



JENKINS COUNTY HOSPITAL AUTHORITY
REGULAR SESSION MEETING
March 23, 2026
TIME 6:00 PM

The Jenkins County Hospital Authority Regular Board monthly meeting was held on March 23, 2026 at the Jenkins County Medical Center Education Building.

Attendees:

Hospital Board Members: Jeff Brantley, John Newton, Alvin Burke, Wade Parker, Robin Scott

Others Present: Andrea Graham (CEO), Lindsey Clay (SHP), Monica Johnson (CNO), Kayla Patrick (CQO), Katy Hood (Director of BHU), David Tanner (Director of Facilities)

AGENDA

- I. **Call to Order - Jeff Brantley, Chairman**
 - a. Quorum Present, meeting called to order by Jeff Brantley at 6:04PM

- II. **Approval of Minutes from January 29, 2026 meeting.**
 - a. Motion by John Newton; Second by Robin Scott, Unanimous vote to approve.

- III. **Consent agenda items to present.** **Andrea Graham, CEO**
 - a. Policies below presented and reviewed. Motion by Wade Parker; Second by Alvin Burke, Unanimous vote to approve.
 - i. Compliance Committee Policy
 - ii. Compliance Investigation Policy
 - iii. Patient Complaint and Grievance Process Policy
 - iv. Seclusion Room Video Monitoring Policy
 - v. Acquisition Management of Contract Services Policy
 - vi. Contract Review Synopsis Form

- IV. **Financial Reports – Lindsey Clay, SHP**
 - a. Lindsey Clay, SHP, presented the financial report for month end January 2026 and February 2026. Motion by Robin Scott; Second by John Newton, Unanimous vote to accept the financials as presented.
 - i. Lindsey Clay presented the financial report for January 2026 and February 2026, highlighting net losses, cash collections, AR days, and cash flow details, and addressed questions from the Board regarding restricted funds and ongoing grant reimbursements.
 - ii. **Key Financial Highlights:** Lindsey reported a net loss of approximately \$78,000 for February and \$60,000 for the year, with cash collections of \$757,000 in January and \$799,000 in February; gross AR days were at 57.1 and net AR days at 33.1.



- b. **Balance Sheet Overview:** Lindsey detailed the balance sheet, noting cash and cash equivalents at \$10,275,000 for February, a 3.7% decrease from prior periods, and total assets at \$15,435,000, with current liabilities at \$4.5 million and no significant changes from January.
- c. **Income Statement and Budget Comparison:** Lindsey explained that gross patient revenues were under budget due to space limitations and ongoing capital projects, with net patient service revenue under budget by \$154,000 and operating expenses under budget by \$110,000; the net operating loss after expenses was \$50,000 over budget.
- d. **Cash Flow and Restricted Funds:** Lindsey described a \$395,000 decrease in cash from December to February, attributing it to AR and capital expenditures, and clarified that restricted Georgia HEART funds are reported separately in days cash on hand calculations.
- e. **Grant Reimbursements and Audit Updates:** Lindsey noted pending reimbursements from the HRSA Overdose Response Grant with approval received to begin submitting requests and provided updates on the ongoing 2025 financial audit and cost report preparation, targeting completion by mid-May.

V. No Strategic Planning to present.

VI. New Business to present.

- a. **Georgia HEART Program Funds and Project Allocation:** Lindsey presented the allocation of funding received through the Georgia HEART program as filed with the Rural Hospital Tax Credit Donation and Expenditure Report for 2026. Lindsey summarized that previous funds were used for a non-emergency transport van and essential equipment, and future allocations will target a negative pressure room for infection control and infrastructure improvements in the behavioral health unit.
- b. Motion by Wade Parker; Second by John Newton, Unanimous vote to accept the allocation of funding received through Georgia HEART program as presented

VII. Old Business to present.

- a. David Tanner, Facilities Manager, provided updates on ongoing capital renovation projects, including nursing station construction, ceiling tile replacements, badge access installations, and compliance with fire safety requirements, addressing questions about room availability and regulatory classifications.

VIII. CEO Report

Andrea Graham, CEO

- a. See CEO Admin Report attached.

IX. Other Business to present.

- a. Andrea and Kayla reviewed the results of the recent CMS survey, described the corrective action plan submitted, and outlined specific compliance improvements in



antibiotic stewardship, Medicare notifications, fire drills, and emergency preparedness, with responsibilities assigned to department managers.

- i. **Survey Results and Plan Submission:** Andrea stated that the organization received final CMS survey results on March 4th, submitted a corrective action plan, and was awaiting acceptance after providing additional detail on staff education responsibilities.
- ii. **Antibiotic Stewardship Program:** Kayla explained that the antibiotic stewardship program was enhanced to match policy with practice, with Maggie leading data collection and reporting efforts, and the program routed through the pharmacy and therapeutics committee.
- iii. **Medicare Notification Compliance:** Alfonso led a review of all inpatient admission packets to ensure the important message of Medicare was properly included and delivered within required timeframes, involving case management and nursing staff.
- iv. **Fire Drill and Safety Updates:** Benji and David scheduled recurring fire drills to meet policy requirements, updated fire review report sheets, and addressed deficiencies in means of egress, hazard area closures, and electrical safety as identified in the survey.
- v. **Emergency Preparedness Documentation:** Benji and David organized emergency preparedness documentation to ensure all policies and related materials were consolidated and readily accessible for future surveys.

X. No public comments to present.

XI. Executive Session- Motion to leave regular session and enter executive session at 6:53pm by Robin Scott, second by Wade Parker – Unanimous vote to approve.

Executive Session concluded at 7:28pm, and the Board reconvened in Regular Session. A motion was made by Alvin Burke and seconded by Robin Scott to approve the personnel matters as presented, of the compensation and bonus structure, with an effective date of January 1, 2026. Motion passed unanimously. A second motion was made by Wade Parker and seconded by Robin Scott to adjourn the meeting; the motion passed unanimously.

XII. Adjournment- Meeting adjourned at 7:39pm.

XIII. Next Meeting scheduled for April 27, 2026 at 6:00pm.