party is: Ridgecrest Regional Hospital
Under negotiation is price and terms.
The board took no reportable action."*

05:33:15

Concludes councils closed session report

05:57:45

10. CONTINUING BUSINESS

05:58:58

CB1: EKHCD PROPERTY APPRAISAL AND RENTAL MARKET INFORMATION CONTRACT APPROVAL . Done appraisal before for Bay Ave. pre-covid. 9K quote for appraisal for 3 properties

MOTION TO OBTAIN AN UPDATED APPRAISAL

06:04:00

R Foley, L Peralta

4 - 0, 1 Absent

4 Ayes, R Foley, R Macedonio, K Macedonio Approved under the conditions: the reports are done separately by each property for the same cost. 9K

1 Absent

L Patrick (unexcused absence)

11. DISTRICT UPDATES

06:08:20

PRESIDENT’S COMMENTS

K Macedonio formed an Ad Hoc Committee: to work on the MOU and the strategic plan for Ridgecrest Regional Hospital. The committee will consist of K Macedonio and R Foley.

STAFF REPORTS

BJ is working on research associated with seniors and her work with Anthony Meyers, and will report at a future meeting.

12. FACILITIES REPORT - R MACEDONIO

06:11:20

R Macedonio gave maintenance status update on both properties, re: trash bin issues, public dumping of refuse, people sleeping on the property, possibly installing fencing around bins, and landscape maintenance. Fencemasters inspected and gave a quote. (pg. 12)

12. FUTURE AGENDA ITEMS

06:12:42

BJ Senior information report

CPR class in bakersfield tabled with alternative information for another meeting

13. AB1234 DIRECTOR COMMENTS

06:12:55

Legal Name Change inquiry-R. Foley

14. COMMUNITY ANNOUNCEMENTS

06:15:21

Patti Orr of Mojave Desert News gave several community announcements

13. ADJOURNMENT

06:18:30

R Foley, L Peralta

4 - 0, 1 Absent

4 Ayes, R Macedonio, L Patrick, L Peralta, K Macedonio

1 Absent

L Patrick (unexcused absence)

PASSED, APPROVED AND ADOPTED on this _____ Day of _____ 20____

SIGNED:

K. Macedonio, President

L. Peralta, Secretary

SEAL

Cancer walk 2023

- Spoke with Theresa at park in Recs. Oct. 28, 2023 date is available. Parks & Recs can sponsor event. Park & Recs can provide some employees for volunteers.
- Under 300 in attendance, approval with park and recs. Need liability insurance \$1,000,000.00 naming California city Park & recs.
- Over 300.00 in attendance will require approval from the City & PD Department.
- We went over the map and determined it would be nice to start out small and get the walk known again. (Keep at 299)
- We can start at scout lodge. This would provide many benefits:
 - Large lot for registration tables
 - Parking can be in the little league parking lot.
 - The walk would fall under ADA compliance since it has a side walk. (see map printed)
- Route Scout lodge and walk on sidewalks down Cal City Blvd. towards city hall and up Conklin towards Heather & the park, end at the park.
- The walk is 1 mile long. This would be nice for seniors to be involved and families with strollers.
- For the families to return, Park & Recs can open the gates (where fireworks where) and allow the patrons walk through the golf course to cut the walk in half back to their vehicles.
- Starting small will allow us to have less staff help run it. And going with parks & recs can allow us to utilize some of their staff for volunteer work/staff.
- Starbucks, most likely would help with a refreshment table & Green Stone may also be interested in sponsoring the event.
- In previous walks, Stuffed bags for handouts & shirts for walk. Along with Advertising and marketing material.
- 2020 was 18th walk. Not sure it was completed with COVID lock down. This year would either be 18th or 19th walk once verified.
- Need to establish the Cancer Board & begin planning



18th Annual

Cancer Walk

October 24, 2020

Signups start at 7am

Walk starts at 8am

Example

For more information contact

East Kern Health Care District

at 760-373-2804



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East Kern Health Care District

at 760-373-2804

EAST KERN HEALTHCARE DISTRICT

P.O. BOX 2546
 CALIFORNIA CITY, CA 93505
 PHONE 760-373-8681

EXAMPLE

2nd Annual East Kern Regional Cancer Walk

Saturday October 30th, 2004 Central Park, California City
 Registration starts 8:00 am

Entry Form

Team Name _____


Participant	Address	Phone	Age	Fee
Total Fees Collected				

Entry fee is \$5.00 per person. Please return this form with the appropriate amount of payment by October 21st to: East Kern Healthcare District, P.O.Box 2546, California City, Ca 93505.


All proceeds will benefit area residents through our newly established Cancer Assistance Fund.
Donations are tax deductible.

California City Cancer Assistance Fund


Did you know that California City has a Cancer Assistance Fund?

 What is the fund for?


Assisting people going through cancer treatment who may need help with gas, food, and sometimes lodging.

 How is the money collected?

All money comes from donations, including the Annual Cancer Walk held in October.

 Where does the money go?

All money collected in California City, stays in California City and parts of East Kern.

 How do you apply for funds?

Contact The East Kern Health Care District
email-eastkernhealthcaredistrict@gmail.com
phone-760-373-2804
website-ekhcd.org



CANCER ASSISTANCE FUND POLICY AND PROCEDURES

PURPOSE: To establish guidelines for management of Cancer Assistance Fund monies by the District, including fund raising, fund distribution within the service area of the District and local area not covered by a Health or Hospital District. The fund was established in 2004 to be distributed to residents who are receiving cancer treatment.

CANCER ASSISTANCE FUND (Fund)

POLICY:

A. FUND

A.1 Donations made to the Fund are voluntary, may be from individuals, vendors, businesses, as well as from the general fund of the District.

A.2 Funds will be held separately from the general funds of the District.

A.3 All monies will be tracked by the District staff and reported to the Board of Directors with other banking reports at least quarterly.

B. FUND RAISING

B.1 Fund raising will be coordinated with a committee made of community members as well as up to two Directors.

B.2 Expenses for fund raising will be at the discretion of the Fund Raising Committee, and must be approved by the participating Directors prior the Committee incurring expenses.

C. FUND DISTRIBUTION

C.1 Fund distribution will be allocated by a Community Advisory Board of the Cancer Assistance Fund.

C.2 Members of the Community Advisory Board will be approved by the Board of Directors.

D. APPLICATIONS FOR FUNDS

D.1 Applications for Cancer Fund Assistance will be developed by the Community Advisory Board.

D.2 Applications completed and returned will be treated as confidential records by the District Staff and the Community Advisory Board.

D.3 Any medical records received by the District Staff will be held in confidence, only summary information will be given to the Community Advisory Board to indicate the diagnosis, and duration, and expenses incurred by the applicant.

D.4 The Fund is not an insurance provider for medical care.

D.5 The Fund is to assist with related expenses of care including but not limited to: gas mileage to and from care for cancer, child care to allow treatment, housing if temporary for out of area treatment, other transportation costs as deemed necessary by the Community Advisory Board.

-Applicant's receipts for expenses already incurred are requested, if possible, or dates of appointments.

-Applicants may apply more than once if they require prolonged care.

E. BOARD OVERSIGHT

-The Community Advisory Board will make recommendations of distribution of Funds to individuals. The Staff will present their recommendations to the Board of Directors for final approval, the name of the individuals will be protected as much as possible under state law, with a numbering system.

under 300

21000 Hacienda Blvd., California City, CA 93505
760-373-3530 fax 760-373-2370

Security Deposits/Refunds made 4-6 weeks after event or cancellation

Please TYPE/PRINT

Date of Application _____

APPLICATION AND AGREEMENT FOR PERMIT TO USE CITY FACILITIES

(Application is not approved until signed below by a Parks and Recreation representative)

**Art & Community Center *Strata Sports Center *Tennis Courts *Herman Cooper Ball Field
*Balsitis Park * Balsitis Ball Field *City Pool *Central Park Pavilion *Marina Pavilion*

Facility Requested: _____

Date(s) Requested: _____ Hours From: _____ To: _____
(Include preparation & clean up time)

Type of Activity: _____

Name of Organization/Applicant: _____ Phone: _____

Address of Organization/Applicant: _____

City _____ State _____ Zip _____

Designated Person in charge of event _____ Phone: _____

E-mail address: _____

Estimated attendance: Adults _____ Youth (under 18): _____

Please check if event will be open to:

_____ The public at no charge _____ The public by donation
_____ The public by admission of charge _____ Members and/or guest

If funds are to be raised, for what purpose? _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the City of California City to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I/my child may have, or which may hereafter accrue to me/my child as a result of participation in said activity. This release is intended to discharge in advance the City of California City (its officers, employees, and agents) from any and all liability arising out of or connected in any way with me/my child's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on me/my child's heirs and assigns. I agree to indemnify and hold the City of California City or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of me/my child's death or any injury or property, damage that I/my child may sustain while participation in said activity.

Signature of Applicant _____ Date _____

-----DO NOT WRITE BELOW THIS LINE-----

Is facility available? Yes _____ No _____ Is the activity co-sponsored by the city? _____

RENTAL FEES: \$ _____ X _____ hours = _____ Category _____

FACILITY USE DEPOSIT \$ _____

OTHER \$ _____

TOTAL DUE \$ _____ Insurance Cert. Included _____

AMOUNT COLLECTED \$ _____ RECEIPT NO _____ DATE _____ RECEIVED BY _____

INSURANCE REQUIRED FOR PERMIT TO USE CITY OF CALIFORNIA CITY PUBLIC FACILITIES

Additional insured; The City of California City, its officers, agents and employees

21000 Hacienda Blvd. California City CA 93505

GENERAL INFORMATION

Hours shown on the permit will cover the entire time required for set-up, activity and clean-up. Facility must be vacated promptly at the conclusion of the time specified on the permit.

Before application for permits to use California City Facilities, it is necessary that a combined single limit liability insurance certificate in the amount of one million dollars (1,000,000) is required to be filed by the person or organization requesting permit, showing liability insurance in force in the name of such person or organization and covering all activities as planned, and naming the City of California City, its officers, agents and employees as additional insured.

Driving vehicles onto park grounds is prohibited without the approval of authorized City personnel.

RULES AND REGULATIONS

Control of admission of guests is the responsibility of the applicant. Applicant or designated person or persons in charge must be on site at all times during event. Security requirements will be determined by the approving authority. If necessary, certified security personnel, additional restrooms, or trash receptacles are to be obtained and paid for by the applicant.

Gambling and profane or loud boisterous conduct will not be permitted.

Decorating of a facility must be approved at time of application and must be removed immediately after use.

The applicant is responsible for leaving the facility in a neat, clean, and orderly condition and will be responsible for damages incurred during use or as a result of facilities not being secured, and will be required to pay all replacement and/or repair costs. A deposit will be required for this purpose. (Refund of deposit may take up to 30 days)

All city ordinances must be observed. Park facilities must be vacated between the hours of 10pm and 6am. Any group or individual selling or conducting business shall obtain a current business license with the City of California City. A permit from ABC is required to sell alcohol.

The department is not responsible for lost or stolen articles.

The City of California City reserves the right to full access to all activities at any time in order to insure all the rules, regulations, and city and state laws are being observed.

Animals are not permitted in Central Park or City building facilities, (Service Dogs and Police K-9 Units are exempt)

THE FOLLOWING CLOSING PROCEDURES WILL BE OBSERVED BY ALL USERS OF FACILITY PRIOR TO LEAVING THE PREMISES:

- _____ Make sure floors, tables, counters, Restrooms, etc, are clean.
- _____ Put all tables and chairs back to their original positions
- _____ Make sure that all equipment, food and other possessions that you or your group brought to the facility is taken with you when you leave, including trash.

I hereby certify that I have read and will abide by the rules and regulations of the City of California City and the Department of Parks and Recreation as outlined on the above and any additional rules that are specific to the facility being used. I understand that fees must be paid at least ten (10) days in advance of event or the permit will be cancelled. I further agree to promptly reimburse the City of California City for any clean-up, loss or damage to City Property resulting from its use. The City reserves the right to cancel any permit without liability to the City upon eight (8) days written notice to reenter. Applicant must notify Parks and Recreation Department 8 days in advance of a cancellation.

The applicant and any participant shall abide by all applicable additional rules and regulations that are specific to the facility in which they are using.

Signature of Applicant

Date

RE: CPR

2 messages

Jessica Rojas <j.rojas@os-operationsafe.com>
To: Karen Macedonio <directormacedonio@ekhcd.org>

Fri, Jul 21, 2023 at 3:01 PM

Here is the info. on the classes Crystal teaches through traumafirstcpr.com

CPR
AED and First Aid
Pediatric Plus
BLS Certified with HSI and American Red Cross. .

No class charge
\$20 certificate card fee, each

Thank you,

Jessica Rojas

Operation Safe

PH. 760-338-3407 FX. 760-338-3440

8209 California City Blvd. # 106

California City, Ca. 93505

Helping our first responders keep our community safe.

Karen Macedonio <directormacedonio@ekhcd.org>
To: Jessica Rojas <j.rojas@os-operationsafe.com>

Fri, Jul 21, 2023 at 4:01 PM

Thank you, Jessica

Karen Macedonio
Change Consultant
760-338-3231

On Jul 21, 2023, at 3:01 PM, Jessica Rojas <j.rojas@os-operationsafe.com> wrote:

500 Plus

AD PRICES

COLOR INCLUDED

10x2 \$79.00

Publishes: September 28th
Deadline/Production: September 21st


Mojave
Desert NEWS
Since 1938
desertnews.com

760-373-4812 Misty 661-972-3596 Jerry

07/18/23

Seniors Report

Senior Resources: Compare senior living options so you can make the choice that's right for you. Through resident feedback and high standards. There is help for residents to lead safe, healthy lives. The information below is available for Seniors and available on the internet.

- **Get Help Seniors**
- **Personalized Set of Retirement Plans**
- **Adult Day Care**
- **Speak To A Senior Care Advisor**
- **Personalized Set of Retirement Items**
- **Special Programs and incentives for seniors**
- **TotalSaver.net 7 see these "Special Benefits".**
- **A Place For Mom. Darlene: 714.515.8277**

To Speak to Senior Advisors From **SeniorAdvisor.com**

"At Senior Advisor, **their mission** is to equip families like yours with the best information available so you can make confident choices about **senior care and services.**"

(Note:) I was able to help (5) additional Seniors that had called me for assistance. This concludes the work that I was doing with Anthony Meyers.

1. Senior was retiring after working 27 years and did not know where to start. After doing the research I directed her to visit **IRS** with her personal paperwork. She was able to get the assistance she wanted. Also, a visit to her local **Social Security office** was most helpful as well. I visited our Lancaster IRS office to talk to a representative for informational purposes.
2. Senior needed medical care. Could not afford medical bills. He stopped visiting the doctor. Also, living in unclean residence. Inside and outside. He was able to get the assistance he needed through **Senior Living Advisor** and through **Home Healthcare Services**. I visited his home in Cal City, Ca.

3. Senior could not live off income she was receiving. I recommended that she contact **Senior Income and Benefits Programs** to see what services she qualifies for. Talk to representative there. Doing this was most helpful.
4. Senior helping granddaughter and grandchildren living with her. Her Granddaughter needed assistance for self and children. Recommended she contact **In Home Care Services**. Provides assistance for single moms having, housing, paying bills, child help, and financial aid issues. **SingleMom.com**.
5. **Home Health Care** for elderly parents. Was able to receive assistance from **A Place For Mom – Representative: Darlene – 714.515.8277**

Kern Family Health Care

Need A Ride? Non-Medical, Non-Emergency Medical Transportation Team. Monday through Friday, from 7 a.m. to 6 p.m. **800-391-2000**

Get Help In Your Language/Interpreter Services

California Children’s Services – 661-868-0504

Get help in your language – 800.391.2000 the **Provider Directory** finds the languages spoken by their doctors and their staff.

Nondiscrimination Notice – 1-800-391-2000 between 8:00 a.m. -5:00 p.m.

Help Stop Fraud! KHFC’s Member Services Department at 661-632-1590 or toll free at 800-391-2000

Barbara (BJ) Lindsay – Admin. Assist. EKHCD California City. Ca.